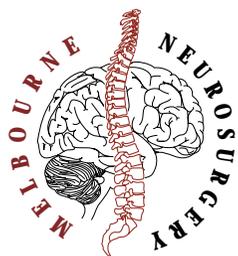


## INFORMATION LEAFLET

# SPINAL METASTASES



### WHAT IS A METASTASIS ? (Secondary)

This is a tumour that has grown in a location that is remote from the site that the tumour started from (Primary). It is thought that the original tumour sheds cells that travel in the bloodstream until they are either destroyed by the body or settle in a blood vessel or tissue and grow. The commonest place for the cells to settle is the lungs. Certain types of tumours tend to spread to the spine.

### HOW DO WE KNOW IT IS THERE ?

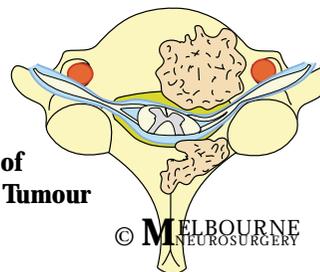
The first symptom is usually back pain in the area where the tumour is. If we know that you have a primary tumour this makes us immediately suspicious that you may have tumour in the spine. The first test is usually a bone scan which will tell us that there is tumour present.

Most people normally have some back pain so in those patients who are not known to have a primary tumour the diagnosis is harder. These patients usually present with problems with walking or leg weakness (because of cord compression). Some patients may have symptoms like sciatica or arm pain.

It is possible to develop sudden paraplegia if the vertebra is completely destroyed by tumour and it suddenly collapses to press on the spinal cord.

Once we have a clue initially normal X-rays will be done. These may not show the tumour if the outside of the vertebra is destroyed. This may show better on a CAT scan because it shows bone structure well. If there is pressure on the spinal cord or lumbar nerve roots it is usually best shown with an M.R.I. Scan.

**Cross section of  
Unilateral Vertebral Tumour  
pressing on  
spinal cord**



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NEUROSURGERY

### WHAT DECIDES THE TREATMENT OPTIONS ?

The location of the tumour  
How extensive the tumour is  
The degree of cord compression  
The type of tumour

### WHO DECIDES WHICH OPTIONS ?

This depends on the degree of your symptoms. If surgery needs to be considered then it will be decided by your oncologist and a neurosurgeon. Mostly the oncologist will decide if radiotherapy or chemotherapy alone is being planned.

### THE OPTIONS

#### RADIOTHERAPY

X-ray therapy which is usually to the area concerned and any other tumour in the spine. The course and the number of treatments depends on the specialist Radiation Oncologist you see.

#### CHEMOTHERAPY

This is only useful for certain tumour types because it is difficult to get immediate results.

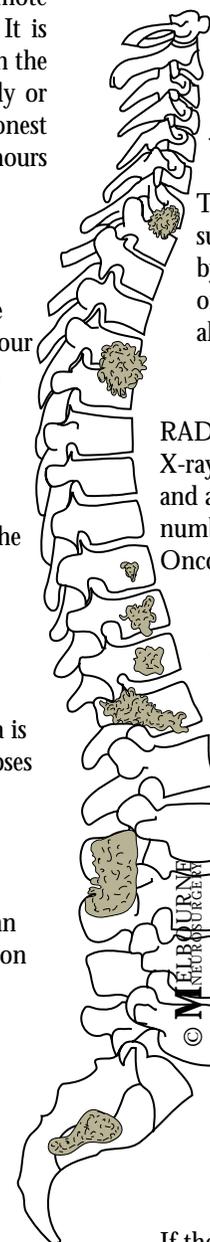
#### SURGICAL +/- RECONSTRUCTION

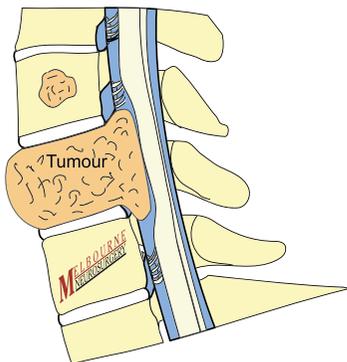
Surgery is used for four main reasons.

1. To decompress the spinal cord or nerve roots
2. To stabilise a spine that is collapsing or in imminent danger of collapse.
3. To aid in the relief of pain symptoms.
4. To get a tumour biopsy if no primary is known

Lots of factors decide what is possible. The tumour needs to be in a position that we can get to safely. If there are multiple compressive lesions surgery is less likely but if one is very large and causing severe symptoms then surgery may be appropriate.

If there is only one lesion on the M.R.I. and there is a chance of cure with complete resection then surgery is usually the first option.





**Vertebral Tumour  
pressing on  
spinal cord**

## Types of surgery

### Laminectomy

If the tumour is behind the spinal cord

### Vertebrectomy

If the tumour is in front of the spinal cord. This operation is done from the front in the cervical region but may be done from either front or back in the thoracic and lumbar regions. With removal of the vertebra a fusion with either bone or an implant is added.

## What normally happens ?

After the diagnosis is made if you have no symptoms of cord or nerve compression then you are usually given radiotherapy for the tumour unless there is a chance that a solitary lesion could be cured with surgery and this is offered.

If you have symptoms of cord or nerve compression which is felt to be not too bad then steroids are usually started and radiotherapy given in the first instance. If it is felt that swelling of the tumour will make your symptoms worse then surgery may be offered at this stage.

If you have significant cord compression with weakness or paraplegia the surgery is the first and best option. The type of operation depends on the location of the tumour. Radiotherapy is given after the wound has had time to heal.

If the paraplegia has been present for a long time and there is absolutely no function below the level of the compression surgery is unlikely to help the function return.

Some patients are too sick from other disease to be able to have surgery so that only radiotherapy can be offered.

## Will the paraplegia get better ?

This will depend on many factors.

If prior to the surgery you are unable to move your legs at all and have no bowel or bladder function the chance of improvement is small.

If there is only a small amount of movement in your legs, and there is early improvement after the surgery, there is a good chance of further improvement although this may be slow. Rehabilitation will be required.

If there is only a small amount of movement and no improvement early after surgery there is a smaller chance of further improvement. It may still occur at a very slow rate.

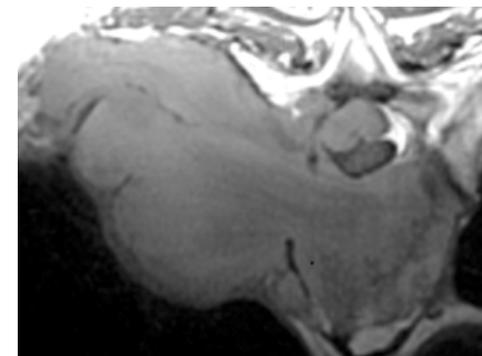
## WHAT HAPPENS IF THE SYMPTOMS RETURN AFTER TREATMENT ?

Can you have surgery after radiotherapy ?

YES The only risk is that healing may be poor because of the radiotherapy damage and this increases the risk of infection.

Can you have radiotherapy a second time ?

This depends on the dose that you received the first time. The radiotherapist will decide based on the perceived risk to your spinal cord.



**M.R.I.  
of  
thoracic secondary**

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