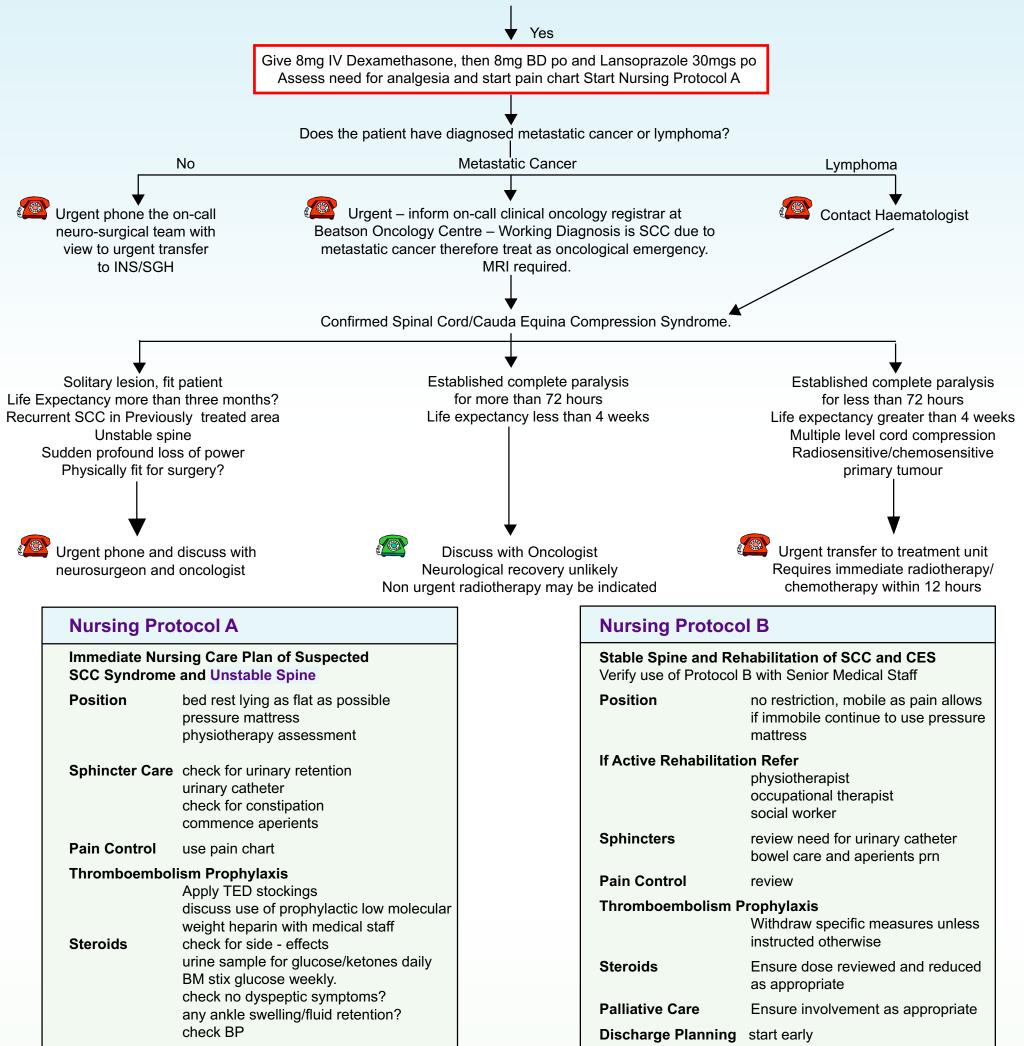
MANAGEMENT OF SPINAL CORD COMPRESSION (SCC)



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?



Evaluate need for palliative care input

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.