

**USE OF COMPLEMENTARY THERAPIES IN THE CARE OF PATIENTS WITH  
METASTATIC SPINAL CORD COMPRESSION & PRIMARY SPINAL CORD  
COMPRESSION**

**THE CHRISTIE, GREATER MANCHESTER & CHESHIRE**

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Document Owner:	Dr. V. Misra	Accountable Committee:	Acute Oncology Group Network MSCC Group
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Target audience:	All Healthcare Professionals		

**Introduction**

All Complementary Therapists (employed and volunteers) working at The Christie NHS Trust must be aware of:

- High risk patient groups
- Signs and symptoms of metastatic spinal cord compression (MSCC)
- Signs and symptoms of primary spinal cord compression (SCC).
- [Internal pathways / guidance for working with these patient groups](#)

For the purpose of this document, only the abbreviation MSCC will be used. All Complementary Therapists working at The Christie must attend a formal training session on MSCC, to be incorporated into Complementary Health & Wellbeing Team Mandatory Training.

A designated Complementary Therapist MSCC “Champion” will attend subsequent MSCC updates/training and cascade this knowledge to the rest of the Complementary Therapy team (paid and volunteers)

Any Complementary therapies being considered for a patient undergoing treatment for/have been treated for or with suspected MSCC, **must** be discussed first with medical staff, physiotherapist or their nurse.

[Any further queries may be discussed with the MSCC Coordinators at The Christie](#) (0161 446 3658 or Bleep 12616)

Once the Complementary Therapist has satisfied him/herself that is safe and appropriate to proceed with treatment, the following therapies, which may be of benefit, are as follows:-

**Massage**

Massage, with or without the use of aromatherapy using essential oils, can be used to relax the mind and body, promote sleep, relieve tension and improve the flow of blood and lymph.



It can also reduce blood pressure and enhance mood in addition to reducing symptoms such as pain, nausea, anxiety, depression & fatigue.

Massage of the legs & feet/arms & hands may be beneficial as long as tolerated and does not cause any neurological signs & symptoms such as increased pain in the legs/arms or the back/neck.

Gentle head & face massage may be offered with caution, where there is no indication of spine instability and does not cause any pain or neurological symptoms

Depending on the level of spine affected, back/neck massages would be inadvisable and most often inappropriate.

### **Abdominal massage**

Abdominal massage with/without use of essential oils has been shown to help relieve constipation. Therapists need to be aware that this can increase intra-abdominal pressure and aggravate back pain or neurological symptoms in the MSCC patient. It is advisable to consult with the patient's medical staff, Physiotherapist or nurse prior to providing abdominal massage.

### **Therapeutic touch**

This gives comfort, support and relaxation and is helpful for more poorly patients and where other forms of massage are inadvisable.

### **Smoking & alcohol reduction or cessation**

Support for smoking & alcohol reduction or cessation is available to patients and their relatives/carers, this helps to improve the outcome of treatment.

### **VERSION CONTROL SHEET**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
<b>V1</b>	<b>Aug 2007</b>	<b>June Rosen</b>	<b>Creation</b>	
<b>V2</b>	<b>Dec 2010</b>	<b>June Rosen Lena Richards</b>	<b>Update Review</b>	<b>Updated document Reviewed content</b>
<b>V3</b>	<b>Nov 2013</b>	<b>June Rosen Peter Mackereth Dr. V. Misra</b>	<b>Update Review Review</b>	<b>Updated document Reviewed content Reviewed content</b>
<b>V4</b>	<b>Jan 2016</b>	<b>June Rosen Peter Mackereth</b>	<b>Review</b>	<b>No updates required</b>
<b>V5</b>	<b>Apr 2018 Jan 2020</b>	<b>Jacqui Stringer Louise McCahery Louise McCahery</b>	<b>Review &amp; Update Review</b>	<b>Document reviewed and updated No updates required</b>

