Case-Base Discussion – 14th February 2024 (Ref 349)

Case presented by Carol (osteopath) with guest Serena Simmons (psychologist)

The patient discussed today was a 41-year-old female with diabetes; she has a long history of lower back pain, some neck and shoulder pain, and early osteoarthritis of the knee. Carol first saw the patient 18 years ago when a scan confirmed the diagnosis of a disc prolapse at L5/S1. Carol has treated her intermittently since but after the last maintenance treatment in September 2021, the patient texted her to say she was getting sciatic type pain, with radiation into the groin; on further questioning, she confirmed that she had altered sensation in the saddle area. Carol advised her to contact her GP, who agreed with a suspected case of Cauda Equina Syndrome (CES), and the patient went to A&E.

After many hours at A&E, she was discharged, having only had a digital rectal and bladder examination at this point. Two days later, after developing bladder incontinence, she returned to A&E where she was again discharged with a diagnosis of stress incontinence. CES was dismissed as she had no back pain and she could bend forwards and touch her toes!

On the advice of Carol, the patient paid for a private MRI; the report showed a central L5/S1 disc bulge with cauda equina encroachment. She was rushed back to A&E and finally had the surgery she needed, but too late. She is now doubly incontinent with loss of sexual function.

Carol showed remarkable tenacity, faced with the constant rebuttal from the A&E team, and it was observed how easy it would be to buckle under these circumstances, and lose confidence in your diagnostic skills. Serena Simmons commented that it is normal to experience some degree of self-doubt but that when these feelings become overwhelming, as in Impostor Syndrome, this can have an adverse effect on the practitioner's health and wellbeing. She suggested that all practitioners should have regular support from a supervisor or mentor, to help manage the day-to-day demands placed on healthcare practitioners, especially in difficult cases like the one discussed today.

If you suspect a patient has CES, the NHS guidelines for referral can be found at National Suspected CES Pathway. If it is not taken seriously by the A&E team, as in this case, you can ask to speak to the on-call spinal fellow.
Linking this case with the OPS Themes

Linking this discussion with the OPS Themes

A – Communication and patient partnership

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A3 You must give patients the information they want or need to know in a way they can understand.

B - Knowledge, skills and performance

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 You must recognise and work within the limits of your training and competence.

B3 You must keep your professional knowledge and skills up to date.

B4 You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

C - Safety and quality in practice

C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

C4 You must take action to keep patients from harm.

D – Professionalism

D9 You must support colleagues and cooperate with them to enhance patient care.

D10 You must consider the contributions of other health and care professionals, to optimise patient care.

Linking this discussion with the Chiropractic Code

Principle A – Put the health interests of the patient first

A3 Take appropriate action if you have concerns about the safety of a patient.

Principle C – Provide a good standard of clinical care and practice

C1 Obtain and document the case history of each patient, using suitable methods to draw out the necessary information.

C4 Use the results of your clinical assessment of the patient to arrive at a working diagnosis or rationale for care which you must document. You must keep the patient fully informed.

C7 Follow appropriate referral procedures when making a referral or a patient has been referred to you; this must include keeping the healthcare professional making the referral informed. You must obtain consent from the patient to do this.

C8 Ensure investigations are in the patient's best interests and minimise risk. All must be consented to. Record the rationale for, and outcomes. Adhere to regulatory standards.

Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals

F3 Involve other healthcare professionals in discussions on patient's care, with the patient's consent, if this means the patient's health needs will be met more effectively.

F4 Take account of patient communication needs and preferences.

F5 Listen to, be polite and considerate at all times with patients including regarding any complaint that a patient may have.

F6 Provide information to patients about all individuals responsible for their care, distinguishing, if needed, between those responsible for delegated aspects and for their day-to-day care. This must include the arrangements for when you are not available.

Principle G – Maintain, develop and work within your professional knowledge and skills

G1 Keep your knowledge and skills up to date, taking part in relevant and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance and the quality of your work.

G3 Recognise and work within the limits of your own knowledge, skills and competence.

G5 Refer to, or seek expertise from, other chiropractors or healthcare professionals, when needed.