

# Cauda Equina Syndrome:

## Top tips to save your arse (and your patient's!)

### 1 Suspect? Investigate.

If CES (threatened, partial or complete) is a "possible diagnosis", you **must** investigate urgently

This means any patient with back and/or sciatic pain  
**PLUS**  
any disturbance in bladder or bowel function  
**AND/OR**  
saddle or genital sensory disturbance  
**AND/OR**  
bilateral leg pain  
**AND/OR (NICE includes)**  
severe or progressive bilateral neuro deficit of legs

### 2 Emergency MRI. Even overnight.

Don't call spinal surgeons first, unless MRI is contraindicated

The 2018 guidelines say "MRI must be available at the referring hospital 24/7" (aspirational for most places!) - and make clear that MRI for ?CES "must take precedence over routine cases"

Most importantly, they remind clinicians that, "any reasons for a delay or decision not to perform an emergency scan should be clearly documented"

Consider NBM/clear fluids only from time of booking scan

### 3 MRI result: 4 possibilities.

1. **Cauda equina compression confirmed**  
→ **immediate referral to spinal surgeons**

2. CES excluded, but structural cause for pain identified. May need referral to spinal services in office hours. Teach patients about CES symptoms

3. Non-compressive pathology (e.g. demyelination)

4. No explanation for patient's symptoms: keep looking for cause (may include cervico-thoracic MRI) and refer to continence services

## So, that's the current UK guidance...

**Be mindful of it: CES is rare (most MRI scans for ?CES will be negative) but delays in diagnosis/treatment can worsen outcomes and are a major cause of morbidity and medico-legal claims.**

Infographic by @DrLindaDykes (Consultant EM) and Sally Price (Neurosurgical SpR) @saspist  
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Full resolution PDF available if you want to print this out:  
[LindaDykes.org/downloads](https://www.lindadykes.org/downloads)

## Finally, let's bust some myths...

### MYTH

**If there's no urinary retention, it's not CES**

Nope. It could still be partial CES - and these are the patients with the most to lose. By the time retention is established, the prognosis is worse

### MYTH

**If the anal tone is normal, it's not CES**

Nope. No single examination finding excludes CES (and NICE updated the list in mid-2018 to lower the threshold for urgent MRI)

### MYTH

**The MRI can wait till morning**

The 2018 UK guidelines are explicit about the need for 24/7 access to MRI. If you're forced to delay a scan, document why

**SAFETY-NET EVERY BACK PAIN:  
TEACH YOUR PATIENT THE SYMPTOMS OF CAUDA EQUINA SYNDROME**

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