

# Malignant Spinal Cord Compression: Your treatment and care

This patient leaflet provides information on the treatment 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

## You have been diagnosed with a condition called Malignant Spinal Cord Compression (MSCC)

We understand that this is a worrying and stressful time for you and those close to you. Therefore, we hope that this leaflet helps you to understand your condition, treatment and care more clearly.

This leaflet is not a replacement for a discussion with your doctor or nurse. Please ask any questions and discuss any worries you have with them. They want to help as much as they can.

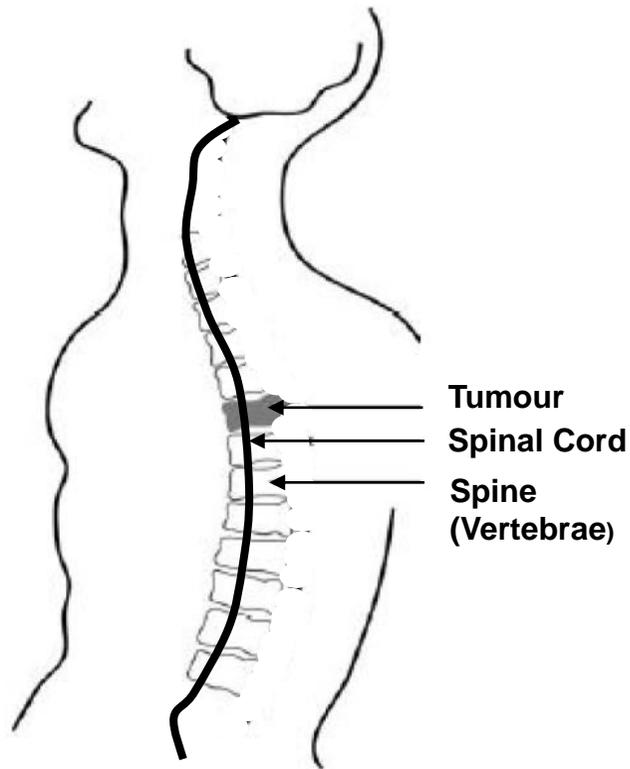
### What is spinal cord compression?

The bones of the spine called **vertebrae** protect 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 bowels and bladder.

Malignant Spinal Cord Compression occurs when the spinal cord is damaged by a tumour and messages are prevented from travelling along it, resulting in a variety of symptoms:

- Difficulty with bladder/bowel functions
- Pain
- Weakness in the legs and/or arms
- Numbness, pins and needles



## What treatment will I receive?

You will need to be admitted to hospital for the duration of your treatment, which will start as soon as possible in order to prevent any further damage to the spinal cord.

The aim of treatment is to relieve pressure on the spinal cord.

The choice of treatment depends on several factors, including:

- Type of cancer
- Area of the spine affected
- Your general fitness

The most common treatments are **surgery, radiotherapy, and/or chemotherapy**. Your medical team will advise on the treatment which is appropriate in your individual case and it will be discussed in detail with you.

**It may be necessary for your treatment to be carried out in another, more specialist hospital. If so, the medical and nursing teams will arrange your transfer and ensure that details on location, travel and visiting arrangements are given to you.**

## Important points about your initial care

- You will be asked to remain on **bed rest**

At first you may need to lie as flat as possible, to prevent further damage being caused by unnecessary movement. During this time, the nurses will help you with washing and toilet needs. The doctors and nurses will tell you when it is safe to start getting up and about again.

- Start high doses of a steroid drug called **dexamethasone**

It is started immediately if spinal cord compression is suspected. This helps to reduce swelling and inflammation around the spinal cord and can help relieve symptoms such as pain.

- Report **any pain**

It is important that you tell your doctor and nurse so they can discuss ways of controlling the pain with you. There are many types of medicines to help with pain and these will be assessed regularly to make sure that they are effective.

- Report any issues with **passing/controlling urine**

Sometimes people with spinal cord compression can experience difficulty passing urine. A thin flexible tube called a urinary catheter may be inserted to empty the bladder if this happens.

- Report any issues **passing/controlling bowels**

If you have difficulty controlling your bowels or experience constipation, you will be given medication to help. This can be a result of spinal cord compression.

## What happens after my treatment is finished?

The length of your stay in hospital depends on the type of treatment you've had and how much you are able to do for yourself. Your doctor will tell you how long this is likely to be.

MSCC can affect people differently. Some people may fully recover, however in some cases, those who lost movement or the ability to walk prior to treatment may not regain full function.

Before you leave hospital, a physiotherapist and/or occupational therapist may work closely with you (and if appropriate your family/carer), to organise a plan of care and/or rehabilitation to suit your needs once you are at home. This may include additional physiotherapy and/or rehabilitation.

Your GP and community nurses will also be informed of the treatment you've received in hospital to enable them to provide you with the best medical, nursing and emotional care once you are home.

**The Acute Oncology team at Stoke Mandeville Hospital will try to review you and will be able to discuss any further issues or concerns you may have. They will update your Clinical Oncology/Haematology Team and will refer you to any support services you may need to help you live with a spinal cord injury.**

**Please take some time to consider any questions you may have surrounding your MSCC, treatment and care. We are happy to answer any questions as you think of them, so please do not hesitate to ask.**

**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](http://www.macmillan.org.uk)
- 'Metastatic spinal cord compression' [www.nice.org.uk/CG75](http://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.

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**[www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)**

Author: Acute Oncology Team

Leaflet code: CEISS-77

Issue date: October 2011

Reviewed: August 2019

Review date: August 2021

Version: 6