

# Metastatic spinal cord compression: initial assessment and management

## Person presenting with:

- Symptoms or signs of spinal cord compression (see box 1) and
- Past or current cancer diagnosis

## Box 1 Symptoms or signs of spinal cord compression:

- Bladder or bowel dysfunction
- Gait disturbance or difficulty walking
- Limb weakness
- Neurological signs of spinal cord or cauda equina compression
- Numbness, paraesthesia or sensory loss
- Radicular pain

**Immediately contact the MSCC coordinator. Treat this as an oncological emergency**

**Start immobilisation without delay** if symptoms or signs suggest spinal instability

**Consider immobilisation** if moderate to severe pain is associated with movement

**Offer 16 mg of oral dexamethasone** (or equivalent parenteral dose) as soon as possible. After the initial dose, continue 16 mg daily while awaiting surgery or radiotherapy

**Carry out a pain assessment** and agree a pain management plan

**Ensure adequate pain relief**, including non-opioid or opioid analgesic medication, individually or in combination

**Consider giving corticosteroids** for people without neurological symptoms or signs if they have:

- severe pain, or
- a haematological malignancy

**Carry out MRI as soon as possible** (always within 24 hours) at the local hospital or appropriate centre with direct access imaging facilities if MSCC is suspected

**If MRI is contraindicated**, carry out a CT scan

## From diagnosis onwards:

- Give opportunities to the person and their family or carers to discuss issues such as what their diagnosis means, and risks and benefits of treatment options
- Carry out a holistic needs assessment
- Offer opportunities to discuss advance care planning
- Give advice on how to access support to help with psychological, emotional, spiritual and financial needs
- Develop a personalised care plan with the person, taking advice from the MDT and other relevant clinicians
- Offer support and rehabilitation based on ongoing review of the management plan and holistic needs
- Start planning for discharge and ongoing care on admission to hospital
- Offer supportive care to prevent and manage complications

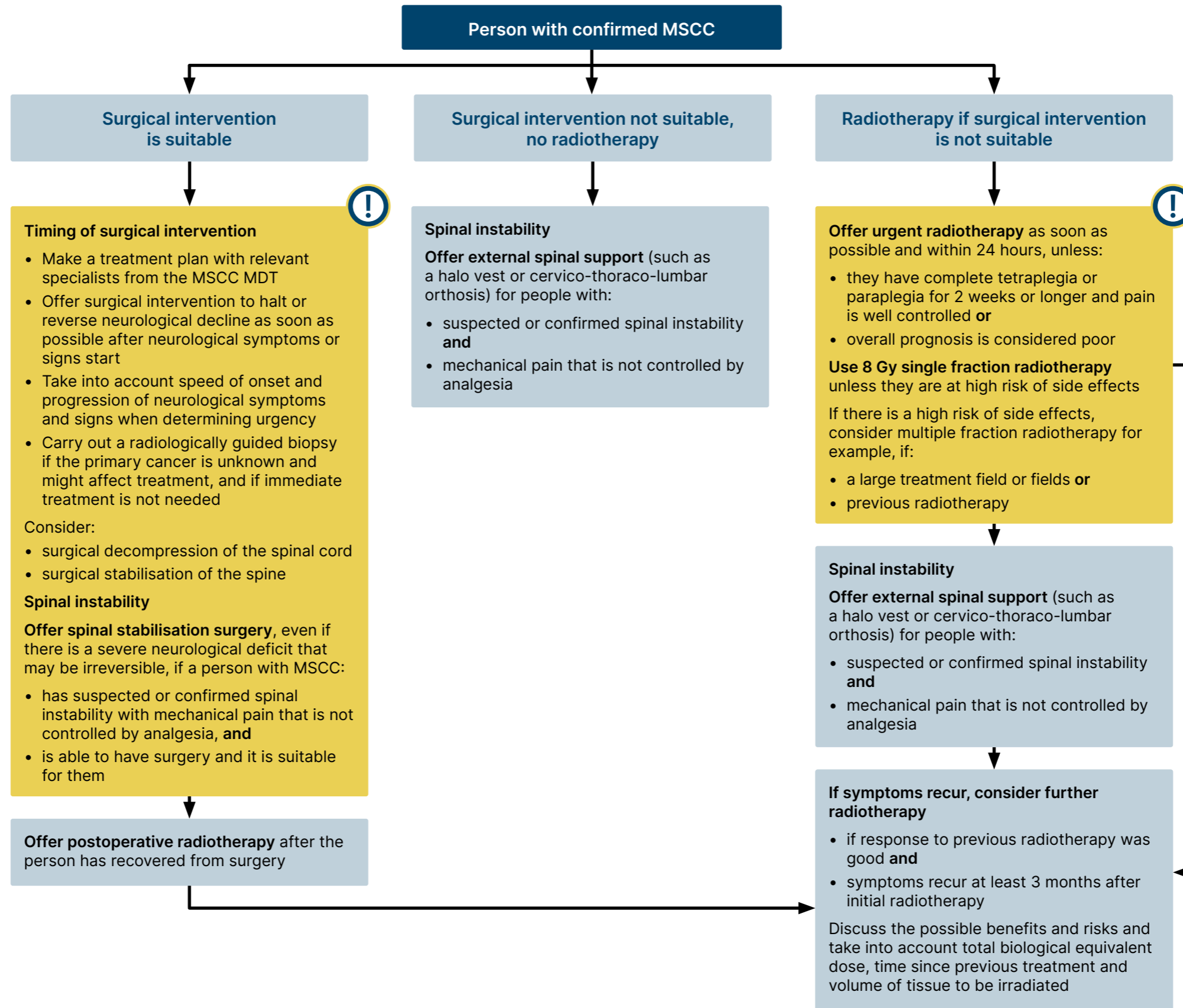
Ensure adequate pain relief, including:

