

Metastatic Spinal Cord Compression (MSCC) in Oncology/Haematology

Does the patients have any symptoms suggestive of spinal metastases? Such as:

- Pain in middle (thoracic) or upper (cervical) spine
- Progressive lower (lumbar) spinal pain
- Severe unremitting lower spinal pain
- Spinal pain aggravated by straining
- Localised spinal tenderness
- Nocturnal spinal pain preventing sleep

Patient asked to attend for assessment

Does the patient have any neurological symptoms or signs suggestive of MSCC? Assess for:

- Radicular pain
- Limb weakness
- Difficulty in walking or standing
- Sensory loss
- Bladder or Bowel dysfunction
- Signs of spinal cord or cauda equina compression

Contact the MSCC Co-ordinator who is the Oncology Consultant on call and MUST be contacted for advice via switchboard

Yes

MRI whole spine within 24 hours

Admit to Oncology/Haematology Ward 12 HRI
Call Oncology Consultant via switchboard (24 hrs on call) and inform

Consultant will advise re need to arrange MRI whole spine via CHFT duty radiologist

- Start 16mg Dexamethasone PO OD and 20mg Omeprazole PO OD
- Give analgesia
- Patient should have bed rest until MRI scan
- Give prophylaxis against VTE

MRI confirms Metastatic Spinal Cord Compression (impending or definitive)

- Discuss treatment of MSCC with relevant local Oncology / Haematology team
- Urgent liason with Clinical Oncology on call team at St James to discuss treatment options (surgery or radiotherapy) and transfer
- Nursing staff to follow MSCC nursing guidelines (with all nursing documentation to be transferred with patient)
- MSCC Co-ordinator to inform physiotherapist regarding rehabilitation
- MRI scans and report must be sent electronically to Leeds
- MSCC Co-ordinator will track patient pathway and ensure outcomes are recorded (on PPM) and audited

No

MRI whole spine within 1 week

Call Oncology Consultant via switchboard (24 hrs on call) for advice