

Spinal cord compression

Acute Oncology Service

Patient Information Leaflet

Introduction

If you have been diagnosed with cancer, you need to know about spinal cord compression and the warning signs. This leaflet gives information about what to look out for and what to do if you get any of the warning signs.

What is spinal cord compression?

The spinal cord is a bundle of nerves that runs from the brain down the back and it is surrounded by the bones of the spine. The spinal cord provides nerves to the body including the bladder, arms and legs.

If you have a tumour in the bones of the spine (vertebrae), or in the tissues around the spinal cord, it can cause pressure (compression) on the spinal cord (see figure 1). This can cause pain, altered sensation and weakness.

Spinal cord compression is not common usually but happens to one in 20 people affected by cancer.

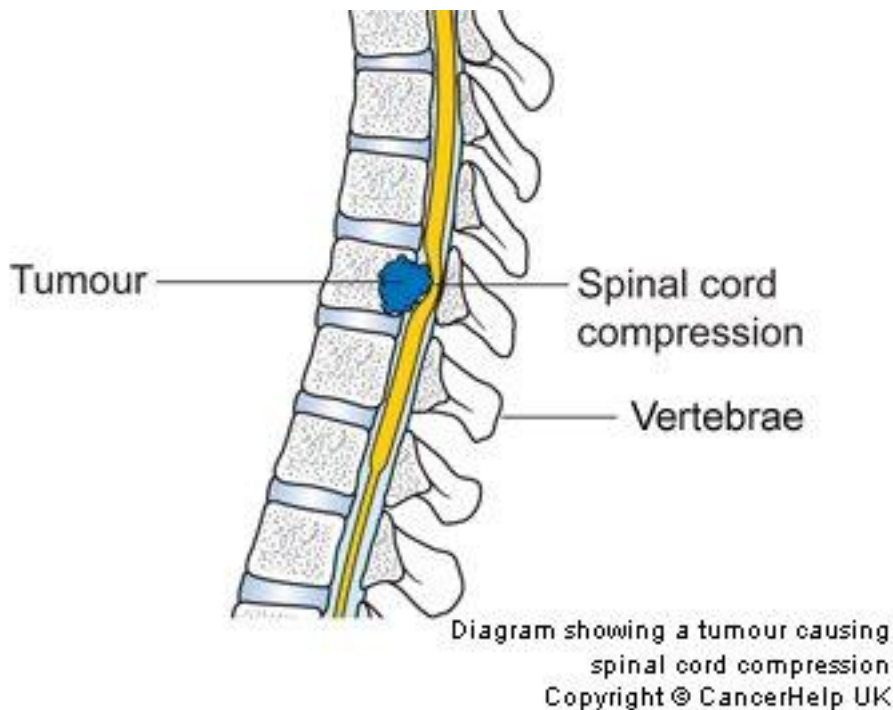


Figure 1 shows a tumour causing spinal cord compression.

What are the warning signs of spinal cord compression?

It depends on which part of the spine is affected but the warning signs could be any **one or more** of the following:

- Pain in your spine that is severe, distressing or different from your usual pain (especially if it does not go after taking painkillers).
- Severe pain in your spine which changes when you lie down or stand up, lift or strain, wakes you up at night or stops you from getting to sleep.
- Pain which starts in the spine and goes around the chest or belly.
- Pain down your legs and/or arms.
- Tingling or numbness ('pins and needles') in any part of your spine, arms or legs.
- 'Electric shock'-type feelings in your legs and/or arms.
- Weakness in your arms and/or legs.
- Difficulty walking because of stiff, heavy or wobbly legs.
- Sudden or slower, gradual changes in your ability to walk or legs giving way.
- Bladder or bowel problems such as loss of control (incontinence) or not being able to empty your bladder.

What should I do if I develop any warning signs?

Get advice immediately:

- Contact the hospital team where you usually go for your cancer follow-up clinics, your GP or Macmillan nurse.
- Or, contact the Acute Oncology Service on 01384 456111 ext. 3425 (8.30am to 4.30pm, Monday to Friday). We do not work on weekends or Bank Holidays.
- If these contacts are not immediately available, especially at weekends, call the Georgina Unit at Russells Hall Hospital on:
01384 456111 ext. 2251/2235 (24 hour service) or call 999 for urgent admission.

Describe your symptoms and explain that you are worried that you may have spinal cord compression and that you need to be seen urgently.

Don't delay – ring someone today, even if it is a weekend or a holiday.

What happens next?

A doctor needs to examine you. If the doctor suspects that you may have spinal cord compression, he will advise you to stay flat in bed and a MRI scan of your spine will be arranged urgently.

The doctor may consider prescribing steroids (e.g. dexamethasone). Steroids reduce pressure and swelling around nerve tissue. If you have diabetes, or you have had problems with steroids in the past, you should tell your doctor.

Radiotherapy, surgery and chemotherapy are all possible options for treatment. Your doctors and healthcare team will discuss the best treatment for you with specialist advisers. The treatment options depend on the type of cancer, which part of the spine is affected and your general health.

If you have spinal cord compression, you will probably be admitted to your local hospital. You may need to be transferred to New Cross Hospital in Wolverhampton for radiotherapy or the Royal Orthopaedic Hospital in Birmingham, if you need surgery.

You will have to stay flat in bed until the doctors are satisfied that it is safe to start walking again. You will get help with this from the physiotherapist. If your neck or top of the spine is affected, you will also need to wear an orthopaedic collar to prevent damage to the spinal cord.

If left untreated, or if there is a delay in treatment, spinal cord compression can lead to permanent damage and even paralysis. Early diagnosis and treatment gives the best chance of preventing paralysis.

Remember to get help if you develop any warning signs. Seek immediate help if you have unexplained tingling, numbness or weakness in your arms and legs.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Sister Ruth Mitchell, Clinical Nurse Specialist, Acute Oncology Service on 01384 456111 ext. 3425 (8.30am to 4.30pm, Monday to Friday). We do not work on weekends or Bank Holidays.

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/oncology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ برائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