- a bisphosphonate for spinal involvement from myeloma or breast cancer
- denosumab for bone metastases from breast cancer and solid tumours other than prostate

- **Consider multiplanar viewing or 3-plane reconstruction of recent or new CT images** to assess spinal stability and plan vertebroplasty, kyphoplasty or spinal surgery
- **Consider using a validated scoring system for spinal stability and prognosis** as part of a full clinical assessment
- If assessment, including imaging, suggests spinal stability is likely, start testing this by graded sitting followed by weight bearing

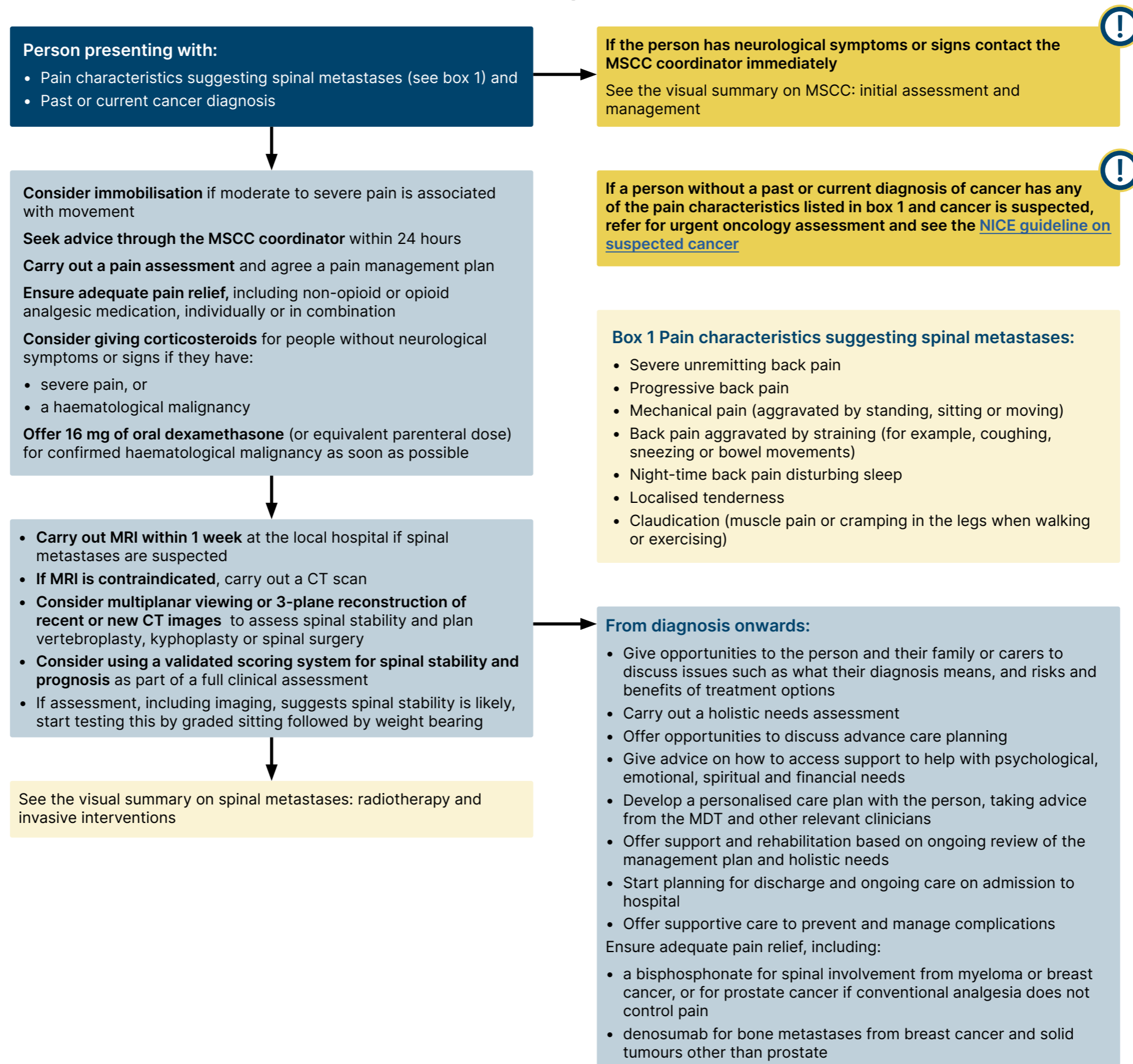
See the visual summary on MSCC: radiotherapy and invasive interventions

