

Cauda Equina Syndrome (CES)

ED Guideline

Definition: A patient presenting with back pain and/or sciatic pain with any disturbance of their bladder or bowel function and/or saddle or genital sensory disturbance or bilateral leg pain should be suspected of having a threatened or actual CES.

Timings: The weight of evidence suggests that loss of function in CES is a continuous process; the longer the cauda equina nerve roots are compressed, the worse the outcome. There are no safe time thresholds. Neurologic deterioration in CES can occur rapidly.

Management: The reliability of clinical diagnosis for suspected or actual CES is low. There should be a low threshold for referral for emergency MRI scan within the pathway. The consequences of delay or missed diagnosis may be catastrophic.

In case of suspected CES involve an ED consultant or registrar in the decision making regarding the need for emergency MRI. Referral to Orthopaedic Registrar on call must be made as soon as possible for a review but should not delay the request for MRI. Any reasons for a delay or a decision not to perform an emergency scan should be clearly documented.

The following are Red Flag warning signs for CES:

- • Loss of feeling or pins and needles between your inner thighs or genitals
- • Numbness in or around your back passage or buttocks
- • Altered feeling when using toilet paper to wipe yourself
- • Difficulty when you try to pass urine
- • Loss of sensation (feeling) when you pass urine
- • Leaking urine or recent need to use pads
- • Difficulty in stopping or controlling your flow of urine
- • Not knowing when your bladder is either full or empty
- • Cannot stop a bowel movement or leaking from your bowels
- • Loss of sensation when you pass a bowel motion
- • Change in ability to achieve an erection or ejaculate
- • Loss of sensation in genitals during sex
- Bilateral sciatica