

MRI Physics V

MRI Safety

John N Oshinski, PhD

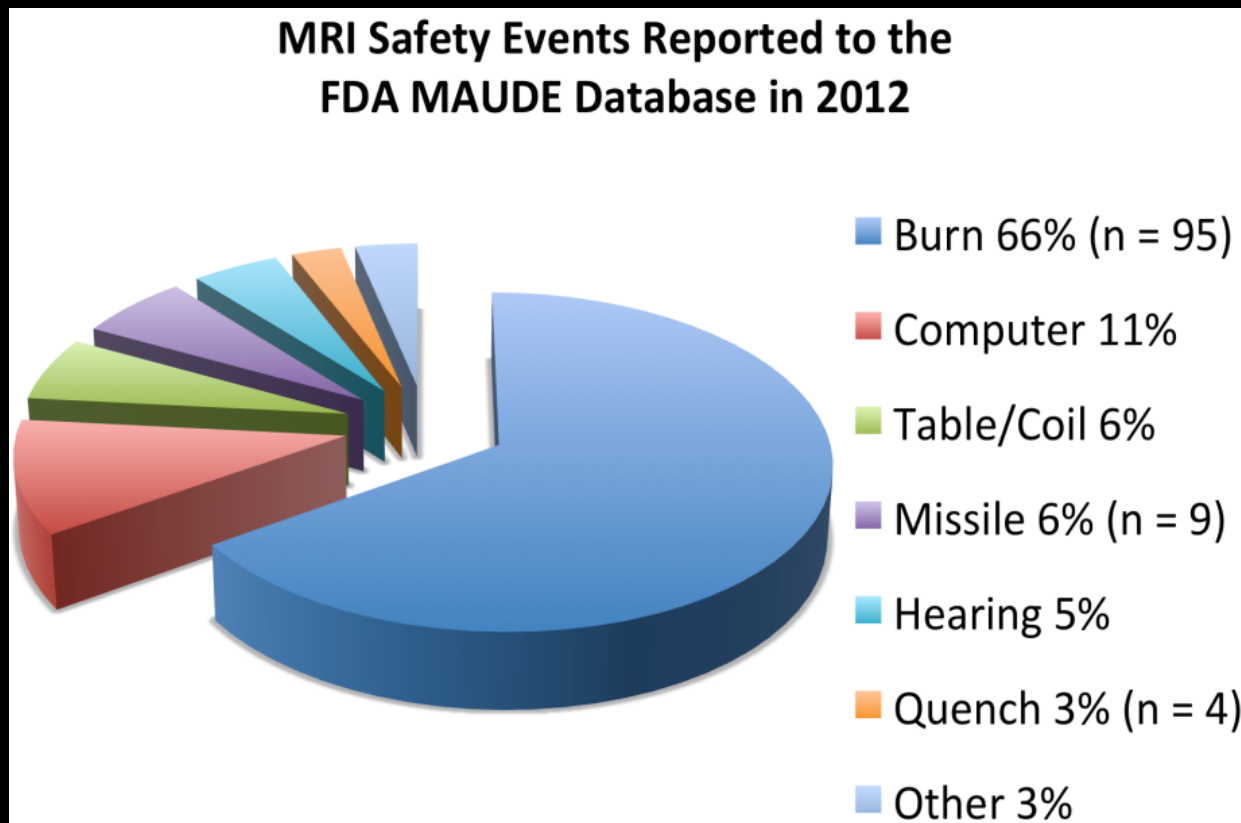
*Radiology and Imaging Sciences, Emory University
Hospital*

