Safety Issues in CMR: Commonly asked questions ?????

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Magnetic Resonance One of the safest imaging modalities

Advantages

- Non-invasive
- No ionizing radiation
- Repeat studies with no problem

Is it really that safe ????

Safety issues

Static magnetic field

biological effectsmechanical effects

Gradient Field

currents (PNS)auditory damage

RF Field

- Burns

Others

- contrast agents

- critically ill patients/resuscitation

- monitoring

- quench

- claustrophobia

Static magnetic field

Measured in Gauss or Tesla (10,000G = 1T)







1.5 T is 30,000 x the strength of earth's magnetic field

Static Magnetic Fields

A superconducting magnet is always switched ON





- 1. Biological effects (potential risk)
 - exposure to static magnetic fields of up to 4T are not harmful
 - distorted ECG (magneto-hydro-dynamic effect)
 - consider prudency with pregnancy
- 2. Mechanical effects (very real risk)
 - attractive forces on metallic objects in its field

Static Magnetic Field Biological effects Magneto-hydro-dynamic effect – augmented T wave Outside field 0.5 Tesla 1.5T

Static Magnetic Field Pregnancy

Q. I am Pregnant Can I do MRI?

Q. I am pregnant can I work in MRI lab?

???????

3

???

Regular M.R.I. Is Safe During Pregnancy By NICHOLAS BAKALARSEPT. 20, 2016

Static Magnetic Field Pregnancy

Patients

- 1st trimester prudent "advised" to avoid CMR where possible
- 2nd and 3rd trimester decision made on a risk versus benefit determination. For example if it avoids the patient being subjected to x-rays.

Health Care Workers

- May enter MR scanning room regardless of trimester
- Should not remain in the room when scanner is operational, avoiding exposure to gradient and radiofrequency fields

- As stated in the Policies, Guidelines, and Recommendations for MR Imaging Safety and Patient Management issued by the Safety Committee of the Society for Magnetic Resonance Imaging in 1991,
- "MR imaging may be used in pregnant women if other nonionizing forms of diagnostic imaging are inadequate or if the examination provides important information that would otherwise require exposure to ionizing radiation (e.g., fluoroscopy, CT, etc)

CT and MR Pregnancy Guidelines Guidelines for the Use of CT and MRI During Pregnancy and Lactation

Static Magnetic Field Pregnancy

- Results of a cohort study of more than 1.4 million pregnancies show that (MRI) in the first trimester is SAFE
- BUT gadolinium-enhance MRI at any time in pregnancy may slightly increase risk of a rare vision problem.

Published in JAMA, the findings are from analysis of data in a Canadian universal health care database and the research may be the first controlled study of first-trimester in human pregnancy.

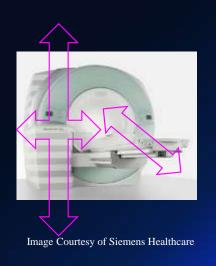
Ray JG et al. JAMA. Journal of the American Medical Association 2016;316(9):952-961)

Static Magnetic Field Mechanical effects

- Attractive force objects will be pulled out of hands, pockets...., and fly into magnet which has caused injury and death.
- Effect on ferromagnetic implants
 - electro-mechanical eg pacemakers
 - biomedical eg valves, stents

Potential Projectiles

- Any ferromagnetic object may be attracted to the MRI scanner and become a projectile – this is known as the missile effect.
- The greater the amount of ferromagnetic material, the greater the force of attraction.
- The magnetic field extends beyond the bore of the magnet in all directions (fringe field)



MRI safety Zones

The MRI suite is divided into 4 safety zones.

ZONE 1: This region includes all areas that are freely accessible to the general public. It is typically outside of the MR environment itself and is the area through which patients and all personnel access the MR suite. This zone is not marked or labeled.

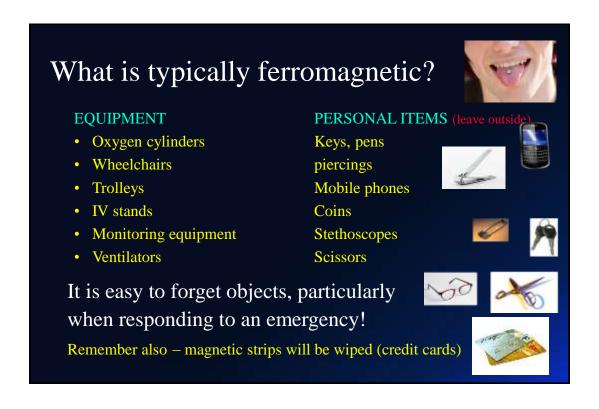
ZONE 2: This area is between the accessible zone 1 and the strictly controlled zones 3 and 4. Patients and other personnel are able to move throughout this area. However they must be mindful of where zone 3 begins. This area is marked with a safety sign.

MRI Safety Zones

ZONE 3: This area is the region that non MR safe equipment can result in serious injury or death if accidentally moved closer or into zone 4. Personnel are not to move freely through this zone. They must be accompanied by level 2 staff. MR safe practice guidelines must be adhered to for the safety of the patients and other non-MR staff.

