PENNINGTONS MANCHES COOPER

CLINICAL NEGLIGENCE AND CAUDA EQUINA SYNDROME

Cauda Equina Syndrome (CES) is a relatively rare neurological condition affecting those with back problems. However, when it occurs it has some classic symptoms and should be regarded as a surgical emergency due to the risk of permanent nerve damage if surgery is not performed quickly.

Too often, these classic 'red flag' symptoms are not properly recognised by those assessing patients with severe back pain and a diagnosis is made late. This delay in diagnosis and surgery to relieve the compression on the nerves can leave patients with severe and disabling long-term problems which affect all aspects of their life. If that delay and the long-term consequences were avoidable then this can result in a substantial damages claim.

WHAT IS CAUDA EQUINA SYNDROME?

CES is a neurological condition caused by the compression of sensitive nerves at the base of the spine by a bulging or prolapsed (slipped) disc in the lumbar spine (lower back). This group of nerves is known as the Cauda Equina or 'the horse's tail' because of its appearance.

Many patients suffer a slipped or protruding disc causing back and/or sciatic pain, but if that disc compresses the Cauda Equina nerves, CES can develop. The symptoms include:

- lower back pain
- sciatica (pain radiating down one or both legs – usually both)
- sensory disturbance around the 'saddle' area ie groin, genitals, anus and buttocks
- loss of or altered control and/or function of the bladder
- loss of or altered control and/or function of the bowel
- loss of or altered sexual sensation or function
- lower limb motor and sensory loss (weakness, reduced reflexes and/or altered sensation – usually in both legs)
- foot drop

A number of these symptoms can be present without CES and in isolation should not automatically be regarded as requiring urgent action. However, some, particularly those affecting saddle sensation and bladder and bowel function, should almost always be regarded as an indication of potential Cauda Equina compression and any of these symptoms in the context of a patient presenting with back pain should result in consideration of CES as a possible diagnosis.

CES is considered a surgical emergency because, if left untreated, it can lead to permanent loss of bladder and/or bowel control, loss of sexual function and long-term weakening and functional restrictions in the patient's legs. Even with prompt treatment, patients can be left with back pain and some lower limb abnormalities but surgery soon after the onset will, in most cases, avoid permanent bladder, bowel sensation and sexual function issues.

In general, the extent of a patient's recovery will depend on how long the compression had been present before surgery took place. In the context of a claim this means establishing that with proper care surgery would have taken place within the 'window of opportunity' for an improved outcome ie before permanent damage is done.

CAUSES OF CAUDA EQUINA SYNDROME

The most common cause of CES is a patient suffering a slipped or prolapsed disc at the base of the spine which goes into the spinal canal and compresses the Cauda Equina nerves. There is often a period of back pain and/or sciatica caused by the disc protruding before it progresses further and compresses the nerves.

Other causes can include:

- fracture of a vertebrae in the spine
- spinal injury itself

- inflammation from spinal abscess
- spinal tumour

PROGRESSION OF CES AND TIMING OF SURGERY

It is generally accepted that there are two main stages of CES – **CESI** (Cauda Equina Incomplete), which over time progresses to **CESR** (Cauda Equina Complete). A patient with CESI is likely to have bladder and bowel control but will have some disruption of sensation/function/control in one or both and is also likely to have an abnormal sensation in some or all of the saddle area. A patient with CESR most likely can no longer control their bladder and/or bowel – and at this point the nerves are likely to be permanently damaged. There is much debate over the influence of the timing of surgery. It is generally accepted that a CESI patient is a surgical emergency because surgery can result in preservation of function but for a patient with CESR, whilst surgery should still be performed, there is much less scope for improvement as most of the damage will already be permanent. For CESI patients, the best 'window of opportunity' for surgery is one of debate but it is widely believed that those having surgery within 12 hours of onset generally have a very good prognosis and those having surgery within 24 hours are still regarded to have good prospects. Outcomes start to drop off between 24 and 48 hours post-onset and it is generally accepted that after 48 hours surgery will be much less likely to result in preserved bladder and bowel function. The key determining factor is a patient having surgery **before** they become CESR.

WHEN SHOULD A CLAIM FOR MANAGEMENT OF CES BE BROUGHT?

A patient with CES is, for the reasons above, a surgical emergency. All medical practitioners should be aware of the 'red flag' signs of CES. These are, in the main, disruption of bladder, bowel or sexual function, particularly in a patient with low back pain - also, a loss of/altered sensation in the saddle area and weakness or altered sensation in the lower limbs.

Patients with these symptoms should be considered as having suspected CES and urgent action must be taken to get an MRI scan of the lumbar spine to see if the Cauda Equina nerves are compressed. If the clinical signs and the MRI indicate CES, then the patient requires emergency surgery to decompress the nerves.

There are no set guidelines on timings but generally a patient attending A&E with signs of CES should be investigated and treated urgently. If the diagnosis is confirmed, they should be placed under the care of a neurosurgical team and in surgery as quickly as possible.

Most of the claims we deal with involve a failure by GPs and/or A&E teams to recognise the significance of classic 'red flag' signs of CES; often they focus on pain and other symptoms are overlooked. Frequently, mandatory questions about symptoms are not asked or asked in full and often the examination that takes place is inadequate. Proper questioning and/or examination would almost certainly lead to the correct diagnosis of CES.

Some claims relate to delays in referring patients to orthopaedic or neurosurgical teams, or arranging an MRI once CES is suspected. Other cases relate to wrong and/or delayed reporting of MRI imaging or discharging patients at risk of CES without proper guidance should certain signs develop. We also work with patients who develop CES post-operatively following spinal or other surgery. In these cases, despite the known risk of CES occurring, their classic post-operative symptoms are ignored. Occasionally a claim is centred around the performance of surgery for CES and a failure to achieve sufficient decompression or surgery being done at the wrong level.

Patients suffering long-term effects of CES are often significantly disabled as a result. Many struggle to return to work full-time and maintain their employment at the same level; some require ongoing medical management for bladder and bowel issues; and others require care and assistance and even a change in accommodation. Leisure, social and family activities are usually very significantly affected because of issues with bladder and/or bowel management and mobility.

With age, the needs arising from the effects of CES increase. Often, a claim is brought to provide for those needs and, if successful, the claim will recompense for loss of earnings (past and future), assess lifelong medical requirements including pain management and therapy and provide funds for those to be sourced privately, and look at funds for current and future care,

equipment, transport and accommodation needs. A claim cannot undo the damage caused by a delay in diagnosis but it can make a big difference in enabling the claimant to manage day to day, obtain support and treatment and recover some quality of life.

We have a specialist team of solicitors who deal with all of our claims involving Cauda Equina Syndrome and thus are familiar with the issues that arise in these claims as well as the huge impact this condition can have on an individual. They work with a good team of similarly experienced experts and counsel.

Please visit this page for more information about our specialist CES clinical negligence team.

FIND OUT MORE

For further information or to discuss your potential claim with an experienced solicitor, please contact:

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