

## Learning from litigation: 1 - Cauda equina syndrome (CES)

This information is designed to provide CSP members with key messages that relate to certain areas of practice from an indemnity perspective, and to signpost members to more detailed resources. This page does not set out to be a definitive clinical guide to CES, or act as a guide for members on how to perform clinical examination and/or treatment.

### Background

- The cauda equina comprises of the peripheral nerve roots that emerge from the spinal cord below L1. These nerves control bladder, bowel and anal sphincter function, lower limb function, the pelvic organs and sexual function.
- Cauda equina syndrome (CES) is a condition caused by compression of these nerve roots. Symptoms can include altered sensation in the saddle area, back and leg pain with neurological deficit and urinary retention or incontinence.
- CES can result in permanent consequences of paralysis, bladder/bowel incontinence, and altered sexual function if not treated promptly.

### Diagnosis & Decision-Making

- Low back pain is common, CES is rare. Subjective examination is critical. All patients presenting with low back pain should have a detailed examination of their clinical history. The physical examination must include a thorough neurological examination and may need to include sphincter tone.
- CES cannot be confirmed without appropriate imaging examination that identifies nerve root compression. Once confirmed, urgent surgical intervention is required to limit any permanent consequences.

### Clinical Challenge

- Physiotherapists see many patients with back pain, a large number of whom may come directly to see a physiotherapist without seeing a doctor first. As autonomous and accountable diagnostic practitioners, physiotherapists of all levels of experience need to be able to identify those patients who need urgent medical review and act accordingly.
- Timing from definitive diagnosis to surgery is critical. Surgery within 48 hours of onset of symptoms is required to achieve the optimum clinical outcomes.
- Telephone triage must be able to highlight red-flags. If a CES presentation is suspected then an urgent physical examination and medical review must be arranged. Timing is critical.
- Documented examination needs to demonstrate a clinical reasoning and decision-making process.<sup>(1)</sup> Well-designed examination templates for the spine are recommended.
- The ability of an individual physiotherapist to assess sphincter tone, request imaging diagnostics and directly access orthopaedic consultants may depend on job role and/or local clinical pathways. Seeking an opinion of a more experienced and specialised physiotherapy colleague may be appropriate to determine if the pattern of clinical presentation requires urgent action.

- In an emergency, sending the patient immediately to A&E may be the most appropriate action.

### **CES and Litigation** <sup>(4)</sup>

- Because of the significance and permanence of the consequences of untreated CES, these claims tend to be high value claims, which can have six or seven figure settlement amounts.
- Patients may challenge what the clinical notes record, in particular that they under-record the actual presentation. <sup>(4)</sup>
- The basis for the claim is that the practitioner failed to: examine the patient properly; act on 'red flags' present, refer on or investigate with sufficient urgency. <sup>(4)</sup>
- This does not just affect doctors and surgeons. Physiotherapists have been found to be clinically negligent for failing to act and/or refer on when a patient presented with possible CES. <sup>(2)</sup>

### **Key messages for members**

- Do a thorough subjective and objective (physical) examination of the patient.
- Where possible record the actual time symptoms occurred / events happened.
- Record both positive AND negative neurological examination finding and clearly document this
- Check your 'red flag' questions thoroughly.
- A sphincter examination may be required. This should be performed by an appropriately trained clinician
- Make sure you act on 'red flag' findings.
- Make sure you act to 'refer-on' immediately by phone to either a more senior colleague, a doctor or A&E if you have a suspicion a patient is presenting with CES. A written referral may take too long. Timing is critical.

### **References**

1. The Chartered Society of Physiotherapy. Record keeping guidance. London: The Chartered Society of Physiotherapy; 2012 (review due 2014).  
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3. Greenhalgh S, Selfe J. Red flags: a guide to identifying serious pathology of the spine. Edinburgh: Churchill Livingstone; 2006.
4. Macfarlane R. Cauda equina syndrome: key issues. London: Kennedys. 2014.  
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### **Acknowledgments**

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