ZONE 4: This zone is the MR suite itself. Nobody that has not been screened will enter this zone under any circumstances. If the screening process has taken place, you may enter the suite but you MUST be accompanied by level 2 MR staff.





Oxygen cylinder



Floor buffer



Infusion pump



"absolute Contraindications" to CMR

Implants & metal

- Cerebral aneurysm clips
- Metallic foreign body in the eye
- Shrapnel, bullets (in critical area)
- Ocular implants containing metal
- Swan-Ganz
- Implanted pumps to deliver medicine
- Full mouth braces or retainers

• Pacemakers /ICD's

Electromechanical implants

- Pacing wires
- Cochlear implants
- Neurostimulators
- Hydrocephalus shunts













Tattoos ????

- Rare documented cases of
 - > unusual sensation or tingling from a tattoo site
 - burns or raised skin
- Once at the center any subject with a tattoo must be informed again of the risks of tattoos in the MRI environment.
- If the subject complains of any unusual sensation during the exam

 → immediately stopped.
- If the area becomes red or irritated → hand cold compresses



Implants

Cerebral clips

- modern clips are considered safe (titanium, elgiloy)
- older clips (martensic steel is highly ferrous)
- obtain operation notes with serial number of clip
- radiologist to consent patient

Foreign bodies

- Maybe situated near vascular or nervous tissue
- If in doubt x-ray

Pacemakers

- General rule has been "absolute contra-indication"
- All 3 electromagnetic fields affect pacemaker function
- *Non-pacemaker dependent* patients have been scanned *in specialist centres in exceptional cases*
- new pacemaker/lead designs may be MRI safe

**2011 update: MR-conditional Medtronic pacemaker and leads now available

Safety of Magnetic Resonance Imaging in Patients with Cardiac Devices

prospective, nonrandomized study to assess the safety of MRI at a magnetic field strength of 1.5 Tesla in 1509 patients who had

- pacemaker (58%)
- implantable cardioverter-defibrillator (42%)

that was not considered to be MRI-conditional (termed a "legacy" device).

The pacing mode was changed to asynchronous mode for pacing-dependent patients and to demand mode for other patients.

Tachyarrhythmia functions were disabled.

Outcome assessments included adverse events and changes in the variables that indicate lead and generator function and interaction with surrounding tissue (device parameters).

December 28, 2017 N Engl J Med 2017; 377:2555-2564

Safety of Magnetic Resonance Imaging in Patients with Cardiac Devices

In nine MRI examinations (0.4%; 95% confidence interval, 0.2 to 0.7), the patient's device reset to a backup mode.

The reset was transient in eight of the nine examinations change in device parameters:

immediately: decrease in P-wave amplitude (1%) long-term:

decreases in P-wave amplitude (4%), increases in atrial capture threshold (4%), increases in RV capture threshold (4%), increases in LV capture threshold (3%).

The observed changes in lead parameters were not clinically significant and did not require device revision or reprogramming

December 28, 2017 N Engl J Med 2017; 377:2555-2564

2017 HRS expert consensus statement on magnetic resonance imaging and radiation exposure in patients with cardiovascular implantable electronic devices

MRI protocols in patients with pacing devices

Protocols typically involve;

- device interrogation and reprogramming to an asynchronous pacing mode in pacemaker dependent patients,
- inhibited modes in non-pacemaker dependent patients,
- disabling tachyarrhythmia detection and therapies in ICDs prior to the MRI study



Medtronic's Pacemakers Now Cleared for Full Body MRI Compatibility.

Getting MRI scans while wearing an electronic cardiac implant seemed like a pipe dream only a few years ago, but lately new pacemakers and defibrillators have been developed that have conditional approvals to be used during magnetic resonance

imaging.Jan 22, 2014

What can be safely scanned at 1.5T?

APPROVED BIOMEDICAL IMPLANTS

CARDIAC

- sternal wires
- heart valves & annuloplasty rings
- coronary stents
- epicardial wires (cut short and taped)
- other vascular stents, coils and filters
- catheters (without guidewire)

OTHER

- orthopaedic implants
- contraceptive devices
- dental implants

Effects of implants on imaging - signal void / local distortion

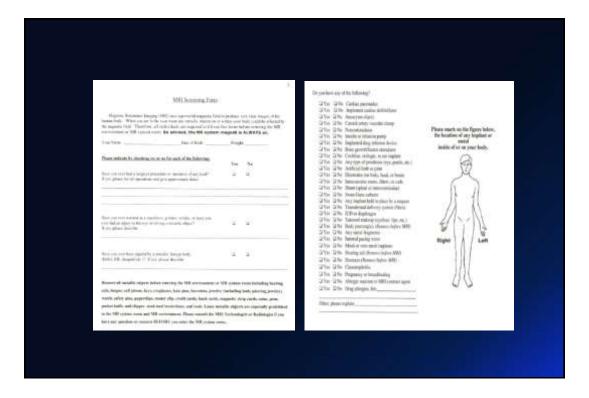
Safety Checklist – comprehensive but concise

Essential to know

- Cardiac pacemaker?
- Previous neurosurgery?
- Implants or metal in the body?
- Pregnant (prudent approach)?
- Drug patch with foil backing?

