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Metastatic spinal cord compression (MSCC) - "Challenges after Decompression -adding life to years"

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Metastatic spinal cord compression (MSCC) is an oncological emergency resulting in variable spinal neurological deficit. MSCC is estimated to affect approximately 3000 patients per annum in England. They pose challenge due to having extensive spinal cord dysfunction resulting in sensory-motor deficit, spasticity, neuropathic pain, neurogenic bladder, bowel and sexual dysfunction. They often have mood disorders, as the second event is a potentially life changing one. Contrary to the recommendations by National Institute for Health and Care Excellence (NICE) and National Spinal Commissioning, historically these patients are either managed at oncology wards, care of elderly wards, orthopaedic wards or smaller community rehabilitation centres, though their needs are same as traumatic spinal cord injury patients. It is important to establish which MSCC patients would be benefitted with specialist rehabilitation without taking time away from their loved ones. Goals should be directed to improve quality of life (QOL), symptom control, equipment provision and satisfaction rather than achieving mobility. In collaboration with the London Cancer Network, oncological services and MSCC surgical pathway, we developed a specialist service and an integrated care pathway (ICP) focusing on a goal orientated short stay (6–8 weeks) rehabilitation programme. The results will be discussed in the presentation. It was concluded that: 1. recent advances in the management of MSCC has improved survival and identified the need for specialist multidisciplinary spinal rehabilitation for few weeks; 2. irrespective of significant barriers in the provision of specialist rehabilitation a multidisciplinary approach with simple, structured, fast track rehabilitation programme improved overall functional outcome and satisfaction of this group of patients. Common complications could be prevented by patient and carer education; 3. challenges of this programme are disease progression, limited survival, fatigue, rapid loss of gains made during rehabilitation, meeting patient's expectations to achieve more function/independence.

Biography

Manish Desai is working as a Consultant in Spinal Injuries and Trauma Rehabilitation at the London Spinal Cord Injury Centre, Royal National Orthopaedic Hospital NHS Trust, Stanmore and the Wellington Hospital, London. His routine work involves specialist spinal rehabilitation of complex traumatic and non-traumatic spinal injuries in adult patients, management of complex spasticity with botulinum toxin injections, ITB, nerve blocks, osteoporosis, neuropathic pain, and musculoskeletal interventions. His ultimate aim is to make technological advances (robotics, exoskeletons, FES-functional electrical stimulation, and tetraplegic hand surgery) affordable and available to every spinal cord injured patient, to improve outcomes and reduce impairment. His special interests include "Malignant or metastatic spinal cord compression (MSCC), cauda equina syndrome and management of spinal injuries with polytrauma". He has successfully developed a regional specialist spinal rehabilitation service for MSCC and cauda equina syndrome, at London Spinal Cord Injury Centre (SCIC). He is passionate about education in spinal cord injuries and has regularly contributed to the Spinal Injuries Association, London SCIC Spinal Injuries Study Day and British Society of Rehabilitation Medicine Spinal Injuries Study Day. He was recently awarded Fellowship (FRCP) by the Royal College of Physicians, London, and "The Best Services for Tetraplegia" award by Regain Sports Charity for Tetraplegics.

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