



ACT Palliative Care
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Calvary
Health Care
ACT



Australian Government

Department of Health and Ageing

Introduction

The spinal cord is a massive bundle of nerves that runs from the brain through the centre of the bones of the spine (the vertebrae). It is responsible for sending and receiving messages between the brain and the rest of the body. Spinal Cord Compression refers to a set of problems felt across the body because of a tumour pressing on the cord carrying these nerve messages.

Signs and Symptoms of Spinal Cord Compression

- Back pain (this is almost always the first symptom).
- Changes in sensation such as numbness (particularly in the area around the bottom), as well as hot and cold sensations, tingling, 'electric shocks' and 'pins and needles' that can shoot up and down the arms and legs.
- Changes in strength in the fingers, hands, legs and feet resulting in a feeling of weakness or loss of coordination which can lead to slippages, falls and dropping things.
- Changes in the pattern of bowel and bladder use (particularly the loss of control over bladder and bowels along with problems trying to pass urine or use the bowels).

Changes in sensation and in muscle strength and control can progress to the point that the person loses the use and feeling of their legs. This is called paraplegia, and if left untreated, will be permanent.

Treatment

Spinal Cord Compression is alarming and distressing when it develops quickly. It can easily be overlooked in its early stages (when back pain is the only noticeable problem), and when it progresses slowly. The quicker it is diagnosed, the more likely it is that treatment will be able to guard against the risk of paraplegia. The longer it is left untreated, the more likely it is that permanent paraplegia will result. Treatment is focussed on relieving the symptoms by reducing the size of the tumour and the natural swelling that accompanies and surrounds the tumour. This is usually done with radiotherapy. Radiotherapy is designed to both stop the further growth of tumours and to shrink them. The aim of radiotherapy in this situation is to shrink the tumour and prevent it from pressing on the spinal cord. (It can also help prevent further damage to the vertebrae if the tumour has eaten into or broken the bone.) Sometimes surgery is considered as a treatment option to relieve pressure and stabilize damaged or crushed vertebrae. Sometimes both radiotherapy and surgery are used.

Steroid medication is almost always used in the first instance (sometimes in large doses) to reduce the swelling associated with the tumour until the expected effects of the radiotherapy have been felt.

This type of complication is uncommon (about 5-10% of all cases of cancer), but is seen more often in certain sorts of cancer. These include lung cancer, breast cancer, prostate cancer, renal cell cancer and multiple myeloma. It may be that the person you are caring for is considered to be at risk of this possible problem and someone in your care team has thought it necessary for you to be aware of the possibility of spinal cord compression.

If this is the case, members of the care team will be on the lookout for this problem and will be quick to act should it arise. You will not be expected to diagnose it by yourself.

Please share any concerns or questions you may have about this information with the nurse or doctor in your care team.

Disclaimer

The information contained in this fact sheet is for general guidance only. Whilst every effort has been made to ensure that the information is correct and in keeping with accepted standards of practice at the time of publication, neither the authors nor the publisher can accept any legal responsibility for any errors or omissions. It is the responsibility of the reader to seek appropriate professional advice.



This information should be read in conjunction with the advice provided by your palliative care team.