

163 A 12-Month Analysis of the Management of Patients with Potential Cauda Equina Syndrome (CES) via Virtual Consultations During the COVID-19 Pandemic

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Aim: Approximately 2.6 million people see their GP for lower back pain (LBP) each year. Referrals for spinal surgery are increasing with varying effectiveness. Screening for neurosurgical red flags is critical to quickly identify the rare but serious causes of LBP, such as CES. The primary aim was to explore what effect COVID-19 had on the management pathway of these patients in primary care to investigate causes of LBP including ruling out CES.

Method: A service evaluation of all patients presenting to a large primary care provider in West Yorkshire with lower back pain who underwent MRI lumbar/sacral spine investigation between March 2020 and March 2021 was conducted.

Results: A total of 105 patients with matched MRI scans were included. Neurosurgical red flag screening was performed by virtual appointment only in 32 (30.5%) of patients. In 10 cases (9.5%), red flag screening was not documented. Radiological outcomes revealed three (2.9%) cases of CES. Thirty (28.6%) required onward referral to neurosurgery. The majority (n=56; 53%) had demonstrated radiological pathology amenable to conservative management.

Conclusions: During the pandemic, almost a third of patients in primary care did not receive a face-to-face examination to rule out red flags in lieu of virtual appointments and history alone. The majority of imaging revealed pathology that was amenable to conservative management. The safety of virtual consultations including telephone appointments to screen for neurosurgical pathology needs further investigation. If deemed safe, virtual patient pathways may be optimised to achieve effective recognition patients at risk of CES requiring neurosurgical intervention.