

Cauda Equina Syndrome

Written by Bonner Law | JUNE 27, 2023 | MEDICAL MALPRACTICE

The collection of nerve roots at the bottom of your spinal cord are known as the “cauda equina” (which translates to “horse tail”). The cauda equina nerves are responsible for the motor and sensory function in the legs and bladder. They send and receive messages to and from the lower limbs and pelvic organs. When there is a dysfunction or compression on the cauda equina nerve roots, it can cause pain, weakness, and incontinence and is referred to as “cauda equina syndrome.” Although it is not life-threatening, cauda equina syndrome can permanently damage a person’s body and affect their health and quality of life. It is a rare and serious disorder which requires emergency medical attention.

Causes

The most common cause of cauda equina syndrome is a massive, herniated disc in the lumbar (lower) spine. Herniated discs vary in size and can be caused by a number of factors such as a single excessive strain or injury or even advanced age. Other potential causes of cauda equina syndrome are:

- Lumbar spinal stenosis
- Traumatic injuries to the lower back (i.e., gunshot wounds, falls, or car accidents) for injuries such as these, visit our page on [personal injury claims](#) for more information.
- Spinal lesions or tumors
- Spinal arteriovenous malformations (AVMs)
- Spinal infections (i.e., meningitis) or inflammation
- Birth anomalies
- Spinal hemorrhages (subarachnoid, subdural, epidural)
- Postoperative lumbar spine surgery complications

Symptoms

Cauda Equina Syndrome can cause a variety of symptoms with varying severity depending on the degree of compression and which nerve roots are being compressed. However, there are several “red flag” symptoms commonly experienced with cauda equina syndrome:

- Urinary retention: a lack of the normal sensation or urge to urinate when the bladder is full
- Urinary and/or fecal incontinence: a loss of control in the ability to hold and release urine or stool
- “Saddle anesthesia”: a sensory disturbance or numbness in the “saddle” area (i.e., anus, genitals, buttocks, inner thighs)
- Weakness or paralysis in the lower extremities
- Sexual dysfunction
- Pain in the back and/or legs (sciatica)

People suffering from cauda equina syndrome may experience some or all of the “red flag” symptoms. In addition to “red flag” symptoms, some people may also experience low back pain, reflex issues, motor function issues in the legs, or paresthesia (burning, prickling, tingling, or numbness in the lower limbs).

Testing and Diagnosis

There are two types and two classifications of cauda equina syndrome. Cauda equina syndrome can be acute or chronic, and complete or incomplete. Healthcare providers will typically interview patients about symptoms, assess their physical abilities, perform exams, and order imaging tests in order to diagnose cauda equina syndrome.

Types:

- **Acute:** a severe, sudden onset of symptoms which likely requires surgery within 24 to 48 hours.
- **Chronic:** a long-lasting cauda equina syndrome when a person has either (1) had symptoms for an extended period of time prior to seeing a healthcare provider, or (2) had surgery to fix cauda equina syndrome but the surgery did not completely fix the nerves and has lasting, permanent damage.

Classifications:

- **Complete:** the cauda equina syndrome has caused urinary and/or bowel retention or incontinence, meaning a loss control of the bladder and/or bowel.
- **Incomplete:** the cauda equina syndrome has caused symptoms of sensory disturbance—typically either a loss of urgency or increased sense of urgency in the bladder or bowel—but does not cause retention or incontinence.

Physical Assessments and Exams:

Different physical assessments conducted by a healthcare provider will likely test a patient's stability, sensation, strength, reflexes, alignment, and motion. They may also conduct more specific exams such as a rectal exam which checks the anal muscles.

Imaging:

Healthcare providers may order the following imaging tests to obtain images of the bones, nerve roots, spinal cord, potential herniated discs, potential bone spurs, or potential tumors:

- CT Scan
- MRI
- Myelogram

Treatment

Once cauda equina syndrome has been diagnosed, a surgery called a "lumbar laminectomy" will likely be the best treatment. The goal of treating cauda equina syndrome is to free the compressed nerve roots as quickly as possible in order to give those nerve roots the best chance to heal and recover. Surgery performed within 48 hours of the onset of symptoms provides an advantage which will significantly improve the outcomes of surgery such as improvement in any sensory or motor deficits and function of the bladder and bowel. If left untreated, cauda equina syndrome can result in permanent paralysis and incontinence.

Surgery does not guarantee that there will not be long-term effects of cauda equina syndrome even after the compressed nerves are free. Once they are freed in surgery, there is still a chance that the nerve roots will not heal properly or will not heal at all. Healing after surgery takes time but, typically, the faster the compressed nerves are freed through surgery, the less time it will take for those nerves to heal. Sometimes the nerves will take months, or even years, to fully heal. Many patients require long-term follow-up care with a healthcare provider.

The recovery of bladder function often lags behind the recovery of other symptoms. Patients may be subsequently diagnosed with [neurogenic bladder](#) as a result of cauda equina syndrome, even after surgery. Some medications may be prescribed which can improve a patient's bladder and bowel control. Examples of commonly prescribed medications include:

- Hyoscyamine (Levsin)
- Oxybutynin (Ditropan)
- Tolterodine (Detrol)

Physical and occupational therapy may also be needed to regain strength after surgery and help with everyday activities.

Filing a Medical Malpractice Claim or Lawsuit

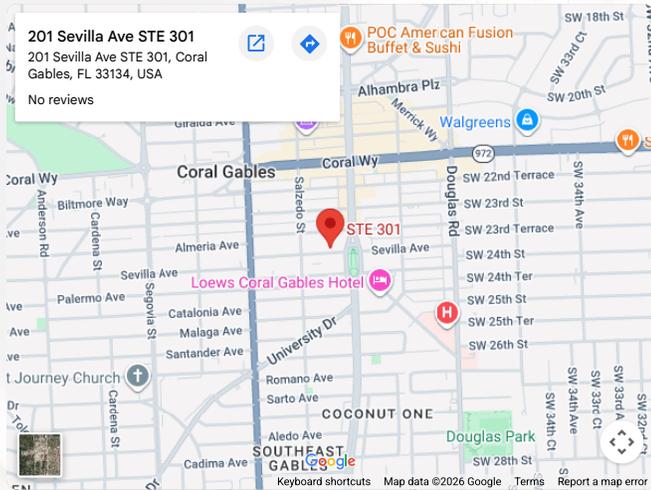
If you or a family member has suffered from cauda equina syndrome that was negligently caused, diagnosed, or treated, you may be entitled to compensation for your damages. Call Bonner Law at 1-800-4MEDMAL or visit [our page](#) for a free consultation.

Medical malpractice cases are complex and can be emotionally challenging for the patients involved. Finding the right attorney can make the process much easier. Michael P. Bonner has over 30 years of experience representing patients in medical malpractice cases all over Florida. Bonner Law has the knowledge and experience to represent you and navigate the legal and medical landscape to ensure that you receive compensation for damages, including medical bills, lost wages, and pain and suffering that you are entitled to. For more information on medical malpractice claims you can also visit our [Medical Malpractice](#) page.

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We're available 24/7, weekdays or weekends, in both English and Spanish.

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