

eLetter

Spine:

N. V. Todd

Cauda equina syndrome: is the current management of patients presenting to district general hospitals fit for purpose? A personal view based on a review of the literature and a medicolegal experience

Bone Joint J 2015; 97-B: 1390-1394 (October 2015)

One hour to MRI scanning for suspected CES

27 October 2015

Sir,

Mr Todd's personal view on the management of cauda equina syndrome (CES) in District General Hospitals (DGHs) has much to commend it: few would disagree with many of the opinions expressed. His paper comes hot on the heels of the British Association of Spine Surgeons standards of care for cauda equina syndrome (1), of which Mr Todd is a co-author, and adds a commentary on medico-legal issues. The Association's advice is concise, measured, evidence-based and takes into account the views of many members of the British Association of Spine Surgeons: it is likely to be fully supported by orthopaedic surgeons in DGHs.

However, his personal opinion takes the Society's recommendations a step further by advocating MRI scanning "within one hour of the diagnosis being raised, irrespective of the hour or day". He will know that such a target, though highly desirable, is largely unattainable in the case of many patients with suspected CES for reasons outside the influence of orthopaedic surgeons. He will be aware that many DGHs do not have 24-hour, seven days a week access to MRI scanning within one hour, and that even during the day such a recommendation might entail delaying other patients who need urgent scans for head injuries, strokes, and numerous other critical conditions. That the overwhelming majority of MRI scans in patients with suspected CES are negative makes the case for prioritising these patients scarcely plausible.

I am concerned that with his acknowledged experience and influence in the medico-legal issues surrounding CES, "one hour to scanning" could become a benchmark, failure to adhere to which would be considered negligent by the courts.

B.N. Summers,
Orthopaedic Surgeon,
The Princess Royal Hospital,
Telford, Shropshire, UK.

1. Germon T, Ahuja S, Casey AT, Todd NV, Rai A. British Association of Spine Surgeons standards of care for cauda equina syndrome. *Spine J* 2015;15(suppl):S2-S4.

Conflict of Interest:

None declared