



Service Priorities and Programmes Electronic Presentations

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Malignant Spinal Cord Compression Pathway

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Introduction

Malignant spinal cord compression could be defined as compression of the dural sac and its contents (spinal cord and/or cauda equina) by an extra-dural tumor mass. MSCC results in a lot of devastating clinical symptoms including pain, motor, sensory and sphincter dysfunction. It has a great impact on patients and their carer. MSCC pathway is executed in many well-developed countries but not in Hong Kong. We plan to develop a systematic care pathway for this specific group of patient. Before the introduction of this care pathway, we retrospectively review the management of MSCC in terms of documentation, definitive treatment and rehabilitation.

Objectives

Clinical guideline for MSCC is established by NICE [CG75] in November 2008. We aim to use this guideline as the standard of care. We aim to review and improve the following aspects:

1. Documentation of the nature and intensity of pain and neurological function.
2. Time interval of start of radiotherapy when diagnosis is made (aim to be within 24 hours)
3. Time and dose of start of dexamethasone
4. Time of initiation of physiotherapy and occupational therapy referral

With better management plan and earlier start of rehabilitation program, we hope to see the reduction of total days of hospitalization and reduce the risk of complication.

Methodology

Patients with a diagnosis of metastatic spinal cord compression admitted to Department of Oncology of Princess Margaret Hospital for treatment, over a twelve month period from January 2014 to December 2014, were included. These patients were identified through computer coding system and included all patients coded with a diagnosis of spinal cord compression or cauda equine syndrome. The sample number included in the audit was 31. Specific audit categories were identified from

review of the literature, discussion and reflections on clinical practice. Data was extracted from the written documentation of all professional groups involved in the care of these patients.

Result

In the first audit in 2015, we found that there is low compliance rate for documentation of neurological function. The start of rehabilitation program was usually deferred and probably leading to prolonged hospitalization after radiotherapy was completed. Around 20% of patient stayed in ward for more than 1 month. Around one third of patients passed away during the same hospital stay and all of them were due to chest infection or sepsis. We have developed a MSCC pathway with collaboration with different specialties (radiology and orthopaedics), palliative nursing specialists and paramedics (physiotherapy, occupational therapist) in order to improve the management and to provide education to patients and their carers. The pathway was launched in 2016 and re-audit would be done this year.