



Information leaflet for patients with suspected metastatic spinal cord compression

This leaflet provides information for patients with malignant spinal cord compression. It will explain what spinal cord compression is and what treatment you will receive at Velindre Cancer Centre. Contact telephone numbers and details of how to obtain further information are given at the end of the leaflet.

Some of the words used in these leaflets may be unfamiliar to you. We have included an explanation of these terms at the end of the leaflet.

What is metastatic spinal cord compression?

Metastatic spinal cord compression (MSCC) occurs when there is pressure on the spinal cord and its nerves.

This may happen because:

- the bones (vertebra) in your back are affected by cancer, or
- the cancer has spread to tissues around the spine.

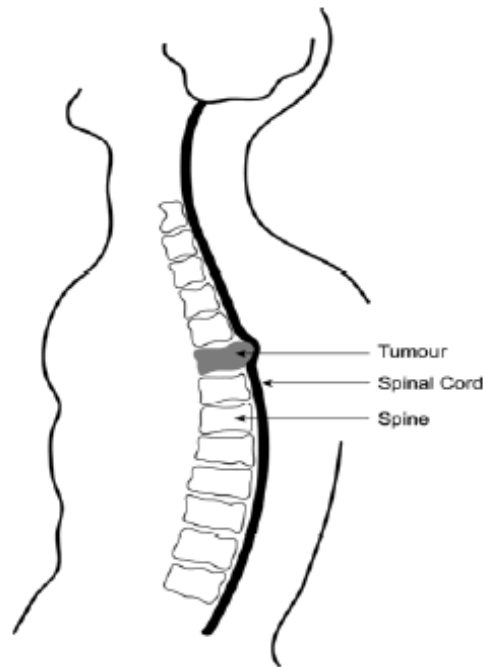


Fig 1 shows a patients back bone with the gray area (tumor) pressing on the dark black line (spinal cord)

For some people spinal cord compression is the first sign that they may have a tumour. However, for most people affected it occurs later in the course of their disease.

How does it happen?

The spinal cord is protected by the backbone. The backbone is a fairly common place for secondary bone cancer to occur. Sometimes these bone secondaries swell and squash the spinal cord or sometimes they can weaken the bone.

What symptoms will I have?

The spinal cord acts as a messenger for the brain, telling your arms and legs to move and sending messages back to the brain. In most people the symptoms occur in the lower

half of the body, but some people may also be affected in parts of the upper body including the neck and arms.

Symptoms vary but may include:

- Pain
- Tingling / numbness
- Heaviness / weakness / paralysis
- Difficulty in passing urine or a bowel motion

What treatment will I have?

If your doctor suspects that you have cord compression you will probably be asked to stay in bed, lying as flat as possible. Sudden movements of the spine might make your symptoms worse. Lying flat is very important because this is the safest and most supportive position for your spine. You may also be asked to wear a supportive collar or brace which will be explained to you in more detail.

You may be given tablets to take called Steroids. These will reduce swelling in the area of your spine that is affected.

You may be sent for a special scan called an MRI scan. This allows your doctor to have a clear picture of your spine and shows where the problem is. If the scan confirms cord compression it will help to plan your treatment, which may include radiotherapy.

What will happen if I need radiotherapy?

Radiotherapy is high energy x-rays which will be carefully planned to the area that needs treatment. To be able to plan your treatment you may be asked to go for a planning CT scan.

During the CT scan you will lie on your back on a hard couch. The CT scan will take about 20 minutes. It is important to stay very still, so you may need to take some painkillers to make sure you are comfortable.

The radiotherapy can be given in 1 treatment to up to 10. Your doctor will tell you how many treatments you will need. When you have your treatment you will lie in the same position as you were for your CT scan so you might need to take some painkillers beforehand. Treatment is painless, and will take about 10 minutes per day.

Will I need surgery?

Surgery may be considered for some people as part of their treatment, for instance when this is the first sign of cancer or if symptoms are progressively worsening. In this case you will need to be transferred to another hospital under the care of a specialist surgeon.

