Cauda Equina Syndrome

NHS England/GIRFT National CES Pathway (March 2026) | NICE NG59

999 / A&E IMMEDIATELY: Complete or Rapidly Progressing CES

- ☐ Complete inability to pass urine (painless urinary retention)
- ☐ Total loss of saddle sensation (perineum, inner thighs, genitals, buttocks)
- ☐ Rapidly worsening bilateral leg weakness

Keep nil by mouth if possible. Emergency MRI and spinal decompression required urgently.

A&E NOW: Any Recent-Onset CES Symptom (within 14 days)

- ☐ Difficulty starting urination, weak stream, or impaired sensation of flow
- ☐ Numbness or tingling anywhere in the saddle area (S2-S5 dermatomes)
- ☐ Reduced sensation of rectal fullness, or loss of bowel control
- ☐ Bilateral leg pain or weakness, or unilateral sciatica spreading to both legs
- ☐ New sexual dysfunction: inability to achieve erection/ejaculate, or loss of genital sensation

Do not ask patient to book a GP appointment. Telephone emergency referral is acceptable if immediate assessment is not possible.

Structured Screening Questions

Ask about	Screen question	Red flag response
Bladder	Trouble starting or weak stream?	Straining, poor flow, or no flow
Saddle sensation	Numbness between the legs?	Any saddle area numbness
Bowel	Normal sensation and control?	Reduced sensation or accidents
Legs	Both legs affected?	Bilateral pain or new weakness
Timing	When did symptoms start?	Within 14 days or worsening

OTC SELF-CARE: No CES Features

- ☐ Stable unilateral back or leg pain, longstanding, no neurological features
- ☐ Normal bladder, bowel, saddle sensation, and bilateral leg function
- ☐ Ibuprofen (with food) or paracetamol; staying active preferred over bed rest

Safety net every patient: go to A&E immediately (not GP) if bladder, bowel, saddle numbness, or leg weakness develops.

Key reminders: Urinary incontinence alone (without saddle numbness or impaired flow sensation) is not specific for CES: consider UTI, stress incontinence, or urge incontinence first. No single symptom confirms CES: any combination of the above features requires emergency assessment. CES is very rare (1-3 per 100,000 per year) but permanent disability is avoidable with prompt referral.

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