

RCEM Position Statement Cauda Equina Syndrome

Update 21 March 2024

RCEM welcomes the publication of the National Suspected Cauda Equina Syndrome Pathway [1], it represents a significant step forward in the diagnosis and management of Cauda Equina Syndrome (CES). Of particular note is the acknowledgment that bladder scanning, and the performance of a digital rectal examination have no role in the diagnosis of CES and that access to MRI scanning is the central issue. The pathway is especially helpful in defining the duration of symptoms which should trigger concern (less than 14 days) as well as the provision of high-quality resources for patients.

The NHS Resolution report into high value claims in the emergency department [2] highlights that this remains a significant issue in terms of clinical negligence as well as being a source of considerable concern to clinicians working in emergency departments. Whilst the National Suspected Cauda Equina Syndrome Pathway has many merits, central to the delivery of the pathway is the availability of MRI scanning. Few EDs, outside of tertiary centers, have access to 24/7 MRI scanning [3] and many still report difficulties in accessing MRI scans within four hours even 'in-hours'. RCEM remains concerned that a standard of care appears to have been set but the necessary resource to implement this standard is not currently in place, this leads to an inequity of access to care and potentially exposes clinicians to claims of clinical negligence.

Whilst RCEM welcomes the clarity around symptoms and symptom duration which should trigger MRI scanning, it is notable that these are numerous and the threshold for undertaking MRI scanning is relatively lower in comparison to pre-implementation of the national pathway. The national pathway makes no reference as to how this increased workload should be resourced and which teams in secondary care have overall responsibility. This increased demand, coupled with issues accessing MRI scans, has the potential to generate long waits for patients.

For the reasons outlined above, RCEM does not feel it is appropriate to formally endorse the national suspected cauda equina pathway.

References

[1] National Suspected Cauda Equina Pathway October 2023 version 3 (gettingitrightfirsttime.co.uk) Accessed 20.11.2023.

[2] Clinical negligence claims in Emergency Departments. Report 1 High Value and fatality related claims. Thematic Review 1: High value and fatality related claims (resolution.nhs.uk) Accessed 20.11.23.

[3] Investigation report: timely detection and treatment of cauda equine syndrome. Healthcare Safety Investigation Branch. August 2021. Investigation report: Timely detection and treatment of cauda equina syndrome (hssib.org.uk) Accessed 21.11.23.