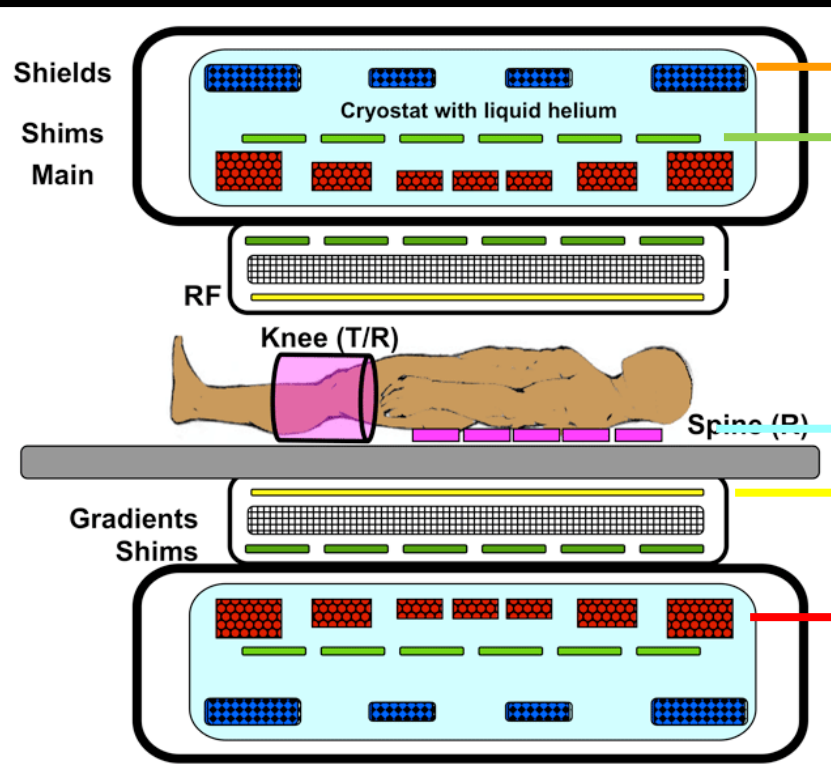
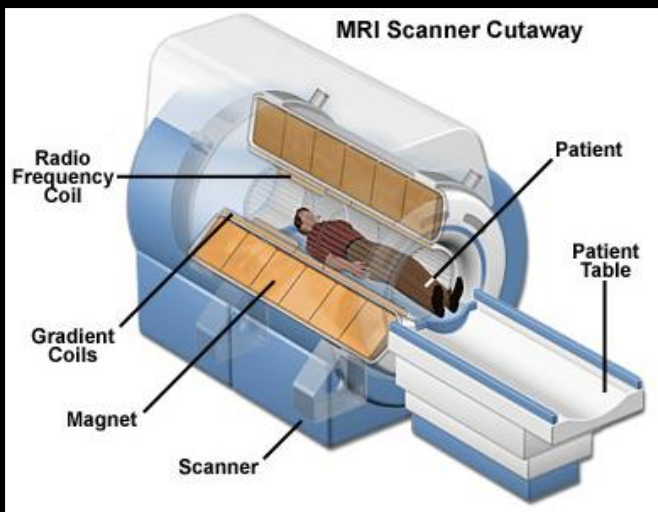
Biomedical Engineering, Emory/Georgia Tech

MRI Safety

1. Static Main Magnetic Field
2. Radio Frequency (RF) pulse
3. Gradient Field
4. Devices/Implants
5. *Will not talk about contrast agents*

What causes the most safety issues in MRI?





