

# Metastatic Spinal Cord Compression

## Guideline for Spinal Surgical Referral and Management

### Referral to Salford Royal Foundation Trust (SRFT)

Early identification and management of patients with MSCC is crucial in determining good patient outcomes.

All patients in the Greater Manchester area with MSCC who need a surgical opinion will be discussed with the Salford Royal Spinal Surgical/Neurosurgical team

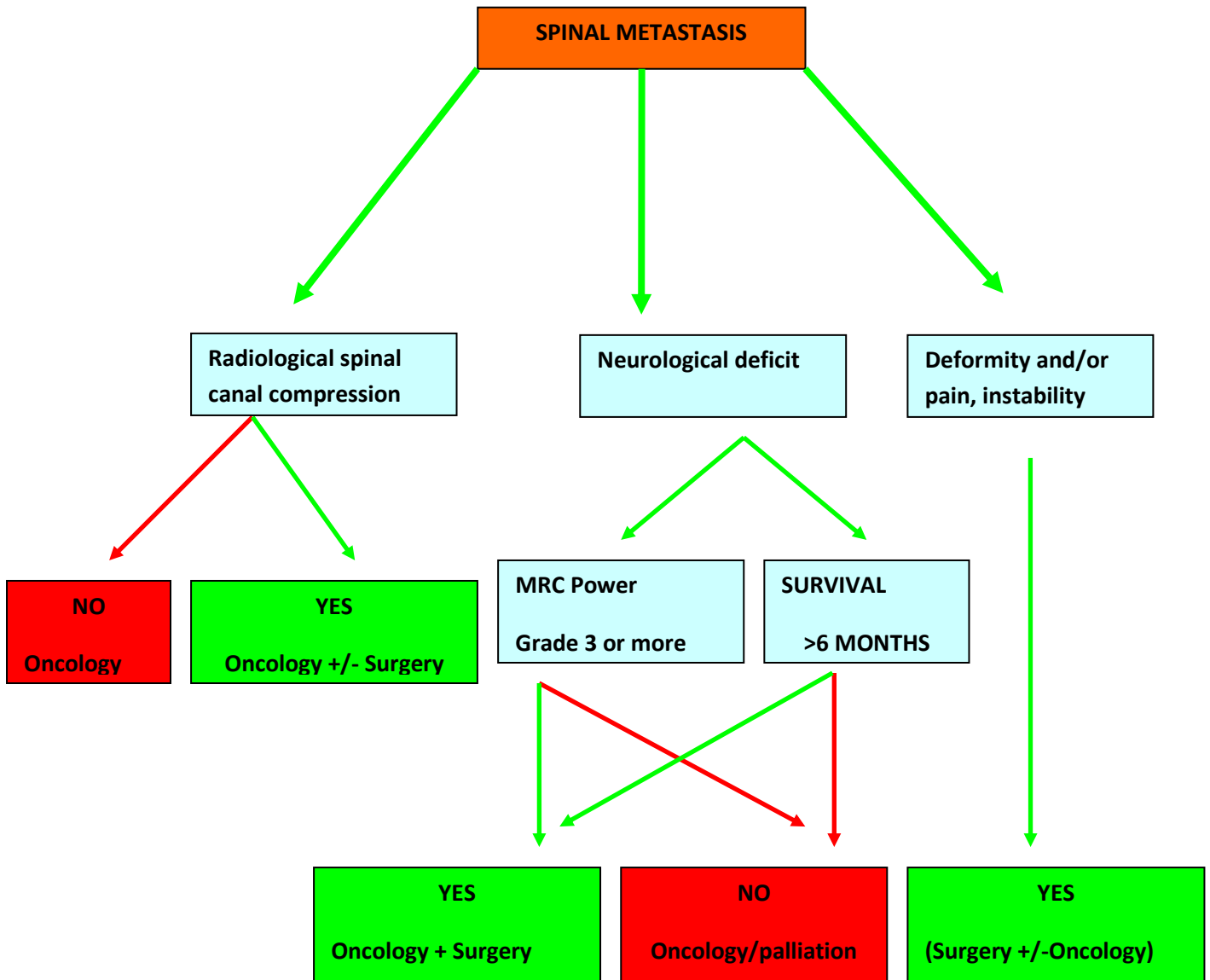
#### Urgent referral and initial management in patients with a known cancer diagnosis

- Commence patients on Dexamethasone 16 mg/day with gastric protection in line with local guidelines
- Patient to be nursed flat in bed till stability of spine is clear
- Urgent MRI scan of the whole spine INCLUDING STIR SEQUENCES to confirm diagnosis (to be done within 24 hrs.)
- Staging CT scan to identify extra-spinal metastasis. PLEASE UPLOAD AXIAL SAGITTAL AND CORONAL IMAGES
- Discuss the Clinical and radiological assessment with the MSCC co-ordinator service at The Christie.
- Surgical opinion requested for
  - Limited sites of spinal involvement
  - Cord/neural compression with neurological deficit
  - Radiological evidence of spinal cord compression
  - Patient has some useful neurological function preserved (MRC Grade 3 and above)
  - Radio-resistant tumours
  - Patient is generally fit for a general anaesthetic
  - Life expectancy of more than 6 months

#### Urgent referral and management in patients with an unknown primary cancer

- Arrange emergency admission to patients local hospital
- MRI scan of the whole spine INCLUDING STIR SEQUENCES to confirm diagnosis (to be done within 24 hrs.)
- Commence patient on Dexamethasone 16 mg/day, after discussion with oncology service
- Discuss with MSCC co-ordinator
- CT scan of the chest abdomen and pelvis before surgical intervention to look for primary and to rule out renal primary which may require preoperative embolization of the spinal metastasis
- Surgical opinion sought (contact SRFT) for decompression, stabilisation and biopsy

The MSCC Co-ordinator service will contact the Spinal team via patient pass <https://patientpass.srft.nhs.uk/> or SRFT switchboard 0161 7897373 between the hours of 08:00 hrs and 1930. After 19:30 the neurosurgical registrar on 07623617892 or via switchboard. Outside of MSCC coordinator's working hours, the referring clinician must also refer appropriate patients via patient pass after discussion with the Christie on-call oncology registrar through Christie switchboard (0161 4463000). If urgent discussion is required with SRFT, the Spinal or Neuro registrar can be contacted through SRFT switchboard.



- Early surgery before established neurological deficit produces the best outcome
- Surgery is best undertaken before radiotherapy to reduce risk of wound problems
- Patients transferred to SRFT for either assessment or surgery would be expected to be repatriated to the referring hospital for rehabilitation and/or palliation
- The surgical pathway is not absolute and when in doubt please contact the relevant Spinal/Neurological team at SRFT

Procedure Reference:		Version:	V3
Document Owner:	Dr V. Misra	Accountable Committee:	Acute Oncology Group Network MSCC Group
Date Approved:	November 2013	Review date:	January 2023
Target audience:	All Clinicians		

\*For more information and protocols on management of MSCC see:  
<http://www.christie.nhs.uk/MSCC>

#### CONSULTATION, APPROVAL & RATIFICATION PROCESS

*All documents must be involved in a consultation process either locally within a department or division or throughout the trust at relevant board/committee meetings before being submitted for approval.*

#### VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
V1	Aug 2007	Vivek Misra	Review	Reviewed content
V2	Nov 2013	Rajat Verma Vivek Misra	Update Review	Updated document Reviewed content
	Jan 2016	Rajat Verma	Review	Reviewed content
	Jan 2018	Lena Richards		No updates
V3	Sept 2020	Rajat Verma Claire Shanahan	Update	How to refer