

## SPSO decision report

**Case:** 201911484, Tayside NHS Board  
**Sector:** Health  
**Subject:** Clinical treatment / diagnosis  
**Decision:** not upheld, no recommendations

### Summary

C attended the A&E at Ninewells Hospital with back pain and leg weakness, and was discharged with a diagnosis of suspected sciatica (back and leg pain caused by irritation or compression of the sciatic nerve). C had attended a neurology (the science of the nerves and the nervous system, especially of the diseases affecting them) out-patient clinic earlier that day regarding a separate matter, and the neurologist had noted a foot drop (a muscular weakness or paralysis that makes it difficult to lift the front part of the foot). C complained that the A&E failed to accurately assess them and refer them on to neurosurgery (surgery of the brain or other nerve tissue). C was assessed by neurosurgery four days later, following an urgent GP referral, and was diagnosed with disc prolapse (ruptured disc in the spine) and nerve compression (direct pressure on a nerve) requiring surgery that same day.

The board advised that, while the A&E doctor noted reduced power in C's left leg, they did not feel that foot drop was present and that they felt that sciatica was the most likely diagnosis. The board noted that the neurologist's observation that C had foot drop was not based on a physical examination, whereas the A&E doctor documented a physical examination. The board also noted that local neurosurgical referral guidelines state patients with back pain and sciatica with neurological deficit should be referred to physiotherapy prior to referral to neurosurgery. They concluded that C received appropriate care that was in keeping with relevant guidelines.

We took independent advice from a consultant in emergency medicine. We found that C's assessment and management in the A&E was reasonable and appropriate. We found that the mild weakness documented on assessment in the A&E was not in keeping with a foot drop and that it did not indicate that a neurosurgical referral was required at that time. The A&E discharge letter documented that C was advised to see their GP, and we noted that it was reasonable and in line with common practice for the A&E to ask the GP to follow-up rather than refer directly to physiotherapy. Therefore, we did not uphold the complaint.