Shield coils: reduces fringe field effects

Shim coils: improves homogeneity of a region

Gradient Coils: added changing electromagnetic field for imaging

Surface RF coils: Use to receive signal

Body RF coil: Use to transmit/receive field

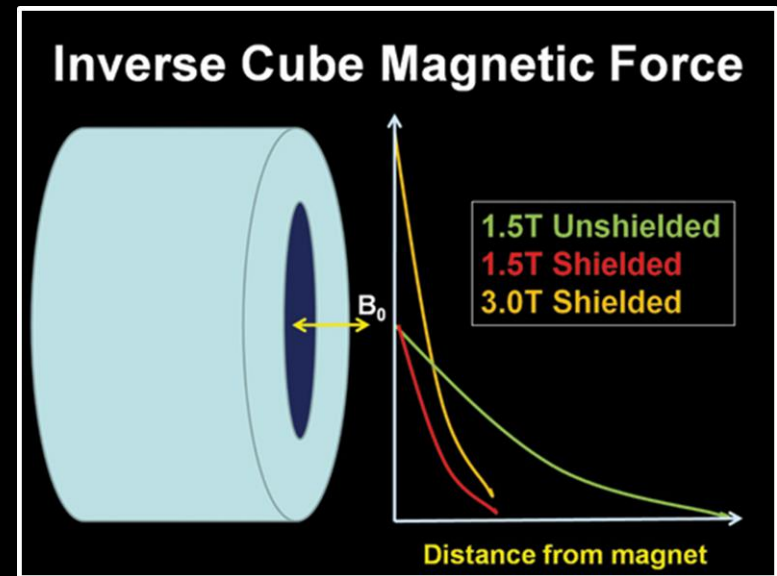
Main Field Coil: Primary coil that produces Main field (static field – does not change)

MRI Safety

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Main Magnet Safety Concerns

- Missile Effect
 - Any ferromagnetic object can be accelerated into the bore
 - Force dependent on
 - Size/weight
 - Ferromagnetic content
 - Magnetic field spatial gradient
 - An object's torque and path are unpredictable
- Device Effects (5 gauss line)
- Patient Effects (at high fields)



-
- <https://www.youtube.com/watch?v=IEJ2notNLo0>
 - https://www.youtube.com/watch?v=vIQaGt_fkkw





Employees of the Westchester Medical Center in Valhalla, N.Y., gather outside after learning of the deadly MRI incident. (ABCNEWS.com)


Hospital Nightmare

Boy, 6, Killed in Freak MRI Accident

abcNEWS.com

July 31 — A 6-year-old boy died after undergoing an MRI exam at a New York-area hospital when the machine's powerful magnetic field jerked a metal oxygen tank across the room, crushing the child's head.

July 2001

The  [force of the device's 10-ton magnet](#) is about 30,000 times as powerful as Earth's magnetic field, and 200 times stronger than a common refrigerator magnet.

The canister fractured the skull and injured the brain of the young patient, Michael Colombini, of Croton-On-Hudson, N.Y., during the procedure Friday. He died of the injuries on Sunday, the hospital said.

The routine imaging procedure was performed after Colombini underwent surgery for a benign brain tumor last week. Westchester Medical Center officials said he was under sedation at the time of the deadly accident.

Hospital Takes 'Full Responsibility'

News

UK | World | Politics | Science | Education | Health | Brexit | Royals | Investigation

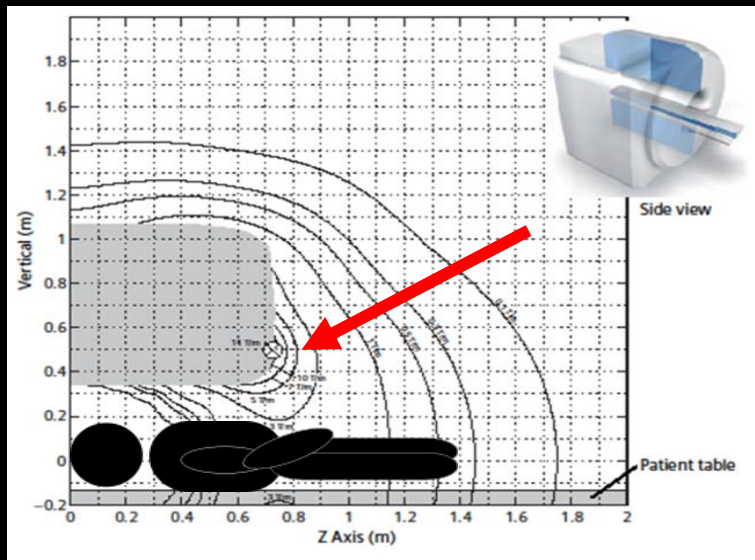
🏠 > News

Indian man dies after freak MRI machine accident at Mumbai hospital

NDTV reports Mr Maru's hand was trapped in the machine when the damaged cylinder burst, "triggering a massive oxygen leak". He was rushed to an emergency room but was pronounced dead within 10 minutes.

