Therapies • **Clinical** • Patient and Family • General

# Metastatic Spinal Cord Compression


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Hospice Care
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***This leaflet is for patients where the clinical team feel that there may be a risk of them developing MSCC.***

It explains the symptoms and treatment for a secondary cancer that may occur in a very small number of patients and highlights the need for them to act quickly.

## what is the spinal cord?

The spinal cord is the large bundle of nerves that runs form the brain to the bottom of the back. The bones of the spine (vertebrae) protect it.

As it passes through each bone the spinal cord gives off smaller nerves called nerve roots. These supply the trunk, arms and legs with feeling and control of muscles, including control of the bladder and bowel.

## Metastatic Spinal Cord Compression (MSCC)

Spinal cord compression is pressure on the spinal cord and its nerves.

This may happen because:-

- the bones are affected by cancer or
- the cancer has spread to the tissues around the spine.

Metastatic spinal cord compression (MSCC) occurs when cancer cells grow in, or close to the spine and press on the spinal cord and nerves.

This results in swelling and reduces the blood supply to the spinal cord and nerve roots. The symptoms of spinal cord compression are caused by the increasing pressure (compression) on the spinal cord and nerves.

Any type of cancer can spread to the bones of the spine, which may then lead to spinal cord compression. However, it is more

commonly seen in people with cancers of the breast, lung or prostate and people who have lymphoma or myeloma.

Remember, MSCC only occurs in a small number of people.

**Spinal cord compression is a serious condition and needs immediate treatment.**

**If left untreated it will cause permanent damage and paralysis.**

## what are the symptoms?

This depends on the part of the spinal cord affected by the tumour:

- Back pain – the first symptom is usually unexplained back pain, which may start as mild pain which lasts for more than a week.
- Pain which may radiate in a band from the back around the chest or abdomen and can sometimes spread over the lower back into the buttocks or legs.
- Numbness or 'pins and needles' in the toes or fingers or sometimes the buttocks.
- Feeling unsteady on your feet, having difficulty walking, or your legs giving way.
- Being unable to pass urine or difficulty controlling your bladder.
- Constipation or difficulty controlling your bowels.

It is very important to let your doctor know immediately if you have any of these symptoms so that they can be investigated. The earlier MSCC is diagnosed the more effective the treatment will be.

## your care

- You will need to rest flat in bed as sudden movement or bending the spine may make things worse.
- You will need to have a scan of the spine called an MRI scan, to see exactly where the spine and nerves are affected. This enables a decision to be made about the best treatment for you.
- You will be given steroids (dexamethasone) to reduce inflammation and swelling around the nerves. If you are diabetic, or have had problems taking steroids in the past, please tell your doctor.
- You may need a catheter to help you empty your bladder.

## treatment for cord compression

Surgery, radiotherapy or a combination can be used to treat the area affected in the spine. The surgical and oncology team will decide which option is best for you.

### Radiotherapy

Radiotherapy alone is often the treatment most appropriate. It uses high energy x-rays to shrink the spinal tumour.

## what happens when someone is treated with radiotherapy?

Before treatment can start, we have to plan the treatment using information from the scans. You will lie on your back under a special machine called a simulator or CT simulator. X-rays and measurements are taken and marks are drawn on the skin in the area to be treated.

One tiny permanent mark is made on your skin so that the area can be located between treatments and if you need more radiotherapy in the future. This is a painless procedure.

You will have the treatment on a different machine called a linear accelerator.

You lie on a couch and the treatment takes just a few minutes and you cannot feel anything as it is given. Some people have several treatments, although it may be given in one session. Your oncologist will explain the treatment to you.

The aim is to take the pressure off the spinal cord which should improve your symptoms and help to relieve the pain. Sometimes it can stop the weakness from becoming worse. It can take 2 – 4 weeks after radiotherapy to get these results and to show early signs of improvement. The return of some strength or sensation in the first week is an encouraging sign, but unfortunately no change at all in the first week may mean that recovery is unlikely and there is not always a good result in all cases.

## are there any side effects?

Side effects are not usually a problem but these depend on the area to be treated. For example, treatment to the neck may cause a sore throat but this will not develop until the following week.

Treatment to the upper spine (chest area) may inflame the throat and gullet and cause temporary soreness on swallowing, but again, not until the week after radiotherapy.

Sometimes treatment can cause nausea and sickness if the lower spine is treated. This usually only occurs in the first 24 hours after radiotherapy and can often be prevented by an anti-sickness tablet at the time of treatment.

## are there any alternatives to radiotherapy?

Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. It is occasionally used to treat spinal cord compression. It may be used for cancerous tumours that are sensitive to chemotherapy such as lymphoma or small cell lung cancer.

Chemotherapy and hormone therapy can also be used after radiotherapy/surgery for certain cancers, such as breast and prostate.

## what happens after treatment?

Patients with spinal cord compression are likely to be nursed flat in bed at first. The medical and physiotherapy team will assess you and plan how to get you mobile as soon as possible after treatment. This will be done carefully. If this causes pain or worsening of the nerve symptoms, they will take the process more gradually.

The physiotherapists and occupational therapists will assess each individual. They will advise on equipment that might be needed and exercises and activities to help you to become mobile. These will be dependant upon the amount of normal function that is present.

During this time the team will be talking to you and your family/ carers about the likely recovery following treatment, and helping you to plan further care.

The staff caring for you know that this is a very worrying time for you and your family and will help you access other people for help and support:

- the palliative care team are able to advise on pain and symptom control and support you and your family
- complementary therapies such as massage of the legs, relaxation and aromatherapy can help
- the hospital staff can link to the community teams to co-ordinate your care after discharge
- referrals can be made to the social work team if required to help you look at different options for on-going care
- access to counsellors and spiritual support can be arranged through a member of staff.

## useful telephone numbers

**Doctor:**.....

**Hospital:**.....

If you have any questions about your care you should discuss this with your doctor, nurse or radiographer.

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***Large print version available on request.***

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