Metastatic Spinal Cord Compression
Patient Management Information

Belfast Health and Social Care Trust

For patients with a known history of cancer contact the oncall oncology registrar **02890329241** in the Cancer Center.

For patients with a previously unknown history of cancer, for a surgical opinion phone Fracture Clinic **028 90632925 / 028 90633133** and ask for front of house SHO. Complete as much of form as possible.

Date: | **Haem/Onc Registrar:**

Patient Details

Surname
Forename
Date of Birth
Address
Postcode
Telephone:
Hospital Number:
Location

Referrers Details

Name
Profession
Land line:
Mobile | **Bleep**
Location

Primary

Secondary

Presentation
Duration of Symptoms

Neurological History

pain? ◯ **no** ◯ **yes** Location:
Type: ☐ Mechanical ☐ Postural ☐ non-Specific
Pattern ☐ Nocturnal ☐ Diurnal ☐ Constant

Neurological Status

Walking status ☐ Normal ☐ Unsteady ☐ Non-Ambulant

Incontinence Urinary ◯ **no** ◯ **yes** Faecal ◯ **no** ◯ **yes**

Sensory Level ◯ **no** ◯ **yes** If yes, level:

Motor Deficit lowest grade ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Muscle Group | Duration

Able to lift leg off bed?

Right ◯ **no** ◯ **yes** Left ◯ **no** ◯ **yes**

Relevant Medical History

1.
2.

Anticoagulation ◯ **no** ◯ **yes**
Immunosuppression ◯ **no** ◯ **yes**
Bleeding Tendency ◯ **no** ◯ **yes**

Previous Radiotherapy to spine?
◯ **no** ◯ **yes** **Site/Dose:**

MRI Summary (attach full report)

Patient Understanding

Diagnosis discussed with patient? ◯ **no** ◯ **yes**
Does patient wish to consider surgery? ◯ **no** ◯ **yes**
Has there been an end of life discussion with the patient? ◯ **no** ◯ **yes**

Estimated Life Expectancy

> 3 months ◯ **yes** ◯ **no** ◯ **Unknown**

Oncology/Haematology Consultant Decision

☐ 1. Spinal surgery advice ☐ 3. Radiotherapy 5 fractions
☐ 2. Radiotherapy 1 fraction ☐ 4. Best supportive care (BSC)

Surgical advice (if appropriate)

Time of call: | Time of surgical decision
Surgery recommended? ◯ **no** ◯ **yes**

Steroid advice ◯ **yes** ◯ **no** ◯ **n/a**

Additional Information

Date: ☐ Hb ☐ WCC ☐ ANC ☐ Plts

Resuscitation Status

DNAR/Advance Directive ◯ **no** ◯ **yes**

DNAR Date:

Outcome summary

Identifying Spinal Instability

Spinal instability is thought to account for pain in **approximately 10%** of patients with vertebral metastases and is characterised clinically by severe pain at the site of the lesion on attempted movement. Instability may be present if the patient has any of the following are present:

1. Severe pain at site of lesion, increasing on movement.
2. Worsening neurology (↑ P&N and/or weakness)
3. Subluxation with progressive kyphosis and extrusion of bone/disc into spinal canal
4. The tumour involves two or more adjacent vertebral bodies.
5. Both anterior and posterior elements at the same level are involved
6. Involved vertebral bodies have collapsed to less than 50% of their original height.
7. The odontoid process has been destroyed, leading to possible atlanto-axial subluxation.

Patients may complain of severe pain when turning over in bed or attempting to get up especially when there is spinal instability at lower spinal levels. Such a patient may be unwilling to move the affected part and exhibits tenderness to palpation or percussion over the area.

Patients with odontoid fractures or atlanto-occipital dislocations may hold their neck stiffly and sometimes in a slightly awkward position. They may refuse to move it actively or allow themselves to be moved passively. Occasionally numbness is felt in the tongue where there is compression of afferent nerves which lead to the second cervical root. The subluxed vertebral column may compress the cord causing quadriparesis and respiratory distress.

****Clinical features of pain and neurology are the best indicators of instability****

Moving and Handling

Moving and handling recommendations need to be made for each patient with MSCC. Alongside radiological findings consider the following moving and handling options and then **select one option** for the patient's care team. For patients at end of life, be aware of the implications of recommendations on quality of life.

Recommendation for patients (tick only one)

☐ **Bed rest & log roll**
If patient has increasing pain and worsening neurology on movement consider recommending bed rest and log roll. Review recommendations daily.

☐ **Monitored graduated sit-up and mobilise as pain and neurology allows**
If patient has manageable pain, stable neurology and walking prior to diagnosis consider recommending graduated sit up and progress to mobilise as pain and neurology allows. Bracing may also be appropriate - liaise with physiotherapists.

☐ **Mobilise as pain and neurology allows**
If patient has minimal pain, neurology and is independently mobile consider recommending mobilise as pain and neurology allows.