His family say staff at the hospital assured them the machine was switched off before he entered the room.

Static Magnetic Field



Draw on board

Patient removal when a metallic object is present

- **DO NOT** attempt to move the object or ANY PART of the scanner (including the table)
- The object may change its magnetic polarity if dislodged and re-align with the field and become a projectile
- **FIRST** priority is to remove the patient
- Bring in MR compatible stretcher
- Transfer patient to the stretcher without dislodging the object or disturbing the parts of the scanner

“Shut off” Buttons



What do these buttons do? How are they different?

Site Modifications for Static Field Safety

Static Magnetic Field Must Have Controlled Supervised Access

ACR Guidance Document on MR Safe Practices: 2013

Zone I: Freely Accessible to General Public

Zone II: Interface Between Uncontrolled and Strictly Controlled Zone - Patients must be escorted.

Zone III: Control room and space with access to scanner door - Strictly Controlled by MR Personnel With Restricted Access

Zone IV: MR Scanner Magnet Room - Clearly marked with red light and lighted sign.

Static Magnetic Field Must Have Controlled Supervised Access





Metal Detectors



Marking of Magnetic Field Lines



Screening Form

| MRI SCREENING | | LOCATION | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|--|--|---|--|---|---|--|--|---|---|---|--|---|---|---|---|---|--|---|---|---|--|---|---|---|--|--|--|
| <p>You have been scheduled for an MRI exam. The MRI scanner uses extremely strong magnetic fields that can produce heating, movement, or electric currents in ANY metal in or on your body. WARNING: This can be hazardous to you, if you have certain metal objects in or on you. Please complete this accurately and carefully. (Please circle Yes/No responses)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you have any metal or possibly metal containing objects in or on your body? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If yes, check box and give details _____</p> <table border="0"><tr><td><input type="checkbox"/> Aneurysm clip</td><td><input type="checkbox"/> Shunt (programmable) <input type="checkbox"/> non-programmable</td></tr><tr><td><input type="checkbox"/> Cardiac pacemaker</td><td><input type="checkbox"/> Feeding tube with mercury tip</td></tr><tr><td><input type="checkbox"/> Implanted cardioverter defibrillator (ICD)</td><td><input type="checkbox"/> Radiation seeds or implants</td></tr><tr><td><input type="checkbox"/> Electronic implant or device</td><td><input type="checkbox"/> Medication patch</td></tr><tr><td><input type="checkbox"/> Magnetic stent, filter, or coil</td><td><input type="checkbox"/> Any metallic fragment or foreign body</td></tr><tr><td><input type="checkbox"/> Neurostimulator, deep brain stimulator</td><td><input type="checkbox"/> Breast tissue expander</td></tr><tr><td><input type="checkbox"/> Spinal cord stimulator</td><td><input type="checkbox"/> Surgical staples, clips</td></tr><tr><td><input type="checkbox"/> Internal electrodes or wires</td><td><input type="checkbox"/> Bone/joint pin, screw, nail, wire, plate</td></tr><tr><td><input type="checkbox"/> Bone growth/bone fusion stimulator</td><td><input type="checkbox"/> IUD, diaphragm, or pessary</td></tr><tr><td><input type="checkbox"/> Cochlear, otologic, or other ear implant</td><td><input type="checkbox"/> Dentures, partial plates, or braces</td></tr><tr><td><input type="checkbox"/> Insulin or other infusion pump</td><td><input type="checkbox"/> Permanent makeup or eyeliner</td></tr><tr><td><input type="checkbox"/> Implanted drug infusion device</td><td><input type="checkbox"/> Body piercing jewelry</td></tr><tr><td><input type="checkbox"/> Prosthesis of any kind (eye, penile, etc.)</td><td><input type="checkbox"/> Eye lid spring or wire</td></tr><tr><td><input type="checkbox"/> Heart valve prosthesis</td><td><input type="checkbox"/> Temperature probe</td></tr><tr><td><input type="checkbox"/> Artificial or prosthetic limb</td><td><input type="checkbox"/> Hearing aid (remove prior to entry)</td></tr></table> | | | | <input type="checkbox"/> Aneurysm clip | <input type="checkbox"/> Shunt (programmable) <input type="checkbox"/> non-programmable | <input type="checkbox"/> Cardiac pacemaker | <input type="checkbox"/> Feeding tube with mercury tip | <input type="checkbox"/> Implanted cardioverter defibrillator (ICD) | <input type="checkbox"/> Radiation seeds or implants | <input type="checkbox"/> Electronic implant or device | <input type="checkbox"/> Medication patch | <input type="checkbox"/> Magnetic stent, filter, or coil | <input type="checkbox"/> Any metallic fragment or foreign body | <input type="checkbox"/> Neurostimulator, deep brain