CES Study Day – Challenges for the independent provider.

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Background

- Largest, independent provider of integrated community MSK services (including orthopaedics, pain and rheumatology) in the UK.
- 350,000 NHS patients seen per year.
  - 100,000 with back +/- leg symptoms.
- We work with 25 CCGs across England from the farthest North of Northumbria to the farthest South of East Kent.
  - 30 NHS Trusts
- ~ 300 clinical team.

‘Bilateral Sciatica’

MPS works with NICE to revise cauda equina syndrome red flags

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The information within this article was correct at the time of publishing. **Last updated 14/11/2018**

Write a review

“Many of the classic symptoms and examination signs of cauda equina compression occur in the late stages of the condition when irretrievable damage of the sacral nerves has already taken place.

By then the opportunity to preserve or improve neurological function by spinal decompression has passed.” – **Mr Cowie, Consultant Neurosurgeon**

‘Bilateral Sciatica’

The updated red flags, which are now more explicit and enable earlier referral, are:

- **Bilateral sciatica**
- Severe or progressive bilateral neurological deficit of the legs, such as major motor weakness with knee extension, ankle eversion, or foot dorsiflexion
- Difficulty initiating micturition or impaired sensation of urinary flow, if untreated this may lead to irreversible urinary retention with overflow urinary incontinence
- Loss of sensation of rectal fullness, if untreated this may lead to irreversible faecal incontinence
- Perianal, perineal or genital sensory loss (saddle anaesthesia or paraesthesia)
- Laxity of the anal sphincter

NICE CKS 2018

“…found that the previous red flags for diagnosis set a high threshold for urgent investigation, meaning some patients are not referred for treatment, or are referred too late and left with a permanent disability.

‘Bilateral Sciatica’

- “Todd (2017) suggestion which would address this excessive patient harm and litigation is that:

- **Clinical signs have been shown to be unreliable** at diagnosing CES – the PR exam has such a low sensitivity it is a waste of time.
- Waiting for urinary or perineal sensory/ sexual dysfunction to appear is waiting for “white flags” – it is too late – **damage has occurred whilst waiting. –**
- **Only an MRI** can indicate true risk and a large central disc prolapse is the significant risk factor.”

“Patients are at risk of harm if presenting with bilateral sciatica. Rapid access to urgent same-day MRI is needed to add to the existing standard of that where traditional “red flags” are present.”

Three major challenges

- ‘Integrated’ in name, but not by nature?
  - Working relationships with ED/Radiology Clinical Directors for collaborative pathway development.
- Primary care/ED awareness of diagnostic accuracy and expected standards.
  - “PR and saddle sensation normal – for urgent community scan”.
- Clinical reasoning within a volatile environment.
  - Potential impact on QoL
  - Potential litigation
  - Better safe than sorry…