Spinal cord compression

WHAT IS SPINAL CORD COMPRESSION?
When you have cancer, there is a risk that it may spread to other parts of your body, including the spine. This is rare, and is not likely to affect you; however if spinal cord compression does occur it can be very serious. If you recognise the early warning signs and receive treatment quickly, permanent damage may be avoided.

The spinal cord is the group of nerves that runs down your back, inside the bones of the spine (vertebrae). It provides nerves to all parts of your body including the bladder, arms and legs. If you have a tumour in the bones of the spine or in the tissue surrounding the spinal cord, it can cause pressure (compression) on the spinal cord. This can cause pain, altered sensation and weakness.

WHAT ARE THE SYMPTOMS?
Symptoms of spinal cord compression include back pain in one area of your spine that is severe, distressing or different from any pre-existing back pain, especially if it affects the upper spine or neck.

Spinal cord compression may cause:

- severe increasing pain in the spine that:
  - changes when you lie down or stand up
  - changes when you lift anything or strain
  - wakes you at night or prevents you sleeping
- pain which starts in the spine and spreads around your chest or abdomen
- pain or tingling down your leg or arm
- a new feeling of clumsiness or weakness in your arms or legs, or difficulty walking
- numbness in your arms or legs
- difficulty controlling your bladder or bowels

WHAT TO DO IF YOU HAVE ANY OF THESE SYMPTOMS
If you have any of these symptoms:

- speak to your GP, oncology consultant, nurse or paramedic as soon as you can (certainly within 24 hours)
- tell them that you have cancer, describe your symptoms and tell them you are worried about your spine
- try to bend your back as little as possible
- take this leaflet with you when you go for your appointment
NOTE FOR YOUR DOCTOR OR HEALTHCARE PROFESSIONAL
This patient has cancer and is therefore at risk of metastatic spinal cord compression.

If they have any of the symptoms in this leaflet, please consider spinal cord compression as a possible diagnosis and talk to their oncology team about managing and treating the condition.

WHAT HAPPENS NEXT?
A doctor will need to examine you. If they suspect that you have spinal cord compression, they will arrange for you to have an urgent scan on your spine. This is usually an MRI scan; however if this is not suitable for you, they will arrange for a different scan.

You may be prescribed steroids (Dexamethasone) to reduce the pressure and the swelling around the nerve tissue. If you are diabetic, or have had problems with steroids in the past, please tell your doctor.

The oncology team will talk to the specialist surgeon about the best way to treat you. The usual treatment for spinal cord compression is radiotherapy; however some people may need surgery or chemotherapy. You may need to be admitted to hospital and have to stay flat in bed for treatment.

WHAT ARE THE RISKS?
If spinal cord compression goes untreated, or if treatment is delayed, you could suffer permanent damage and even paralysis. Your treatment is most likely to be successful if you are diagnosed and treated early.

If you develop any warning signs, talk to your GP or oncology consultant as soon as you can.

If you have any unexplained tingling, numbness or weakness in your arms or legs, seek help immediately.

WHO SHOULD I CONTACT?
If you have any of the symptoms described in this leaflet, please call us as soon as you can.

CONTACT
Treatment support team
T 0203 219 3532

Radiotherapy Clinical Nurse Specialist
T 0207 935 4444 extension 8551