stimulator | <input type="checkbox"/> Breast tissue expander | <input type="checkbox"/> Spinal cord stimulator | <input type="checkbox"/> Surgical staples, clips | <input type="checkbox"/> Internal electrodes or wires | <input type="checkbox"/> Bone/joint pin, screw, nail, wire, plate | <input type="checkbox"/> Bone growth/bone fusion stimulator | <input type="checkbox"/> IUD, diaphragm, or pessary | <input type="checkbox"/> Cochlear, otologic, or other ear implant | <input type="checkbox"/> Dentures, partial plates, or braces | <input type="checkbox"/> Insulin or other infusion pump | <input type="checkbox"/> Permanent makeup or eyeliner | <input type="checkbox"/> Implanted drug infusion device | <input type="checkbox"/> Body piercing jewelry | <input type="checkbox"/> Prosthesis of any kind (eye, penile, etc.) | <input type="checkbox"/> Eye lid spring or wire | <input type="checkbox"/> Heart valve prosthesis | <input type="checkbox"/> Temperature probe | <input type="checkbox"/> Artificial or prosthetic limb | <input type="checkbox"/> Hearing aid (remove prior to entry) |
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| <input type="checkbox"/> Cochlear, otologic, or other ear implant | <input type="checkbox"/> Dentures, partial plates, or braces | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insulin or other infusion pump | <input type="checkbox"/> Permanent makeup or eyeliner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Implanted drug infusion device | <input type="checkbox"/> Body piercing jewelry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Artificial or prosthetic limb | <input type="checkbox"/> Hearing aid (remove prior to entry) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Have you had an injury to the eye involving a metallic object or fragment? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel)? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. List any past surgeries/Date: Height _____ Weight _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>To be completed for patients who may receive MRI CONTRAST (GADOLINIUM)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Have you ever had a previous reaction with intravenous contrast ("x-ray dye")? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If yes, give details: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Have you ever had a life-threatening allergic reaction? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If yes, give details: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Are you 60 years of age or older? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Do you take medication for diabetes? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Do you take medication for high blood pressure? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Do you suffer from kidney disease? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Does anyone in your family suffer from kidney disease? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Do you have only one kidney or a kidney transplant? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Do you have any other organ transplant? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Do you have multiple myeloma? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Do you have end-stage liver disease/need a liver transplant? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. FOR WOMEN: Is there any possibility that you may be pregnant? | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Please sign below to confirm that you have received, read, and understood the "Frequently Asked Questions about MRI exams". A physician is available to answer any further questions you may have.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Form completed by: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Patient/parent/guardian: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of RN or Technologist: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date: _____ | Time: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Consult with Radiologist | Proceed per protocol | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI SCREENING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR RADIOLOGY RN OR RT

YES answers to questions 7-16 and no recent eGFR available:
Proceed with an immediate Cr/eGFR test at the direction of the protocoling physician.

STOP - If there are ANY circles in the STOP column, further consultation with a supervising radiologist is required before administration of contrast. Nursing and technical staff should consult with a supervising radiologist for further instructions. Proceed only when the order for this examination has been reviewed, and is updated by the supervising radiologist in ImageCast.

