

- the doctor if you are diabetic or have had problems with steroids in the past
- The best treatment plan will be discussed by the cord compression team, taking into account your wishes and general condition
 - Radiotherapy is the usual treatment for cord compression, but some people may need surgery or chemotherapy
 - You may need to be admitted to hospital and stay flat in bed for your treatment. If your neck or top of the spine is affected, you will also need to wear a collar to prevent damage to the spine.



PATIENT INFORMATION

Show the health care professionals this leaflet and in particular the following:

Information for Healthcare Professionals:

- This patient has cancer and is therefore at risk of spinal cord compression
- If the symptoms described in this leaflet are present, consider a diagnosis of spinal cord compression
- Refer urgently for further management via the Emergency department
- Cord compression requires urgent MRI imaging
- Patients must be nursed flat to ensure spine safety
- Urgent referral for treatment should be made following a positive diagnosis following the MSCC Pathway

Metastatic Spinal Cord Compression (MSCC)

What you need to know and do

Introduction:

Spinal cord compression is a condition which can affect people with certain cancers that have spread to the bones in the spine or have started in the spine. It is rare and only affects a small number of people. If you can recognise early warning signs and get treatment quickly, permanent damage may be avoided.

The spinal cord is the group of nerves that runs down the back inside the bones of the spine (vertebrae). It provides nerves to all parts of the body, including the bladder, arms and legs. If you have cancer in the bones of the spine, or in the tissue surrounding the spinal cord, it can cause pressure (compression) on the spinal cord. It is this pressure that can cause pain, altered sensation and weakness.

Any type of cancer can spread to the bones of the spine, but it is more commonly seen in people with breast, lung or prostate cancer and those with lymphoma or myeloma.

What are the warning signs?

- Back pain in one area of your spine that is severe, distressing or different from any pre-existing back pain (especially if it affects the upper spine or neck)
- Severe increasing pain in the spine that
 - changes when you lie down or stand up
 - changes when lifting or straining
 - wakes you at night or prevents you from sleeping
- Pain which starts in the spine and spreads around the chest or abdomen. This may feel like a 'tight band'
- Pain or tingling down the leg or arm
- A new feeling of clumsiness or weakness of the arms or legs or difficulty in walking
- Difficulty in controlling your bladder or bowels

If you have any of these symptoms

Get advice immediately:

Don't delay. Speak to someone straight away, even if it is the weekend

Spinal cord compression, if untreated, or there is a delay in treatment, can lead to permanent damage and even paralysis

Early diagnosis and treatment gives the best chance of successful treatment

Try to reduce any movement of your spine

Telephone the Ricky Grant Day Unit on 01803 655219 (Mon-Fri 9am-5pm)

Or

Turner Ward on 01803 655527 (evenings, weekends and Bank Holidays)

By calling these numbers you will be put in touch with a Health Care Professional who will be able to advise you

What happens next?

A doctor needs to examine you:

- If they suspect that you have cord compression, they will arrange for an urgent scan of your spine. This is usually an MRI, but if this is not suitable for you, then a different scan will be done
- They will prescribe steroids (Dexamethasone) to reduce the pressure and swelling around the nerve tissue. You should tell