# Metastatic spinal cord compression: radiotherapy and invasive interventions

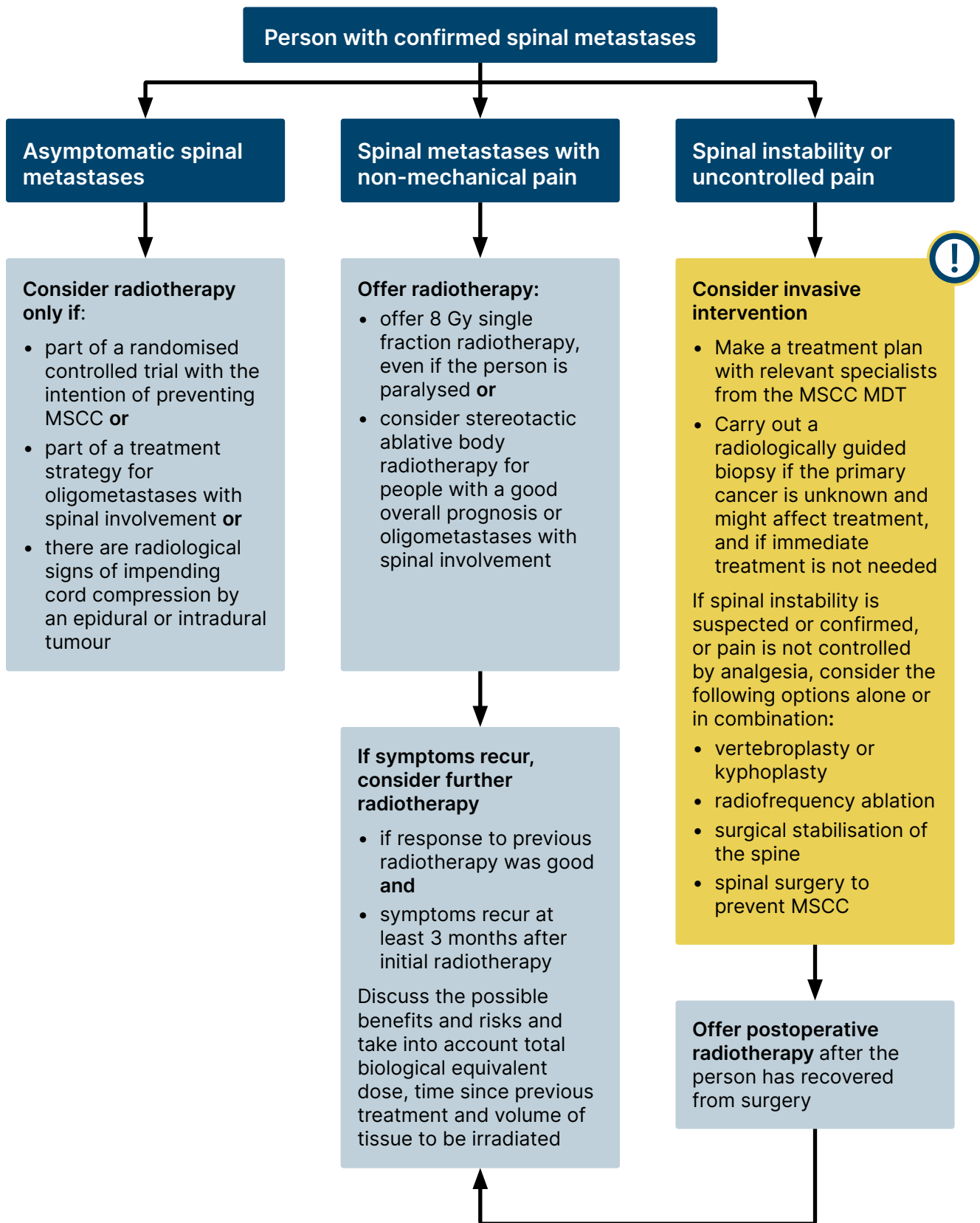


Provide rehabilitation and supportive care in hospital, planning for discharge and ongoing care

# Spinal metastases: initial assessment and management



# Spinal metastases: radiotherapy and invasive interventions



Provide rehabilitation and supportive care, planning for discharge and ongoing care