

Suspected Cauda Equina Syndrome Pathway - Full Clinical Guideline

Reference no.: CG-EMD/2023/015

1. Introduction

In 2018 at RDH, 554 Non elective spinal admissions were seen. 231(42%) were admitted for suspicion of Cauda Equina Syndrome. 27 (12%) underwent emergency decompression. Reliability of clinical diagnosis is low therefore there should be low threshold to perform MRI scan in emergency. For best outcome emergency decompression should be done in 48 hours. Performing MRI for every backache or radiculopathies in emergency cannot be justified. We need a pathway to help us decide which patient needs senior review in ED and an emergency scan.

2. Aim and Purpose

To provide a pathway for suspected Cauda Equina Syndrome.

To help decide which patients need senior clinical review in ED and an Emergency MRI scan.

To help decide which patients can be sent home with back care card.

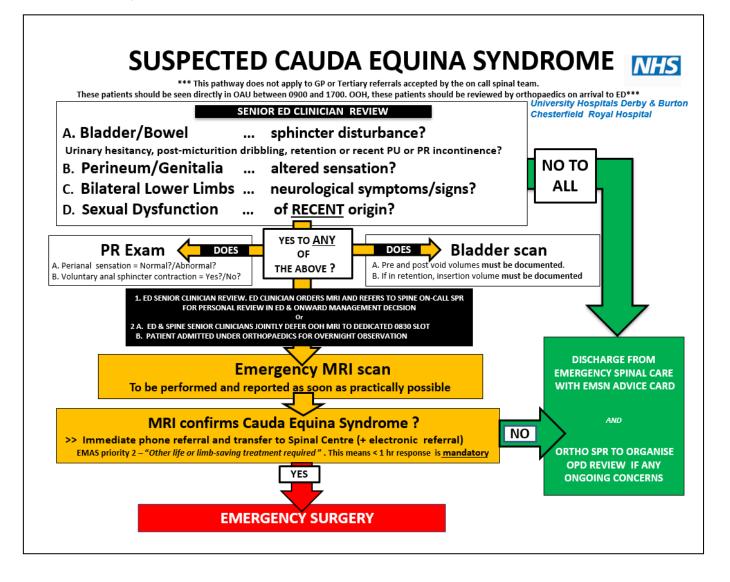
Reduce ED wait time for accepted patients by Ortho team (GP referral, other hospital referral) by utilising OAU whenever possible.

Reduce burden on emergency MRI scans for backache/ radiculopathies.

3. Definitions, Keywords

CES – Cauda Equina Syndrome, PR – per rectal examination,

Main body of Guidelines



Back pain - The warning signs

- Increasing pain despite medication and even with rest
- Feeling unwell, taking steroids or have had cancer
- Difficulty passing urine or losing bowel or bladder control
- Numbness around back passage or genital area
- Numbness, pain, pins and needles or weakness in both legs

SEEK URGENT MEDICAL ADVICE

For further advice check www.nice.org/guideance/ng59

Back pain - The facts

- Very common 80% people affected
- Usually not serious
- Take simple painkillers regularly
- Stay active avoid bed rest and try and stay at work
- Remember that anxiety and stress can increase the pain we feel

It should settle in a few weeks

For further advice check www.nice.org/guideance/ng59

4. References

G.I.R.F.T. Spinal services 2019

Standards of care for patients presenting with suspected CES - the Society of British Neurological Surgeons (SBNS) and the British Association of Spine Surgeons (BASS) guidelines.

5. Documentation Controls

Development of Guideline:	Mr Denis Calthorpe Consultant Trauma, Orthopaedic & Spinal Surgeon Assistant Clinical Director. T&O Dept. UHDB Lead Clinician Royal Derby Spinal Centre UHDB Chair. Clinical Steering Group. East Midlands Spinal Network. Medical Lead. East Midlands Spinal Network Mr Ramandeep Saini Spinal Registrar to Mr Calthorpe MBBS, MS, Mrcsed (applying on behalf of above)
Consultation with:	 Dr Kirstine Coomer - Consultant representative for Emergency Department RDH at UHDB Dr Ravi Kothari – Consultant representative for Radiology Department RDH at UHDB
Approved By:	24/02/22 – Emergency Department (Kirstine Coomer) 24/02/2022 - Imaging (Ravi Kothari)
Review Date:	December 2025
Key Contact:	Ramandeep Singh Saini – ramandeep.saini@nhs.net.

6. Appendices

Attached pathway and back pain fact card