

Symptoms & Signs of Cauda Equina

- *Severe low back pain
- *Pain in one or more commonly both legs
- *Sensory loss,
- *Saddle anaesthesia
- *Recent onset of bladder dysfunction
- *Recent onset of bowel incontinence
- *Sensory abnormalities in the bladder or rectum
- *Loss of reflexes in the extremities

Neurosurgically significant disc prolapse:

- *Motor weakness less than 4
- *Foot drop with sciatica
- *Hand weakness with brachalgia etc

Cauda Equina Emergency Department Pathway

Patient presents to the ED with one or more Cauda Equina type symptoms and /or signs OR patients with myotomal weakness (power less than 4 e.g. foot drop with sciatica, hand weakness with brachalgia etc)

Assessed by an ED doctor and **reviewed by an ED consultant**
Patient to have VBG and sepsis bloods

ED organises MRI (form to be signed by the ED Consultant)
Patient is admitted to the CDU under the ED waiting for the MRI

PRH midnight – 8am
Patients to be discussed with the ED consultant in RSCH and transferred to RSCH for an ED consultant review and an MRI

ED contacts Neurosurgical registrar on-call to review the MRI and fills in the online neurosurgical referral

Neurosurgical pathology on the MRI
Neurosurgeons review the patient in the ED and admit/ arrange OPD follow up

No neurosurgical pathology on the MRI with ongoing neurology
ED referral to Acute Medicine
Patients with a normal scan and no ongoing neurology and normal inflammatory markers will be managed and discharged by the ED

Normal scan without neurology but intractable pain
ED manages pain for 24hrs on CDU.
If unsuccessful, referral to Orthopaedics for pain management
Patients with a normal scan without neurology and controlled pain will be discharged by the ED and referred to their GP for follow up

This pathway does not apply
to patients with Cauda Equina Symptoms who:
*are accepted by the neurosurgeons directly
*are transferred from other hospitals (excluding PRH)