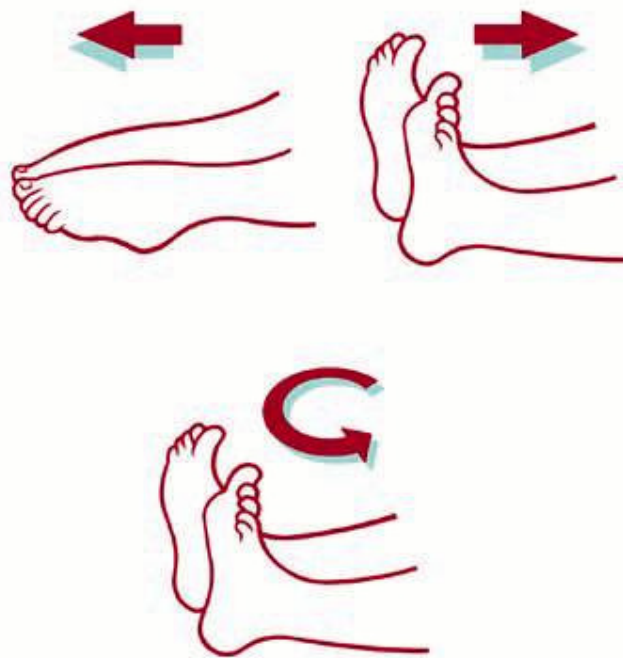
What help is available whilst I'm at Velindre?

Whilst you are on the ward nurses will be available to help you with:

- Feeding
- Washing
- Toileting (some people may need to have a catheter to help them pass water)

Patients with spinal cord compression are likely to be nursed flat in bed at first. The doctors and physiotherapy team will assess you and plan when you can safely sit up in bed. They will advise you on mobility and when it is safe for you to get out of bed. This will be done carefully. If this causes pain or worsening of symptoms, we will take the process more gradually. Many patients benefit from gentle leg exercises to do in bed to help with circulation.

Example of bed exercises:



- Whilst lying flat, move your ankles (as shown in the picture above) 5 times for each direction and if you can repeat on an hourly basis during the daytime.

Example of breathing exercises:

It is important to carry out regular deep breathing exercises:

- Take **three** deep breaths in through your nose, hold two seconds and out through your mouth for a count of four seconds. If you can repeat this on an hourly basis during the daytime.

Within a few days of admission you may also see a Social Worker and Occupational Therapist who will talk to you and (with your permission) your family about plans for your discharge. This may include advice on any benefits you may be entitled to.

You may also be referred to our Specialist Nurse (Supportive Care) who can provide information, advice and support to help you and your family. Or the complementary therapy team who can offer a range of treatments to help with relaxation.

What can I expect after my treatment has finished?

MSCC affects each person differently. Following treatment, some people with weak legs need to use a stick, walking frame or wheelchair to keep their independence. Other people are able to walk without any assistance. The physiotherapist and nurses will work with you to help you become as independent as possible.

Could MSCC happen again?

Yes, unfortunately in some people MSCC can happen again. Sometimes a different part of the spine can be affected. If the symptoms mentioned above come back or suddenly get worse you will need to contact your GP immediately.

Glossary

Catheter – A small thin flexible tube which drains urine away from the bladder into a plastic collection bag which can be emptied as required.

Malignant – This is a cancer with the potential to spread to other parts of the body.

Marking Up - A room in the hospital containing special machines where your radiotherapy treatment is planned, also known as simulator or planning.

MRI Scan – (Magnetic Resonance Imaging) This is a special type of scan. A separate information leaflet is available.

Paralysis – Loss of power or sensation in any part of the body.

Radiotherapy – This is the use of high-energy X-Rays to treat cancer.

Secondaries – If cancer has spread to another part of the body then it is described as secondaries.