GO - If ALL the circled responses are in the GO column: PROCEED with contrast administration as per the contingent order in ImageCast. This order is now final, and the electronic signature of the protocoling physician in conjunction with this form attests that the administration of contrast material has been reconciled with the patient's current medication.



IMPORTANT INSTRUCTIONS

Before entering the MRI environment or MRI system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners and clothing with metallic threads.

Please consult the staff if you have any questions or concerns BEFORE you enter the MRI system room.

Filled out by staff:

1. Patient Screened for MRI contraindications? ☐ Yes ☐ No
2. Patient and Table Top Checked? ☐ Yes ☐ No
3. Staff Physicians Safety Trained? ☐ Yes ☐ No
4. Staff/Physicians Removed Metallic Objects? ☐ Yes ☐ No
5. Final verification/ "time-out" is performed by _____ ☐ Yes ☐ No
the team prior to entry into the magnet, including patient screening form, and all equipment checked for MRI safety or compatibility.

What do you do if something is positive on screening form?

- If a device:
 - What does manufacturer say? *MRI safety.com website*
 - Does patient have info or card?
 - If Nitinol or Titanium, its generally OK immediately after placement
 - If it has electronics – generally stay away from scanning
- Special cases
 - Bullet or shrapnel fragment
 - Metal in eye – *Have they sought medical attention?*
 - Aneurysm clips
 - Pacemaker or pacemaker leads

Designations of Devices and Equipment



MR Safe

MR Conditional

MR Unsafe

*MR compatible**

What is the most important factor for Static Field MRI safety?

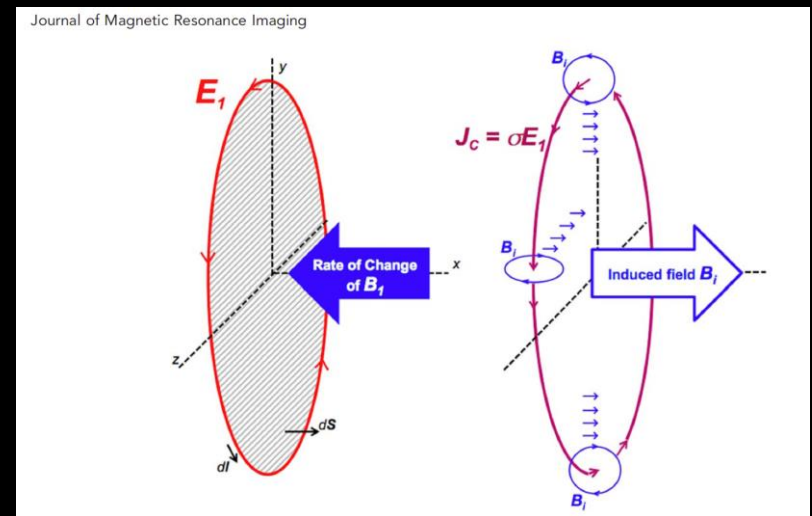
- Educate and Empower the MRI Techs
- They are in charge of access to control room and scanner

MRI Safety

1. Static Main Magnetic Field
2. Radio Frequency (RF) pulse
3. Gradient Field
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5. *Will not talk about contrast agents*

RF Pulse Safety

- Heating and Burns
- General Rules:
 - Beware conductors near the surface
 - Beware of loops or long lengths of wire

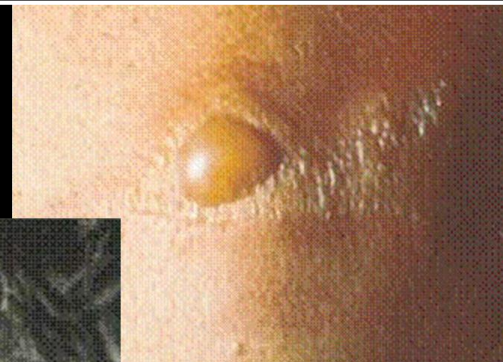


Specific Absorption Rate (SAR)

- Measure of the absorbed RF energy that can cause heating
- US FDA limits this to 4.0 W/kg in the body
- Difficult to measure, so its modelled
- Formula for a sphere says $SAR = \sigma r^2 B_0^2 \alpha^2 D$
- This is calculated by manufacturer and they will tell you when you are in danger of exceeding it.

