eLetter view

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)

CESS MRI Scanning within an hour and emergent transfer to a spinal unit: the exception rather than the rule.

20 October 2015

Sir,

We read this paper with interest. In it the author advances a gold standard that should be achieved by orthopaedic surgeons in a district general hospital (DGH) when treating cauda equina syndrome (CES). He proposes that if CES is suspected (CESS), an MRI scan should be arranged within an hour. If this confirms an incomplete CES (CESI) or CES with retention (CESR), the patient should be transferred to a spinal surgery unit as an emergency.

Implementation of this proposal would have significant financial implications. MRI would have to be staffed on a 24 hour basis with provision for reporting. This would be difficult to fund in the current economic climate.

Delay in treatment is compounded by a shortage of beds in many spinal units. This means that a patient may be admitted to a DGH in which acute spinal surgery cannot be undertaken, thereby prolonging the condition with an adverse effect on outcome (1, 2).

Our experience in a large DGH is that the treatment of acute and chronic back pain is increasingly being undertaken in the community, as is MRI scanning. On occasion patients are found to have CESI or CESR and are sent to the DGH because the appropriate spinal unit does not have the capacity to take them directly from the community. According to the author this only wastes time.

Although the medicolegal implications of this situation are addressed, it would appear that clarification is needed on where medicolegal responsibility lies when a patient with CESS is scanned and found to have CES, and is then compelled to await transfer to a spinal unit: this is a concern for all those who work in a DGH (3).

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3. Germon T et al. British association of spine surgeons standards of care for cauda equina syndrome. *The Spine Journal* 2015;2S-4S.

Conflict of Interest: None declared