Important to know

- Previous heart surgery?
- Diabetic or epileptic?
- Asthmatic or allergies? (in relation to contrast)
- Tattoos or permanent eye liner (iron oxide)?



Preparation of patient

- Remove watches / jewellery except gold wedding rings
- Remove hearing aids, false teeth, glasses, prostheses
- Remove all clothes except socks and underpants
- Screen all accompanying personnel
- Check any suspicious item with small bar magnet

Safety issues

Static magnetic field

biological effectsmechanical effects

Gradient Field

- currents (PNS)

- auditory damage

Gradient fields Induced Currents

Gradient fields induce an electric field and thus a current in the patient, potentially this can be of sufficient intensity → physiological response

- peripheral nerve stimulation (PNS)
- cardiac stimulation XX

Gradient fields – Auditory damage

FDA recommended Hearing protection mandatory > 90dB

Auditory safety

- Activation of gradient magnetic fields produces significant vibrations in the gradient coils → reversible hearing impairment and could potentially produce permanent damage.
- Hearing protection is recommended for all patients undergoing an MRI procedure on a high-field MRI system (1.5T and 3.0T).
- Noise attenuating ear-plugs or head phones are routinely used in MRI



Safety issues

Static magnetic field - biological effects

- mechanical effects

Gradient Field - currents (PNS)

- auditory damage

RF Field - Burns

Radiofrequency (RF) fields

Thermogenic effects

Physiological tissue heating response; burn

- > most of the transmitted RF power is transferred into heat within the patient's tissue
- ➤ 1°, 2°, 3° burns have occurred in the past 'e MRI As a result of excessive heat in the devices or objects
- > ECG system is often the culprit
- ➤ Interventional MRI poses greater risk

Other Issues

- Contrast agents ??
- Critically ill patients / resuscitation
- Monitoring and equipment related hazards
- Quench of superconducting magnets
- Claustrophobia ???

What Should I do if I am going to take contrast ???

Before and after Contrast Agents

Safety Measures before taking contrast agents

You have to clearly inform the radiologist about your previous medical history. If you are have any kind of allergies to the contrast materials, specific food, drugs or preservatives, and then you have to take the contrast material with some additional medications to tackle the allergies during the scan pro



www.bookmyscans.com

Contrast agents

gadolinium chelates

- overall patient tolerance high
- incidence of adverse reactions very low

Possible reactions:-

- headache, nausea and vomiting, pain if extravasation occurs
- anaphylaxis 1:100,000

Contraindications

- GFR<30ms/minute
- pregnancy (risk versus benefit ratio)
- breast feeding mothers
- infants < 2 years

Caution

asthmatics, history of previous reactions

Critically ill patients

AICU and High Dependency Patients

- Assess patient the day before
- Lengthen and prime IV lines on ward
- Replace electrodes carbon studs
- Check intubation circuits for metal
- Educate nursing staff in preparing patient

Resuscitation

- Alert cardiac arrest team
- Call for help
- BLS only can be performed in scanner room
- Keep MR Compatible 'tipping trolley' adjacent to scanner
- Patient must be moved to designated resuscitation area as quickly as possible
- Appoint non-clinical person to prevent access to scanner room
- Practice regular 'cardiac arrest' scenarios to identify potential problems

Quench

Cryogens maintain the magnetic field - helium QUENCH = the liquid helium 'boils off' and becomes a gas

Causes - physical

human error (accidental)intervention (elective)

Effects - ratio of gaseous to liquid helium 760:1

- should vent to the outside, but this can fail

- pressure build up

- asphyxiation/frostbite



Elective Quenching

The magnet should only be quenched in two situations:-

- If someone is trapped to the scanner by a ferromagnetic object and is injured and/or distressed (eg O₂ cylinder, piece of equipment)
- If there is a fire in the immediate vicinity

Action to be taken in the event of a Quench

- Evacuate the room as quickly as possible
- Ensure the door is kept open during evacuation
- Close door after evacuation
- If trapped in room stay close to floor level
- Seek the advice of a senior physicist immediately
- Call scanner engineer

Claustrophobia

Affects 5-10% of patients

Causes

- restrictive dimensions of the interior of the magnet
- duration of the examination
- gradient coil induced noises
- the ambient condition within the imaging bore

Factors to reduce anxiety

- education and explanation
- trial visit to the department
- maintaining physical and verbal contact
- presence of a relative or friend
- good communication system
- good light and ventilation
- music

Ensuring Safe Practice

- Safety Checklist
- Restricted access to magnetic field area
- MR Compatible equipment (monitors, wheelchairs, syringe pumps, stethoscopes)
- Awareness of medication common to patient area contrast agents, stress agents
- Staff Induction
- Education and training of staff of all disciplines
- Risk Assessments
- Policies and Procedures cardiac arrest, quench