RF Burns

RF Burns from poorly
insulated coil –
Inspect coils periodically



RF and Tattoos

- May cause artifacts or short-term skin reactions
- Frequency and severity of reactions is low
- Should ***not*** prevent a patient from undergoing an MRI exam.
- Beware of iron-oxide based pigments.



Non-obvious RF issues

U.S. Department of Health & Human Services www.hhs.gov

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| Drug Safety and Availability |
|---|
| Public Health Advisories (Drugs) |
| 2009 Public Health Advisories |
| 2008 Public Health Advisories |

Public Health Advisory: Risk of Burns during MRI Scans from Transdermal Drug Patches with Metallic Backings

The FDA has been made aware of information about certain transdermal patches (medicated patches applied to the skin) that contain aluminum or other metals in the backing of the patches. Patches that contain metal can overheat during an MRI scan and cause skin burns in the immediate area of the patch.

Published March 1, 2012 as 10.3174/ajnr.A2827

TECHNICAL NOTE

J.A. Pietryga
M.A. Fonder
J.M. Rogg
D.L. North
L.G. Bercovitch

Invisible Metallic Microfiber in Clothing Presents Unrecognized MRI Risk for Cutaneous Burn

SUMMARY: We report a case of a thermal burn that occurred during MR imaging likely caused by invisible silver-embedded microfibers in the fabric of an undershirt. As the prevalence of fabric containing nondetectable metallic microfiber increases in athletic and "tech" clothing, the importance of having patients change into safe facility-provided garments before MR imaging is emphasized.

ABBREVIATIONS: ACR = American College of Radiology; SAR = specific absorption rate; SMF = silver microfiber

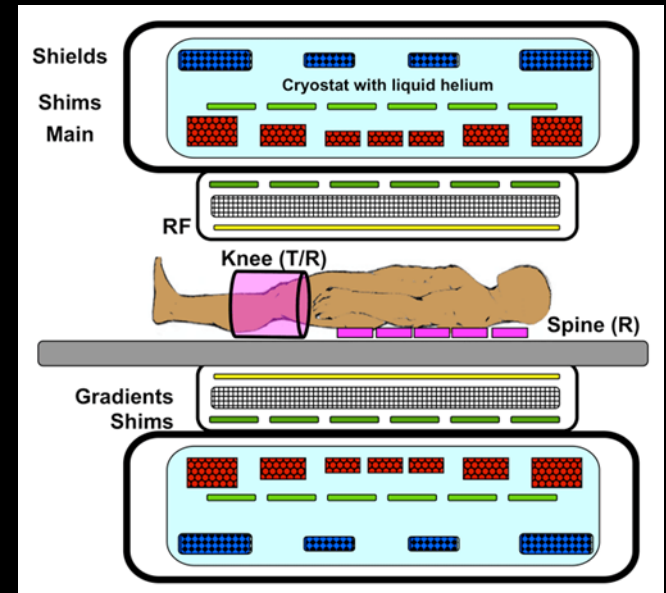
Everyone
changes into
patient gown

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Gradient System Safety Concerns

- Acoustic Noise
 - Due to gradient force/pressure vibrations within the coil housing
- Nerve Stimulation
 - Fluctuating current may cause nerve stimulation



Acoustic Noise

- Noise level must be below 99 dB with protection in place.
- Hence everyone get hearing protection.
 - Ear pugs
 - Earphones



Summary

- MR Safety is a group effort - best to have a committee (Radiologists Physicists, hospital administration, nursing, building services)
- Pay attention to the screening form and talk to patients.
- Biggest issue is burns. Beware of loops and conductors near the surface
- Worse scenario is missile with patient inside
- Let the MR Technologists be in charge.