

CES: The Conversation

Your job:

Find out if there's been an new, otherwise unexplained change that fits the picture of a cauda equina nerve injury.

~~Binary "checklist" approach~~

Work with patient to build a picture over time

Bilateral "sciatica"

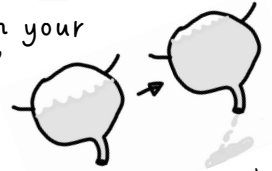
'Do you have any pain in your legs?' and 'Do you feel any weakness in your legs?'



- Look for true radicular pain - usually severe, sharp, distal nerve pain.
- Not aching referred pain.
- Doesn't actually have to be bilateral...

Bladder dysfunction

'Have you had any changes in your ability to go for a wee?'



'Can you feel when your bladder is full?'
'When you go does it feel normal? and is the stream normal?'

(Lots of red herrings - drill down on the timeline!)

Sexual dysfunction

Just make sure to ask!!



'If you're sexually active, have you noticed any changes in your ability to have sex, that are not to do with pain?'



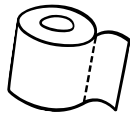
'Can you feel it like normal during sex?' 'Are you less able to achieve orgasm?'

Red flags

Loss of saddle sensation

'Has there been any change to your ability to feel touch between your legs?'

Clarify: 'Around your private parts, around your anus, or the skin between them. And also your bum cheeks and the skin further down between your thighs'



Can they feel?

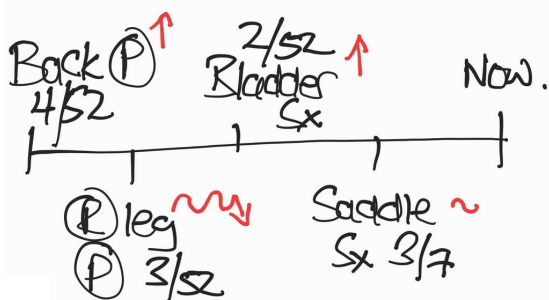
'Have you had any changes in your ability to go for a poo?'

'Do you get an urge that you want to go?' 'When you do go, does it feel normal? Can you push properly?'

(Re: constipation. People who are constipated feel full and uncomfortable, and can still push. Constipation = bunged up; CES = switched off!)



Draw a timeline!



5 top tips:

1. Let your patient know what's coming

2. Avoid leading questions



4. If you get stuck, ask 'Is that normal for you?'

3. Simplify your language - even if it feels silly!



5. Never 'rule out'



'So there's a set of questions I always ask... It's related to the nerves that live in your back...'