

National Suspected Cauda Equina Syndrome (CES) pathway

Appendix 1 – Research Priorities

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Research Priorities

There are many knowledge gaps in our understanding of the diagnosis, management, and outcomes of Cauda Equina Syndrome (CES). To further improve care and service organisation for those with suspected CES, the following research priorities are suggested:

- the clinical and radiological features necessary and sufficient for a diagnosis of CES;
- how to measure and describe the timing, onset, and progression of clinical features in CES;
- whether there are clinical features, sociodemographic characteristics, or investigations that make a diagnosis of CES more or less likely;
- the most effective and equitable way of organising assessment, imaging, and surgical services for those with acute spinal pathology to serve the needs of those with CES, those without CES, and those with alternative diagnoses;
- whether out-of-hours imaging and surgical treatment is associated with better outcomes and fewer complications in CES;
- which rehabilitation services patients with CES require, and the most effective and equitable method of delivering these services;
- whether referring patients with CES symptoms but negative/non-explanatory scans with their local MSK Interface service/Spinal Service prevents re-presentation with CES symptoms.