

Malignant Spinal Cord Compression:

signs and symptoms to look out for

This patient leaflet provides information on the symptoms of cancer related spinal cord compression

Patient information leaflet

If you require a translation or an alternative format of this leaflet please ask for assistance

Safe & compassionate care,

every time

INTRODUCTION

Malignant spinal cord compression only occurs in a small number of people and is a rare complication of cancer.

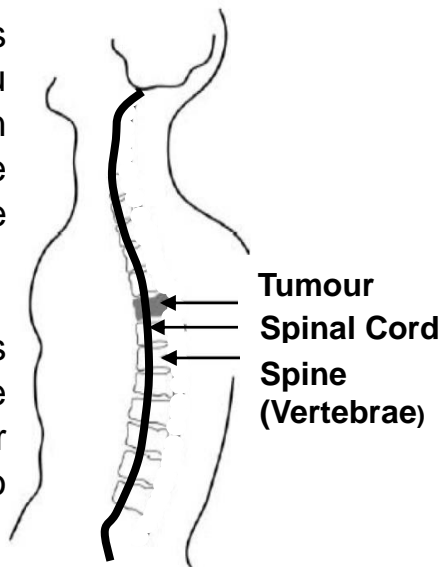
However, being aware and reporting the early warning signs to your GP, Clinical Nurse Specialist (key worker), hospital doctor or the cancer triage line is extremely important and will enable early diagnosis and treatment.

The earlier it is diagnosed, the better the chances of the treatment being effective.

Why have I been given this leaflet to read?

You have been given this leaflet to read because you have cancer which can sometimes spread to the bones of the spine (**vertebrae**).

The most common cancers that spread to the spine are breast, lung, kidney or prostate and people who have lymphoma or myeloma.



The **vertebrae** protects the **spinal cord**, which is a large bundle of nerves that transfers messages to and from the brain.

As it passes through each vertebra, it sends off smaller nerves called nerve roots. These supply the body, arms and legs with sensation and control the movement of muscles, including the bowel and bladder.

Malignant Spinal Cord Compression (MSCC) is pressure on the spinal cord.

Cancer that has spread to other areas in the body are called metastases or secondaries. When metastases affect the spine, they can damage the spinal cord, or sometimes they may weaken the bone.

What symptoms may I have?

The spinal cord acts as a messenger for the brain, telling your arms and legs to move and sending messages back to the brain. If the spinal cord is damaged these messages are prevented from travelling along it. As a result, you may experience certain symptoms.

Symptoms can occur in the lower half of the body and/or the upper body including the neck and arms.

Malignant Spinal Cord Compression symptoms **can vary and may not happen in any particular order.**

These include:

- New pain or worsening of an existing pain in your neck or back. This can sometimes feel like a band of pain spreading round the sides of the chest. Sometimes the pain is worse when you cough or sneeze, or go to the toilet and strain.
- Weakness in your feet/legs or difficulty in walking. Sometimes you may get a 'heavy feeling' in your legs or they may '*give way*'.
- Numbness and/or pins and needles in hands/arms or feet/legs.
- Difficulty in emptying your bladder or bowels, or loss of control in passing urine or opening your bowels.
- Numbness/loss of sensation in the perineum (the area between the front and back passage in women and scrotum and back passage in men). This may lead to you not being aware when you are passing urine or opening your bowels.

What should I do if I get any of these symptoms?

It is important that you are aware of the early signs and symptoms and **report them** to the Acute Oncology Triage Line, your GP, hospital Consultant or Clinical Nurse Specialist (key worker) **immediately**.

If you cannot make contact with them, go to the Accident and Emergency Department of your nearest hospital.

Please show this leaflet and/or your MSCC Alert card to your GP and other healthcare professional to help them decide on the right tests and treatment for you.

Remember the sooner spinal cord compression is diagnosed, the sooner treatment can begin to prevent permanent damage leading to serious disability, such as paralysis and loss of bowel and bladder function.

What happens next?

The doctor seeing you will need to be sure whether these symptoms are due to spinal cord compression.

You will be asked about your signs and symptoms and you will need to have some tests:

- An examination of the range of movement, strength and reflexes in your arms and legs, and a sensitivity test to measure skin sensation over your abdomen, arm and legs.
- MRI scan (Magnetic Resonance Imaging) to the whole spine to show which part of the spine and nerves are affected.

If you are diagnosed with malignant spinal cord compression, the doctor will explain what treatment you will receive. You may be seen the Acute Oncology Team or any other specialist healthcare professionals that will be able to give you more information.

Where to get accurate information?

The Macmillan website is an easy way to obtain accurate information about your condition.

You can access it by this link: www.macmillan.org.uk

Notes:

**Acknowledgment to: Jane Gray, Oncology Clinical Nurse Specialist. 2010–2012 ©
Great Western Hospitals NHS Foundation Trust**

References

This leaflet has been compiled using information from a number of reliable sources, including:

- 'Malignant spinal cord compression' www.macmillan.org.uk
- 'Metastatic spinal cord compression' www.nice.org.uk/CG75
- 'Clinical Care Pathway for Non Traumatic Spinal Cord Compression' Great Western Hospitals NHS Foundation Trust. Jane Gray.

How can I help reduce healthcare associated infections?

Infection prevention & control is important to the well-being of our patients and for that reason we have infection prevention & control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

www.buckshealthcare.nhs.uk

If you require an interpreter or need a document in another language, large print, Braille or audio version please ask for assistance.

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