Sussex MSK Partnership East

Suspected Sinister Pathology (Spine)

NHS

History, Examination, Assessment

Patients with suspected cancer should be referred by their GP under 2-week wait rules and provision for these referrals is not included within the Integrated MSK Service. i.e.back pain with associated weight loss should be referred via a 2WW referral to Gastroenterology. Back pain with sinister signs on blood testing should be referred via a 2WW referral to Haematology.
Inflammatory Arthritis needs urgent Rheumatology referral
Septic Arthritis, suspected fracture needs referral to emergency acute orthopaedics via A&E

Clinical Presentation	**Cauda Equina Syndrome**	**Motor Deficit**	**Thoracic Back Pain**	**Spinal Pain** *With systemic symptoms (including Intravenous drug users (IVDU), renal and immunocompromised patients)*	**Myelopathy (Cord Compression)** *i.e arm pain, numbness and weakness/ Spasticity of legs/Sensory changes in legs/ Sphincter involvement/Sensory Ataxia*
Primary Care Management	Check symptoms suggestive of cauda equina syndrome (compression of the cauda equina). Back pain plus one or more of: • Change in sexual function – erectile dysfunction, problems with ejaculation, loss of vaginal sensation. • Loss of bowel control (faecal or flatus incontinence) and unexpected laxity of anal sphincter. • Loss of bladder control (urinary retention or incontinence). • Saddle anaesthesia or paraesthesia (loss or change of perianal and perineal sensation). • Severe or progressive neurological deficit in the lower extremities or gait disturbance. • Reduced / loss of anal tone CES Warning Sign Card: http://www.eoemskservice.nhs.uk/docs/default-source/cauda-equina-translations/english--ces-card-pdf.pdf?sfvrsn=281b7e1a_2	**Examination and Assessment** **Diagnostics:** • None **Management:** • Explanation of cause	**Examination and Assessment** **Management (including condition-specific selfcare options):** • First six weeks manage in primary care • Analgesia in line with agreed formularies / guidance • Consider referral to physiotherapy **Consider appropriate investigations and referral if suspecting:** **- Acute osteoporotic / insufficiency fracture** **- Spinal infection** **- Inflammatory back pain** **- Metastatic disease** **- Myeloma - Metastatic spinal cord compression (MSCC)** **- Myelopathy** **(See relevant suspected serious pathology spinal pain pathway/myelopathy pathway)**	**Examination/Assessment:** • History -unexplained weight loss, severe night pain, fever. - History of ca. - Inflammatory markers • Systemic symptoms • Recent foreign travel **Diagnostics:** • Consider appropriate blood tests.	**Examination/ Assessment:** - Change in balance / proprioception - Brisk reflexes: +/- clonus +/- up going plantar(s) +/- myotomal weakness +/- +ve Hoffman's - Multisegmental weakness **Diagnostics:** • None **Management:** • Explanation of cause
Thresholds for referral to SMSKPE	**If suspected CES do not refer to SMSKPE.** **Refer to local A&E immediately by telephone and referral letter outlining patient presentation.**	**If acute (<72h functional deficit) painful/non painful foot drop:** • Urgent referral to A&E (Orthopaedics on-call Registrar) **If known chronic foot drop/weakness with progressive symptoms (i.e. acute on chronic):** • Urgent referral to A&E (Orthopaedics on-call Registrar) **If non-acute (more than 72h) painful or non-painful foot drop:** • Refer to Advanced Practitioner (Urgent) **If known chronic foot drop/weakness (with no acute or progressive symptoms):** • Refer to Advanced Practitioner (Routine)	**Refer to General Physiotherapy if:** • Not resolved > 6 weeks management in Primary Care **Refer to Advanced Practitioner if:** • Pain is not adequately controlled / resolved • Failed physiotherapy	**Use 2WW pathway if suspected cancer.** **Refer as emergency to acute hospital if:** • Patient seriously unwell • Suspected spinal abscess • Suspected discitis • Suspected spinal infection • Suspected metastatic spinal cord compression (MSCC) MSCC warning signs: https://www.christie.nhs.uk/media/1125/legacymedia-1201-msccservice_education_mscc-resources_redflag-card.pdf **If not suspecting cancer or any of the above (and patient not seriously unwell):** • Refer Urgently to Advanced Practitioner (for example a patient presents with back pain and has a history of IVD use but is not unwell)	**History of acute trauma / onset (<72h) or progressive neurological deficit:** • Refer to A&E **Known chronic myelopathy (presenting with cord compression symptoms or progressive motor deficit):** • Refer to A&E **Known chronic myelopathy (not presenting with cord compression symptoms or progressive motor deficit):** • Refer to Advanced Practitioner