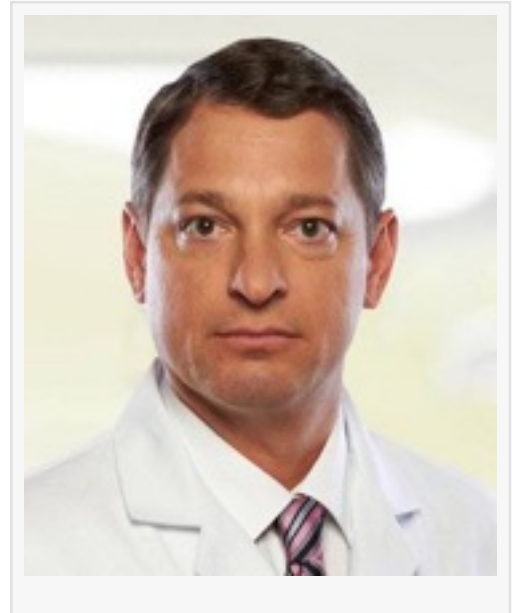


Red Flag Warning: Subacute and Acute Cauda Equina Syndrome

In practice, many patients with CES have presentations that are chronic or subacute that are indolent and often overlooked by careless medical providers.

SANTA BARBARA, CA, UNITED STATES, May 15, 2020 /EINPresswire.com/ -- Acute [cauda equina syndrome](#) (CES) is a neurosurgical emergency that requires an MRI of the lumbar spine immediately after presenting to the emergency room and then fast tracked to the operating room for emergent surgical decompression of the spinal nerves and nerve roots that are compressed by either a disc herniation or other mass lesion causing progressive weakness in the lower extremity with bowel and bladder dysfunction. Studies indicate that decompression provided within 48 hours of the onset of bowel and bladder dysfunction provides meaningful improvement of bowel and bladder function compared to those who are decompressed after 48 hours.



Red Flag Warning signs of CES include urinary retention of more than 500 ml alone or in combination of symptoms of decreased sensation with bladder filling, bilateral leg pain, and asymmetric or symmetric leg weakness.

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Regardless in all CES patients with urinary retention less than 48 hours, these patients must go immediately to the operating room after an emergent MRI.”

Dr. Greg Vigna

In practice, many patients with CES have presentations that are chronic or subacute that are indolent and often overlooked by careless [medical providers](#) and lead to profound suffering and negatively impact on the quality of life of those with the diagnosis. Patients with subacute or chronic CES present with progressive bilateral leg pain, weakness of the lower extremities, and bowel and bladder dysfunction. Bladder dysfunction may cause some urgency with urination, dripping of urine, or inability to fully evacuate bladder. Diagnosis requires an MRI and treatment requires urgent decompression.

Greg Vigna, MD, JD, practicing physician, national neurological injury attorney, and Certified Life Care Planner states, “I have seen many cases of CES where there have been delays in imaging and surgery that result in profound neurological deficits while under the care of health care providers. Many times, this condition occurs in patients with chronic pain, under the care of primary care physicians, physician assistants, and nurse practitioners who fail to provide a meaningful history and physical examination and merely refill the patient’s medications. In other cases, the patient was noted by spine specialist to have new neurological changes and the physician ordered imaging studies with expectations that the study would be done urgently only to have an insurance company delay the study because of the need for insurance pre-authorization.”

Dr. Vigna continues, "It is not unusual that a patient presents to a physician with back pain, weakness, and are reasonably scheduled for surgery after failing conservative treatments only to then develop progressive leg pain and weakness. These are red flag warning signs of "developing CES" and patients need to be evaluated urgently and sometimes urgently decompressed before they develop bowel and bladder dysfunction. Regardless in all CES patients with urinary retention less than 48 hours, these patients must go immediately to the operating room after an emergent MRI."

Greg Vigna, MD, JD is a California and Washington DC lawyer who focuses on catastrophic neurological injuries cause by the [vaginal mesh](#), brain injuries, spinal cord injuries, brachial plexus injuries, and medical malpractice. He is Board Certified in Physical Medicine and Rehabilitation.

The Vigna Law Group is a national neurological injury law firm and national pharmaceutical injury law firm that co-counsels with leading trial attorneys across the country to achieve justice.

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