

Metastatic spinal cord compression

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about the care and treatment of people who have, or are at risk of developing, metastatic spinal cord compression that is set out in NICE clinical guideline 75.

Does this information apply to me?

Yes, if you are an adult who has, or is at risk of developing, metastatic spinal cord compression because you have cancer elsewhere in your body that has spread to your spine.

No, if you are:

- a child, or
- an adult whose cancer started in the spine or who has compression of the spinal cord that is not caused by cancer.

Your care

If you think that your care does not match what is described in this information, please talk to a member of your healthcare team.

Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding and explain metastatic spinal cord compression and the treatments for it simply and clearly.

The information you get from your healthcare team should include details of the possible benefits and risks of particular treatments. You can ask any questions you want to and can always change your mind as your treatment progresses or your condition or circumstances change. Your own preference for a particular treatment is important and your healthcare team should support your choice of treatment wherever possible.

Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in putting across your views) if needed.

If you agree, your family and carers should have the chance to be involved in decisions about your care. Family members and carers also have the right to the information and support they need in their roles as carers.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent (www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.nhs.uk/CarersDirect/moneyandlegal/legal. In Wales healthcare professionals should follow advice on consent from the Welsh Government (www.wales.nhs.uk/consent).

Metastatic spinal cord compression

People who have cancer are at risk of it spreading to other parts of their body including the liver, lungs or bones. When cancer spreads it is known as 'metastatic'.

Cancer that has spread to the spine is known as 'spinal metastases'. Spinal metastases can be painful and if not treated can lead to metastatic spinal cord compression. This information explains the NICE guidance on the care of people who have metastatic spinal cord compression – this is when the spinal metastases press on the nerves in the spine that carry messages between the brain and the rest of the body (these nerves are known as the spinal cord). If it isn't treated quickly, metastatic spinal cord compression can lead to serious disability, including permanent paralysis, and early death.

Diagnosing metastatic spinal cord compression

It's important that people who have cancer that may spread to the spine are aware of the symptoms of spinal metastases and metastatic spinal cord compression because diagnosing the disease quickly can help to prevent spinal cord damage and disability.

People who have cancer that has spread, or is at risk of spreading, to their bones should be given information that explains what to do and who to contact if they develop symptoms of spinal metastases or metastatic spinal cord compression. This information should also be given to people who have cancer and back pain so that they are aware of the symptoms.

Symptoms of spinal metastases

- Pain or tenderness in the middle or top of your back or neck.
- Severe pain in your lower back that is getting worse or doesn't go away.
- Pain in your back that is worse when you cough, sneeze or go to the toilet.
- Back pain that stops you from sleeping.

Symptoms of metastatic spinal cord compression

- A narrow band of pain down the arm or leg or around the body.
- Numbness, weakness or difficulty using your arms or legs.
- Bladder or bowel control problems.

Depending on your symptoms, you may be advised to go to hospital for a scan of your spine and possible treatment.

In your local area, there should be healthcare professionals with responsibility for coordinating the care of people with metastatic spinal cord compression.

Scans

If your healthcare team suspects you have spinal metastases or metastatic spinal cord compression, you should be offered a magnetic resonance imaging (MRI) scan within 1 week, or sooner depending on your symptoms. This will help them to see whether you have spinal metastases that are causing metastatic spinal cord compression, and if and how it should be treated.

If MRI is not appropriate for you, or if your healthcare team would like more detailed information about your cancer, or to help work out the best treatment for you, they may offer you other types of scans or tests.

Questions about scans

- Please give me more details about the scans I should have.
- What do these scans involve?
- How long will it take to get the results of these scans?

Treatments

If metastatic spinal cord compression is diagnosed, treatment should start as quickly as possible (ideally within 24 hours of being admitted to hospital).

When working out the most appropriate treatment for you, your healthcare team should take into account your own preferences as well as your general level of health and fitness for treatment, any previous treatments you have had, and the exact location and stage of your cancer.

Your healthcare professional should discuss your treatment options with you and you should be involved in all decisions about your treatment and care.

Treatments for metastatic spinal cord compression

These are the treatment options that are recommended in the NICE guideline, some of which may be appropriate for you. They may be offered to you in different combinations.

Analgesics: medicines that help to relieve the pain.

Bisphosphonates: medicines that help to relieve the pain and protect the bones in your spine.

Corticosteroids: medicines that help to reduce swelling and relieve the pressure of the cancer on your spinal cord.

Kyphoplasty and vertebroplasty: injections of a special bone cement into the spine to help ease pain and strengthen the spine.

Radiotherapy: radiation treatment directed at the spine to destroy cancer cells and relieve the pressure on your spinal cord.

Surgery: an operation to help relieve the pressure on your spinal cord and strengthen your spine.

Questions about treatment

- Please tell me why you have decided to offer me this treatment.
- Could you tell me about this treatment and the benefits and risks it might have?
- Please tell me what the treatment will involve.

Keeping your spine stable

Your healthcare team may ask you to lie flat to try to reduce the movement of your spine and protect your spinal cord. Once your healthcare professional is sure that your spine and spinal cord are not at risk from movement, you should be monitored when you first start to sit up to make sure your spine and spinal cord remain safe. When you are able to sit up safely on your own, you should be offered support to help you move around.

Support and care in hospital

While you are in hospital, you should have access to advice and support from your healthcare team who should work with you to help you retain as much of your independence as possible. They should focus on what is important to you, in terms of going about your daily life and your quality of life.

You and your family or carers should be offered information on how to access psychological and spiritual support if you need it.

Your healthcare team should also discuss with you the care and support you should receive on leaving hospital, including palliative care. Palliative care involves treatments for pain relief, and practical and emotional support to help manage your condition.

Other health problems

NICE has produced guidance on the care of people who are at risk of developing blood clots and pressure ulcers and guidance on the care of people with bowel control problems and women with bladder control problems: www.nice.org.uk/guidance/CG92

People who are in hospital with metastatic spinal cord compression are at risk of developing other health problems. Some of these are described below.

Blood clots

If you are having surgery for metastatic spinal cord compression, or if you are unable to move around, you are at risk of developing a blood clot. You should be offered devices that help stop the blood collecting in your leg veins, including compression stockings and foot pumps. You may also be offered medicines that help to reduce the risk of blood clotting (known as 'anticoagulants').

Pressure ulcers (also known as pressure sores or bed sores)

If you are unable to move around you are at risk of developing pressure ulcers. To prevent pressure ulcers, you should be encouraged to move around as much as possible, or if you cannot move around, you should be offered help to change position regularly. You may also be offered cushions or mattresses to help prevent pressure ulcers.

Bowel or bladder control problems

People with metastatic spinal cord compression are at risk of developing severe bowel or bladder problems. People unable to pass urine should be offered a catheter, and medicines may be offered to improve the bowel function of people with bowel problems.

Even if you do not have bowel or bladder problems, your healthcare team should check daily for any changes in your bladder or bowel function.

After you have been discharged

After hospital treatment most people will be advised to return home. However, some people may be offered specialist rehabilitation, where equipment and support is provided to improve their quality of life and regain as much of their independence as possible.

If you are returning home, you should be offered community-based support to help improve your quality of life. The NICE guideline says that you should be provided with equipment without delay to help you at home.

Families and carers should be offered support and training so that they feel confident in supporting people with metastatic spinal cord compression at home.

More information

The organisations below can provide more information and support for people with metastatic spinal cord compression. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Brain and Spine Foundation, 0808 808 1000 www.brainandspine.org.uk
- Macmillan Cancer Support, 0808 808 000 www.macmillan.org.uk

You can also go to NHS Choices (www.nhs.uk) for more information.