## Suspected Metastatic Spinal Cord Compression



Is the patient at risk of MSCC?

Do they have a suspected/confirmed malignancy?



Do they have symptoms suggestive of MSCC?

## Do they have any "REDFLAGS"?

- Referred back pain is multi-segmental or band-like
- <u>Escalating pain</u> which is poorly responsive to treatment (including medication)
- <u>Different</u> character or site to previous symptoms
- **F**unny feelings, odd sensation or <u>heavy legs</u> (multi-segmental)
- · Lying flat increases the back pain
- · Agonising pain causing anguish and despair
- Gait disturbance, unsteadiness, especially on the stairs (not just a limp)
- Sleep grossly disturbed due to pain being worse at night

## NB - Established motor/ sensory/ bladder/ bowel disturbance = Late signs



Provide appropriate analgesia to relieve suffering and facilitate assessment



Perform full clinical assessment and perform **FULL** neurological examination



Contact The Christie on (0161) 4463658 and take advice from

MSCC Co-ordinator (0900 - 1700)

OR

Christie Hotline (out of hours)

MSCC likely



- Arrange URGENT MRI WHOLE SPINE within 24 hours
- · Start Dexamethasone 16mg oral OD
- Start PPI cover (Omeprazole 20mg oral OD)
- · Keep patient flat and log-roll when moving
- Inform Acute Oncology Service
- Arrange Acute Medical Unit Admission

MSCC unlikely

- Inform Acute Oncology Service of attendance
- Inform GP and arrange follow up
- Provide "What you need to know" leaflet if not already provided.
- · Ensure adequate pain relief