Contact phone numbers

Further information and advice is available from:

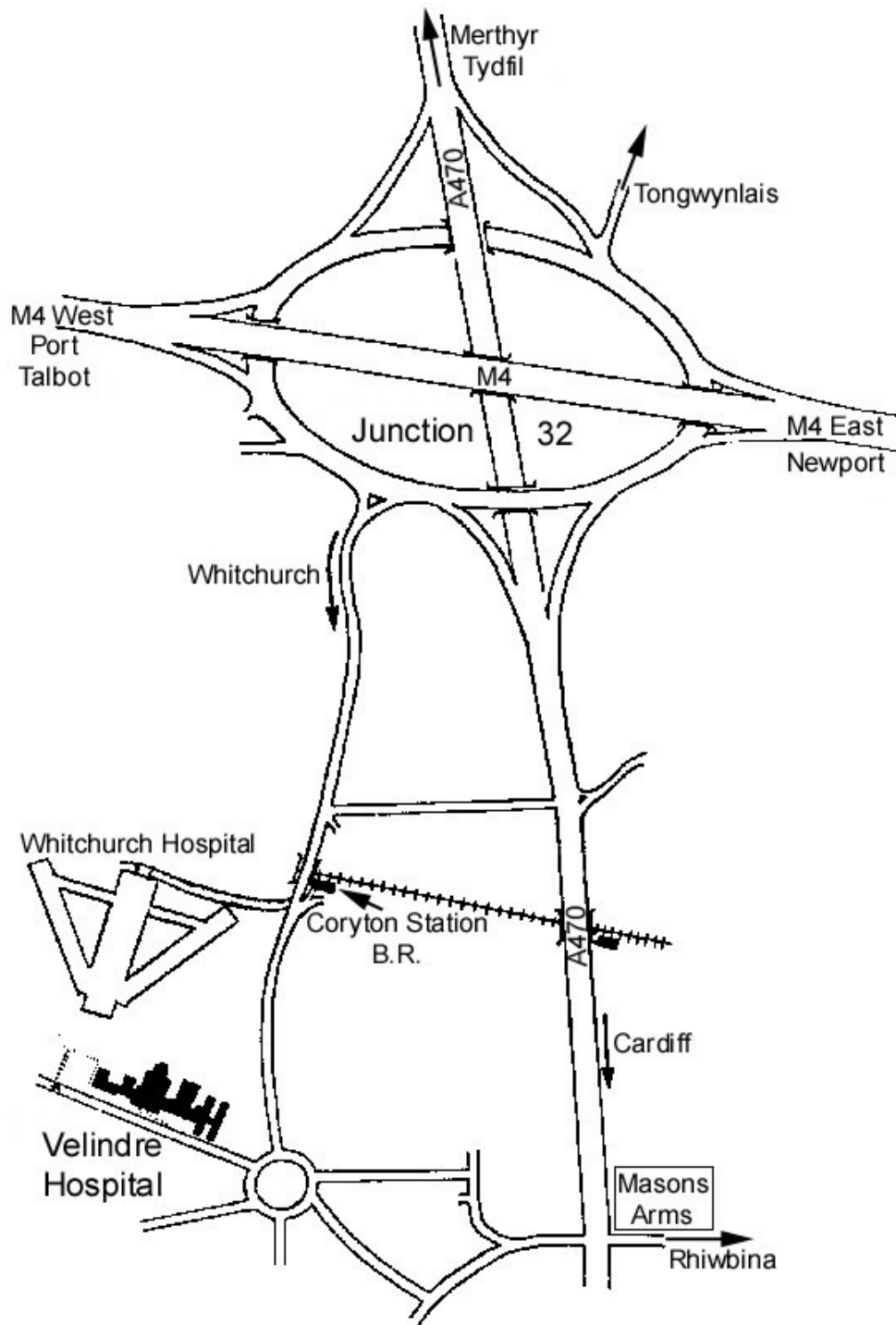
Physiotherapy department 029 2061 5888 ext 6340

Macmillan 0808 808 2020

www.macmillan.org.uk

Tenovus 0808 808 1010

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This information leaflet has been written by health professionals. The leaflet has been approved by doctors, nurses, physiotherapists and patients.

It is reviewed and updated every 2 years.

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