



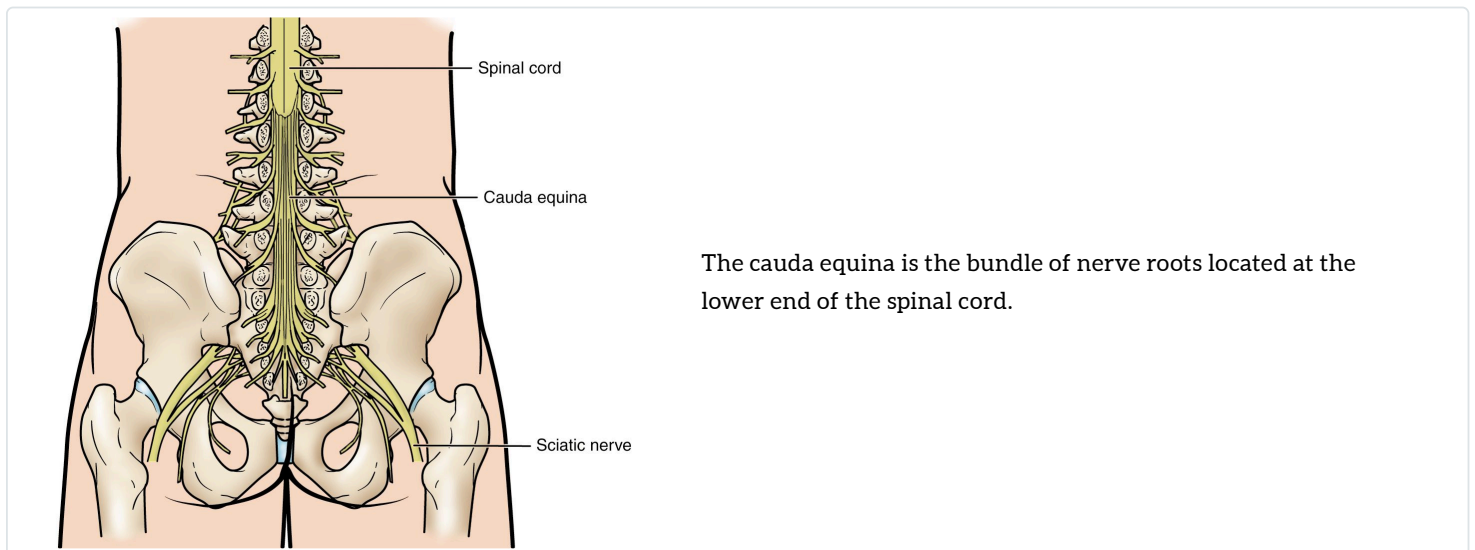
DISEASES & CONDITIONS

Cauda Equina Syndrome

Although leg pain is common and usually goes away without surgery, cauda equina syndrome, a rare disorder affecting the bundle of nerve roots (cauda equina) at the lower (lumbar) end of the spinal cord, is a surgical emergency.

An extension of the brain, the nerve roots send and receive messages to and from the pelvic organs and lower limbs. Cauda equina syndrome occurs when the nerve roots in the lumbar spine are compressed, cutting off sensation and movement. Nerve roots that control the function of the bladder and bowel are especially vulnerable to damage.

If patients with cauda equina syndrome do not receive immediate, appropriate treatment to relieve the pressure, it can result in permanent paralysis, impaired bladder and/or bowel control, loss of sexual sensation, and other problems. Even with immediate treatment, some patients may not recover complete function; earlier treatment does, however, offer the best outcomes for cauda equina syndrome.



Causes

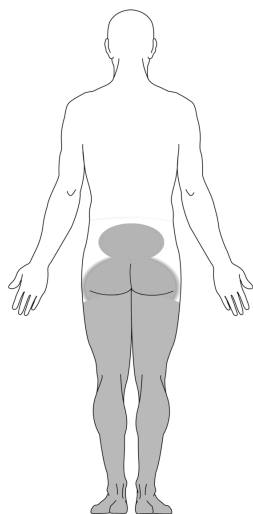
Cauda equina syndrome may be caused by a herniated disk, tumor, infection, fracture, or narrowing of the spinal canal.

Symptoms

Although early treatment is required to prevent permanent problems, cauda equina syndrome may be difficult to diagnose. Symptoms vary in intensity and may evolve slowly over time.

See your doctor immediately if you have:

- Bladder and/or bowel dysfunction, causing you to retain urine or be unable to hold it.
- Severe or progressive problems in the lower extremities, including loss of or altered sensation between the legs, over the buttocks, the inner thighs and back of the legs (saddle area), and feet/heels.



The areas of the body typically impacted by cauda equina syndrome.

Doctor Examination

To diagnose cauda equina syndrome, your doctor will evaluate your medical history, give you a physical examination, and order multiple diagnostic imaging studies.

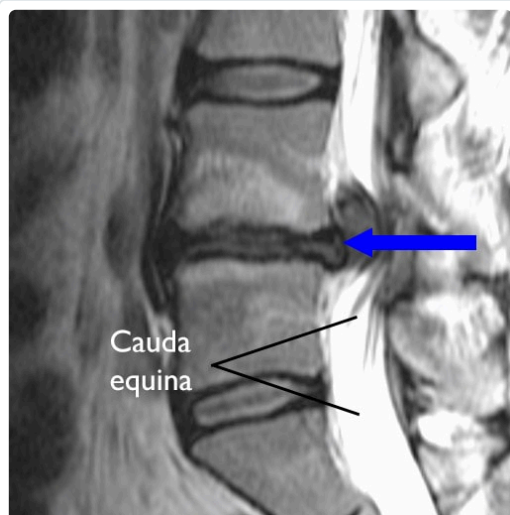
Medical History and Physical Examination

Your doctor will ask you about your overall health, when the symptoms of cauda equina syndrome began, and how they impact your activities.

He or she will then assess stability, sensation, strength, reflexes, alignment and motion. You may be asked to stand, sit, walk on your heels and toes, bend forward, backward and to the sides, and lift your legs while lying down. Your doctor might check the tone and numbness of anal muscles with a rectal exam. You may need blood tests.

Imaging Studies

Your doctor may order x-rays, magnetic resonance imaging (MRI) scans, and computerized tomography (CT) scans to help assess the problem.



In this MRI scan, a herniated disk (arrow) is compressing the cauda equina.

Treatment

If you have cauda equina syndrome, you may need urgent surgery to remove the material that is pressing on the nerves. The surgery may prevent pressure on the nerves from reaching the point at which damage is irreversible.

Living with Cauda Equina Syndrome

Surgery may not repair permanent nerve damage. If this occurs as a result of cauda equina syndrome, you can learn how to improve your quality of life.

Some suggestions:

- In addition to medical personnel, you may want to get help from an occupational therapist, social worker, continence advisor, or sex therapist.
- Involve your family in your care.
- To learn all you can about managing the condition, you may want to join a cauda equina syndrome support group.

Managing Bladder and Bowel Function

Some bladder and bowel function is automatic, but the parts under voluntary control may be lost if you have cauda equina syndrome. This means you may not know when you need to urinate or move your bowels, and/or you may not be able to eliminate waste normally.

Some general recommendations for managing bladder and bowel dysfunction:

- Empty the bladder completely with a catheter 3 to 4 times each day. Drink plenty of fluids and practice regular personal hygiene to prevent urinary tract infection.
- Check for the presence of waste regularly and clear the bowels with gloved hands. You may want to use glycerin suppositories or enemas to help empty the bowels. Use protective pads and pants to prevent leaks.

Last Reviewed

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