

Adult Cauda Equina Syndrome Pathway – notes for interpretation

1. All acute hospitals should have arrangements in place for urgent imaging of patient with suspected Cauda Equina syndrome. The hospital where the patient presents should carry out the scan prior to referral.

Follow the British Association of Spine Surgeons (BASS) and the Society of British Neurological Surgeons (SBNS) imaging standards of care for suspected Cauda Equina syndrome:

“The appropriate investigation of these patients is an MRI scan except where specifically contraindicated. The investigation should be undertaken as an emergency. It is very difficult to justify waiting until the end of an elective MRI list. The spinal societies (BASS and SBNS) strongly recommend that MRI scanning should be undertaken urgently at the hospital receiving the patient in order to ensure timely diagnosis and, when appropriate, immediate referral and transfer to a spinal unit.”

If MRI scan is impossible (due to issues of safety, tolerance, or availability), the following advice has been provided by Dr Grant Baxter, Royal College of Radiologists.

“Where MRI is unsafe, an urgent CT of the L-spine (+/- contrast- the latter helping to delineate the subdural space) is required.

When MRI is not immediately available, CT (+/- contrast) may be preferable to transfer to a unit where MRI is available 24/7”

If same day imaging is not available, please seek advice from Neurosurgery- in some cases MRI can wait until the start of the next working day, in others this is inappropriate and immediate imaging/ surgery may be required.

2. Conservative management in referring hospital.
3. See local policy for referral pathways.

Adult with suspected Cauda Equina syndrome

Assessment and MRI scan (lumbar) at the next available slot ¹

CE compression not confirmed: consider other diagnosis (may require further imaging)

MRI interpreted by Radiologist confirms CE compression

Neurosurgical referral

Consider admission for immediate Neurosurgery?

Analgesia/ Physiotherapy/ Neurology/OT²

Reassess; neurosurgery required?

Neurosurgery Theatre

Recovery on ward

Discharge

Complete recovery?

Supportive Discharge

Refer to other specialist services.³

Complications with
Bladder
Bowel
Sexual Function
Mobility
Psychological
Social
Chronic Pain

Input from Allied Health Professionals & Neuropsychology

Assess

Refer

In-patient

Discharge & follow up

Assess

Refer

In-patient

Discharge & follow up

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