

MANAGEMENT OF SPINAL CORD COMPRESSION (SCC)

Does the patient have signs or symptoms of SCC or Cauda Equina compression (CEC) such as back pain, difficulty walking, sensory loss, weakness and sphincter disturbance or vague disturbance such as sensation heavy legs or features of hyperspaticity?

Yes

Give 8mg IV Dexamethasone, then 8mg BD po and Lansoprazole 30mgs po
Assess need for analgesia and start pain chart Start Nursing Protocol A

Does the patient have diagnosed metastatic cancer or lymphoma?

No

Metastatic Cancer

Lymphoma

Urgent phone the on-call neuro-surgical team with view to urgent transfer to INS/SGH

Urgent – inform on-call clinical oncology registrar at Beatson Oncology Centre – Working Diagnosis is SCC due to metastatic cancer therefore treat as oncological emergency. MRI required.

Contact Haematologist

Confirmed Spinal Cord/Cauda Equina Compression Syndrome.

Solitary lesion, fit patient
Life Expectancy more than three months?
Recurrent SCC in Previously treated area
Unstable spine
Sudden profound loss of power
Physically fit for surgery?

Established complete paralysis for more than 72 hours
Life expectancy less than 4 weeks

Established complete paralysis for less than 72 hours
Life expectancy greater than 4 weeks
Multiple level cord compression
Radiosensitive/chemosensitive primary tumour

Urgent phone and discuss with neurosurgeon and oncologist

Discuss with Oncologist
Neurological recovery unlikely
Non urgent radiotherapy may be indicated

Urgent transfer to treatment unit
Requires immediate radiotherapy/chemotherapy within 12 hours

Nursing Protocol A

Immediate Nursing Care Plan of Suspected SCC Syndrome and Unstable Spine

- Position** bed rest lying as flat as possible
pressure mattress
physiotherapy assessment
- Sphincter Care** check for urinary retention
urinary catheter
check for constipation
commence aperients
- Pain Control** use pain chart
- Thromboembolism Prophylaxis**
Apply TED stockings
discuss use of prophylactic low molecular weight heparin with medical staff
- Steroids** check for side - effects
urine sample for glucose/ketones daily
BM stix glucose weekly.
check no dyspeptic symptoms?
any ankle swelling/fluid retention?
check BP
- Evaluate need for palliative care input**

Nursing Protocol B

Stable Spine and Rehabilitation of SCC and CES

- Verify use of Protocol B with Senior Medical Staff
- Position** no restriction, mobile as pain allows
if immobile continue to use pressure mattress
- If Active Rehabilitation Refer**
physiotherapist
occupational therapist
social worker
- Sphincters** review need for urinary catheter
bowel care and aperients prn
- Pain Control** review
- Thromboembolism Prophylaxis**
Withdraw specific measures unless instructed otherwise
- Steroids** Ensure dose reviewed and reduced as appropriate
- Palliative Care** Ensure involvement as appropriate
- Discharge Planning** start early
work closely with family/community
phone GP Practice prior to discharge

Investigations

Optimum investigation is MRI of the entire Spine. Patients presenting with sudden onset of neurological symptoms require urgent same day investigation. In the West of Scotland Hospitals, MRI is not available out of hours or at weekends other than at the Southern General Neuroscience Institute. Patients with suspected SCC or CECS should be discussed at presentation, as outlined above, with the neurosurgeons and clinical oncologists in order to expedite investigations.

Where there is likely to be a delay in obtaining investigations locally it is appropriate to transfer the patient for both investigation and treatment.

In some patients, when MRI is unavailable, screening the spine by plain X-Ray and organising CT of any abnormal areas detected by plain films may provide sufficient information to initiate treatment.

Unstable Spine

Vertebral body collapse or more than 50% vertebral body destruction or loss of vertebral pedicle

Contact Numbers

Page on call neurosurgical registrar at the SGH 0141 201 1100
Page on call clinical oncology registrar at the WIG 0141 211 2000
Telephone within the hour of presentation/result.

Contact Numbers

Contact the patients established oncologist within working hours, ringing the consultant secretary at the BOC.