# Inspection of Cardiology departments

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# Why inspections in Cardiology?

- High-dose and increase in the number of procedures
- Skin burns of patients
  have been reported
- Cardiologists in Norway have no formal education and training in radiation protection

Notification of

inspection

Documentation



**Inspection method** 

Observations

Verifications

Acceptance of

Non-compliance

→ Report website

Opening Meeting

Summarizing

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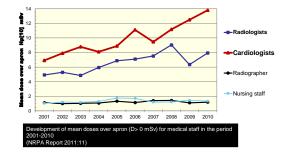
Closing meeting

Inspection report

Interviews

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## **Personnel doses for Medical staff in Norway**

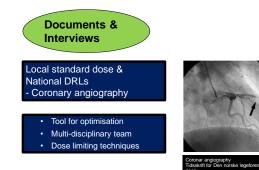


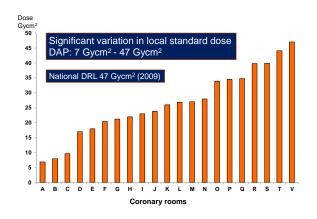
#### **Topics**

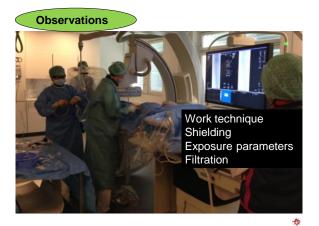
- Justification
- Optimisation
- Staff training in RP
- Organisation of the radiation protection (RP)
- Protection of staff and patients
- Personal dosimetry
- Quality assurance & quality control



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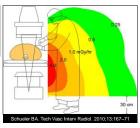






# Use power injectors for contrast

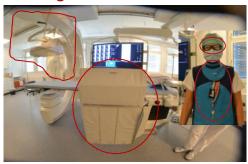




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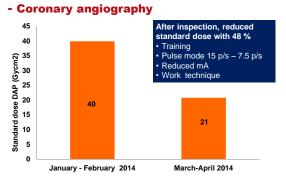
#### Shielding



### **Most common results** Non-compliance – a finding that are in conflict with existing legislation on, but a cor Non-conformities High staff doses Remarks **Optimalization & DRL** Incident reporting Follow-up high patient doses Education & training 6 Total: 17 Non-compliance & 23 remarks

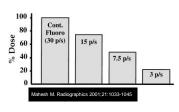
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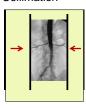
## **Optimisation** at one hospital



## **Dose reduction technologies**

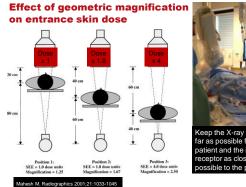
- Pulsed fluoroscopy
- Collimation





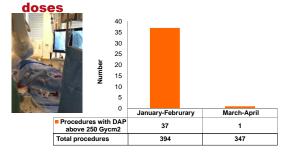
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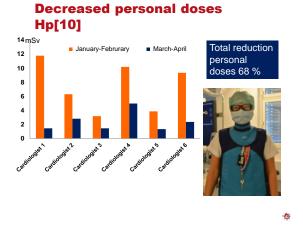


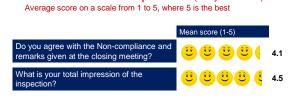


**Decreased number of high patient** 



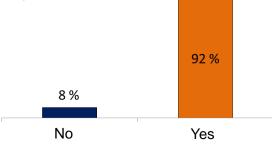
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Evaluation of the inspections (EasyResearch)

Did the inspection bring any changes in the departments afterwards?





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#### Incident-based inspection



#### Incident report Examination and intervention at a x-ray room. Patient with occlusion in a. mesenterica and stenose in a. truncus iliacas. Skindose estimated to maximum 29 Gy.



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### Conclusion

- Significant variation in local standard dose
- Substantial lack and variation in level of RP at the cardiology departments
- Inspections are an effective tool to increase the awareness of RP and improve RP and safety
- Is our inspections a success?



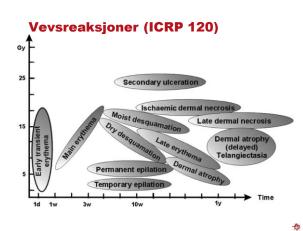
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#### Reference

Official Journal L-180, p. 22 Elsevier, Annals of the ICRP (2009)

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(a) 3 weeks: area of sharply (a) 5 weeks area of sharply demarcated erythema.
 (b) 5 months; tissue necrosis.

(c) 6.5 months: deep ulceration

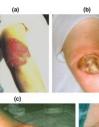
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with exposure of the bone. (d) Following surgical flap

A 49-year-old woman presented with supraventicular tachycardia. with supravenicular tachycardia. Radiofrequency catheter ablation was performed. During the electrophysiology procedure, her right arm was in the x-ray beam near the port. Fluoroscopy time was 20 min. Skin does data are was 20 min. Skin dose data are not available. She presented 3 weeks later with a skin lesion on her right elbow . If the patient's arm had

been positioned outside the x-ray beam, the injury could have been prevented or its severity decreased.

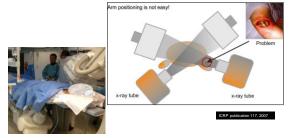


#### **Event-based inspection**

#### **Radiation Protection Regulations**

Section 19 Duty to warn in the event of accidents and abnormal events The undertaking shall immediately give notice of accidents and abnormal events to the Norwegian Radiation Protection Authority. The terms "accident" and "abnormal events" mean: (a) events which cause or may have caused unintended exposures of employees, patients or other persons significantly above normal levels (b).....

# Positioning the patients body parts out of the x-ray beam, if possible



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