

SPSO decision report

Case: 201204913, Ayrshire and Arran NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mr C visited a hospital accident and emergency department (A&E) with lower back and left leg pain and increasing periods of numbness. He was discharged with an appointment to see a consultant twelve days later. Within a short time of being discharged, however, Mr C returned to hospital as he was experiencing increasing pain and numbness. Examination showed that there had been some loss of sensation and Mr C was admitted. An MRI scan (a scan used to diagnose health conditions that affect organs, tissue and bone) was carried out the next day, and showed a central prolapsed disc (when the centre of a disc in the spine pushes out into the spinal column) and Mr C was urgently transferred to a neurological unit at another hospital. The following day, a laminectomy (a surgical procedure to remove a portion of the vertebral bone called the lamina) and a discectomy (surgical removal of disc material that presses on a nerve root or spinal cord) were carried out.

Mr C complained that he should not have been sent home after he first attended A&E. He believed that if he had been kept in hospital the first time, his post-operative problems would have been reduced. We investigated the complaint and all the relevant documentation and clinical records were carefully considered. We obtained independent advice from a clinical adviser, which we also took into account. The adviser said that Mr C's first examination showed a decreased sensation in the area surrounding the anus and genitals and, so the diagnosis of partial or incomplete cauda equine syndrome (a very large disc prolapse that may cause pressure on the nerves supplying the bowel and bladder, leading to incontinence) should have been considered. Unless this is dealt with very quickly, within hours, the chances of recovery are low, and it was not considered. We upheld the complaint, noting that Mr C should have had an immediate MRI scan.

Recommendations

We recommended that the board:

- formally apologise to Mr C for their failure in this matter; and
- review their management pathway for suspected cauda equina syndrome and define the indications for an emergency MRI scan.