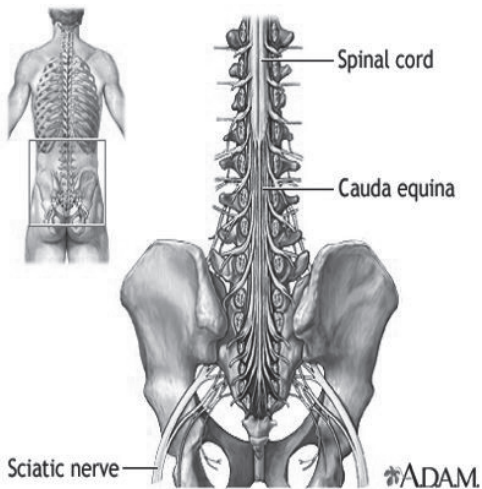


Cauda Equina Syndrome

An information guide



Cauda Equina Syndrome



What is it?

Cauda Equina syndrome happens when the nerves at the lower end of the spine are compressed. This is often caused when a disc protrudes/slips and causes compression on these nerves. These nerves are important in the normal function of bladder and bowel control, sensations around the genital area and buttocks. You might have altered sensation or weakness in the legs as well.

If we suspect you may have cauda equina syndrome we will carry out a scan at the earliest opportunity.

If the scan confirms cauda equina compression, surgery would usually be carried out as soon as possible to remove the pressure from the nerves.

Symptoms can include:

- Sciatic pain down your legs (like electric shock sensations)
- Weakness in your legs, such as your knee, ankle or foot
- Difficulty passing urine or not being able to pass urine at all
- Loss of sensation of your bowels and knowing when you need to poo
- Numbness, or altered sensation, around your buttocks or genitals
- Sexual dysfunction – inability to get/keep an erection for men.
Decreased/loss of sensation for both men and women

Life after Cauda Equina Surgery

Following surgery for the treatment of cauda equina compression, patients can be left with life changing deficits.

The surgery for cauda equina syndrome cannot repair damage already done to the nerves, it can only prevent further damage, which is why time is of the essence for surgical intervention.

Mobility

A physiotherapist may need to visit you after the surgery to test your muscle strength and teach you exercises that can help you deal with any balance issues you have because of muscle weakness or altered sensation. If you are left with any weakness in your legs you may need ongoing rehabilitation from physiotherapy in the community.

Once you are safe to manage at home you will be discharged.

Not everyone will need a Physiotherapy review, but your needs will be reviewed during your admission.

Neurogenic Bladder

Following surgery, you will be catheterised. Usually, your catheter will be removed the day following surgery. Once removed you will be assessed and observed. If you are able to pass urine a bladder scan will be carried out, before and after, a minimum of 2 times.

If you are emptying your bladder sufficiently no more input will be needed.

If you are unable to pass urine or the scans show that you are not sufficiently emptying your bladder, a specialist nurse will teach you intermittent self-catheterisation (ISC). This is where you insert a thin tube into your bladder, approximately 4 hourly, to empty your bladder. Your exact regime will be individualised to your needs.

If unable to self-catheterise you will be discharged with an indwelling catheter and referred to the community bowel and bladder service in your area. We will also refer you to the District nurses who will care for your catheter in the community.

Neurogenic Bowel

Medications to adjust stool consistency and to stimulate a bowel movement should be taken regularly if needed. You will be assessed by a specialist nurse after your surgery who will decide which medications will help you most effectively and the timing of these medications.

Sexual Dysfunction

Erectile dysfunction and/or change to sexual arousal can be common following cauda equina surgery.

There is no medication to help the sensation return but there are medications, such as, Sildenafil (Viagra) that can enable a man to get an erection.

There is more support available for men and women and we may refer you to our specialist spinal cord injury rehabilitation team who can advise and refer on to other services if appropriate

Psychological Help

As we have discussed, Cauda Equina syndrome can be life changing and you may need professional help to assist you in dealing with these adjustments. The spinal cord injury team have a specialist psychologist and we can refer you to be seen by them if required.

Driving

Driving following your surgery is allowed when safe. You do not need permission from a doctor to drive but you must tell the DVLA that you have a spinal injury. You could be fined £1000 if you don't and if you are in accident you could face prosecution. If you have no altered sensation or weakness in your legs, you may resume driving when you feel safe to do so, but you **must be confident to do an emergency stop**. For most patients this will be 4–6 weeks after surgery. It is advisable not to travel for long distances initially (no longer than 20 minutes), without taking a break.

Work

Returning to work depends on your surgical recovery and your job. If you make a full recovery after cauda equina syndrome, you may still require up to 4 weeks off work. If you have a more manual job you could need 8 weeks. Every patient is different.

It is always sensible to discuss with your employer if you can return on lighter duties and/or reduced hours at first.

Desk work could be returned to earlier so long as you are able to move around often as sitting for too long is not advised (more than 20-30 minutes).

The hospital will issue you with a fit note (off work) which can be extended if needed by seeing your GP.

Some patients may be left with impairments that result in previous jobs being unmanageable. If this is the case there are charities who can advise on benefits.

Follow-up

Your surgeon will advise you when you should attend clinic after your operation. If you have any queries before your follow-up date please use the contact numbers given to you on discharge. They should also be on your discharge summary.

Further Resources

Lumbar decompression surgery - When it's used - NHS
(www.nhs.uk)

01820-22 BASS Cauda Equina Syndrome Surgical Options.indd
(spinesurgeons.ac.uk)

Red flag symptoms and signs | Diagnosis | Sciatica (lumbar
radiculopathy) | CKS | NICE

[cks.nice.org.uk/topics/sciatica-lumbar-radiculopathy/diagnosis/
red-flag-symptoms-signs/](http://cks.nice.org.uk/topics/sciatica-lumbar-radiculopathy/diagnosis/red-flag-symptoms-signs/)

Copies of this leaflet are available in other formats (e.g. large print or easy read) upon request. Alternative formats may also be available via:

 www.northerncarealliance.nhs.uk

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