

WHAT IS CAUDA EQUINA SYNDROME?

CAUDA EQUINA SYNDROME (CES) is a little known but debilitating condition that can result in permanent loss of function of lower spinal cord nerves. Although nerves are protected by the backbone they are still vulnerable to injury, trauma and disease.

If diagnosed quickly it can be prevented.

MONITOR YOUR SYMPTOMS

Act now if you develop these red flag symptoms:

- Severe pain in back, buttocks, perineum, genitalia, thighs and legs;
- Loss of sensation or weakness in one or both legs;
- Saddle numbness (loss of feeling in the body areas that sit on a saddle – buttocks, anus and genitals, inability to feel toilet paper when wiping);
- Recent onset of bladder dysfunction (inability to urinate / difficulty initiating urination / loss of sensation when you pass urine / incontinence / loss of the full bladder sensation);
- Recent onset of bowel dysfunction (bowel incontinence / constipation / loss of sensation when passing a bowel motion);
- Recent loss of sexual function (inability to achieve erection or ejaculate / loss of sensation during intercourse).

**IF YOU HAVE ANY CONCERNS ABOUT YOUR SYMPTOMS,
CONTACT YOUR DOCTOR OR GO TO YOUR HOSPITAL
EMERGENCY DEPARTMENT IMMEDIATELY.**

Author Physiotherapy Department
Date of Issue – November 2013
Date of Review – September 2015
Version 2
Document ID Number
PHYSIO – 002 – CaudaEquinaSyndrome - 2013

Cauda Equina Pathway

Author: ELHT CES Pathway Group Feb 2014

Step 1:

Any patient reporting any potential CES warning symptoms either on the spinal questionnaire or during the subjective assessment

Emergency Scan
- within 24 hours
Urgent Scan
- within 1 week

Clinician:

Complete CES questioning proforma and perform full objective lumbar spine assessment. Include sensory testing of saddle and buttock region with Q-tip when appropriate.

Discuss results of assessment and proforma with ESP/GPSI on site. If none on site, contact 01254 736085 (Reception Accrington) or GP Advice Line 01254 736041

Saddle anaesthesia confirmed:

1. Patient to be sent to ED:

- Give patient copy of objective assessment questioning proforma and letter to ED.
- Arrange telephone follow up with patient in 3/7.
- Complete CES database.

Saddle anaesthesia NOT confirmed

1. ESP / GPSI to arrange Urgent MRI scan if still strong suspicion of incomplete CES.
and / or
2. On-going Physiotherapy management with close on-going discussion / monitoring of symptoms with ESP/GPSI.
3. Complete CES database, if appropriate.

