



**University
Hospitals Sussex**
NHS Foundation Trust

Having radiotherapy for Metastatic Spinal Cord Compression or Cauda Equina Compression

Radiology/Cancer Services

Patient information

Why have I been given this leaflet?

Your consultant thinks that radiotherapy would help treat or prevent your metastatic spinal cord compression (MSCC) or Cauda Equina Compression (CEC).

This information describes what MSCC and CEC are. It also tells you how your radiotherapy will be planned, how your treatment is delivered, and possible side effects.

Your consultant will ask you to sign a consent form to confirm that you agree with going ahead with radiotherapy. This information will help you to understand what is going to happen to you before you sign the consent form. If you are not sure about anything after you have read this information, please ask.

What is Metastatic Spinal Cord Compression (MSCC)?

MSCC can happen when cancer grows in the bones of the spine or in the tissues around the spinal cord. The cancer can press on the spinal cord. This is called compression. If left untreated, MSCC will cause permanent damage to the spinal cord.

What is Cauda Equina Compression (CEC)?

Cauda equina (pronounced kaw-duh eh-kwin-uh) compression, or CEC, is similar to metastatic spinal cord compression, but it affects the lower back. When cancer grows in the lower back it can press on the nerves below the spinal cord. These nerves are known as the cauda equina. If left untreated, CEC will cause permanent damage to these nerves.

What is radiotherapy?

Radiotherapy is focused radiation treatment using strong X-rays. The treatment is given using a machine called a linear accelerator. You do not feel anything as it is being delivered.

How does radiotherapy work?

Radiotherapy works by breaking the DNA of cells that grow and divide rapidly, like cancer cells. Modern radiotherapy technology is good at targeting the cancer while sparing the normal tissues as much as possible, so the treatment side effects are minimised. Only the area of the body receiving the radiotherapy is affected.

The aim of radiotherapy treatment is not to cure the cancer but to prevent damage to the spinal cord and to ease associated pain.

If your symptoms return after treatment, it is possible to deliver more radiotherapy. But there is a limited number of times that the same area can be treated.

Moulds and masks

As part of the planning process, and depending on where your treatment area is, you may need a mask to help you stay still for your treatment. The team will let you know more about this, if it is needed.

Planning your radiotherapy treatment

Before you begin a course of radiotherapy you will have a 'planning CT scan' which takes about 15 minutes. You will be asked to lie on your back on the CT bed. No contrast 'dye' or injections are needed during this scan.

After the CT scan, the radiographers will place some small permanent tattoo dots on your skin. These dots will be used to make sure you are in the same position for your treatment. We will then use this CT scan to plan your radiotherapy treatment. This planning process can take a few hours to complete.

What will happen during my treatment?

You will usually be treated on the same day as your planning CT scan. Typically, people have one treatment. Sometimes the doctor may decide to deliver up to five treatments, with one treatment delivered each day.

When you arrive for your treatment, you will need to report to the receptionist in the Radiotherapy Department every day. The receptionist will let the radiographers know that you have arrived.

At each visit, the radiographers will take you into the treatment room and position you on the treatment couch. The radiographers will explain what they need to do and may ask you to make small movements so that the tattoos on your skin line up with laser lights in the treatment room. When they are happy with the position, the radiographers will leave the room to deliver the treatment.

You will be alone in the room for 10 to 15 minutes while the radiotherapy machine is switched on. The radiographers can see you at all times. If you have any problems, they will ask you to raise your hand for attention, and they will come in to help you. Some treatment machines have background music playing to help you feel more relaxed.

The radiotherapy machine will move around you, but it will not touch you. Although you can hear a buzzing noise when the treatment is being delivered, you will not feel anything.

What are the side effects of radiotherapy?

The side effects will vary depending on the area being treated, and the number of treatments. Please refer to your consent form to see which apply to you.

General side effects

- **Tiredness:** Fatigue is common. The tiredness will slowly improve after your treatment has finished.
- **Skin reactions:** Your skin, where it is being treated, may become pink, or if you have more pigmented skin, it may become darker. You may develop dry and itchy skin. You can use a sodium lauryl sulphate (SLS) free moisturiser (like E45, Epaderm, Aveeno, or one recommended by your pharmacist).
- **Pain:** You may have increased pain known as 'pain flare' during and after the treatment. If this does occur, it can last 1 to 5 days. You should continue to take your pain medication. Please speak to your oncology team if this is not enough.

Depending where in your body you are being treated, you may also experience the following:

- **Nausea and vomiting (feeling and being sick):** If you are having treatment to the middle or lower area of your back, you may experience nausea or vomiting. You may be prescribed anti-sickness medication to prevent this.
- **Diarrhoea (loose or runny poo):** If you are having treatment to your lower back or pelvis, you may experience diarrhoea. You can take medication to help, such as loperamide (Imodium).
- **Pain or discomfort on swallowing:** If you are having treatment to the upper spine (neck or chest), you may feel some discomfort on swallowing. If your current pain medication is not enough, please speak to someone in your oncology team. You may find it helpful to eat soft foods until the pain gets better.

- **Cough:** Treatment to the upper spine may cause a temporary cough. This should resolve on its own, but you can get cough medicine from a pharmacy or shop to help.
- **Sore mouth:** If you are having treatment to the neck area, you may experience a sore mouth. You may find it helpful to avoid eating spicy or hot food. If you are taking painkillers and they are not enough, please speak to your oncology team.

Who can I contact if I need more help or advice?

If you are concerned about any side effects, or if you have any questions or concerns about your treatment, you can call the department and speak to one of the radiographers. Alternatively, you can contact your oncology team, the specialist cancer nurse or consultant.

Useful contact numbers:

Sussex Cancer Centre Radiotherapy reception

01273 664901

Eastbourne Radiotherapy Unit

01273 938900

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in Brighton & Hove or Haywards Heath

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