REFERRAL AND INTERPRETING SCANS

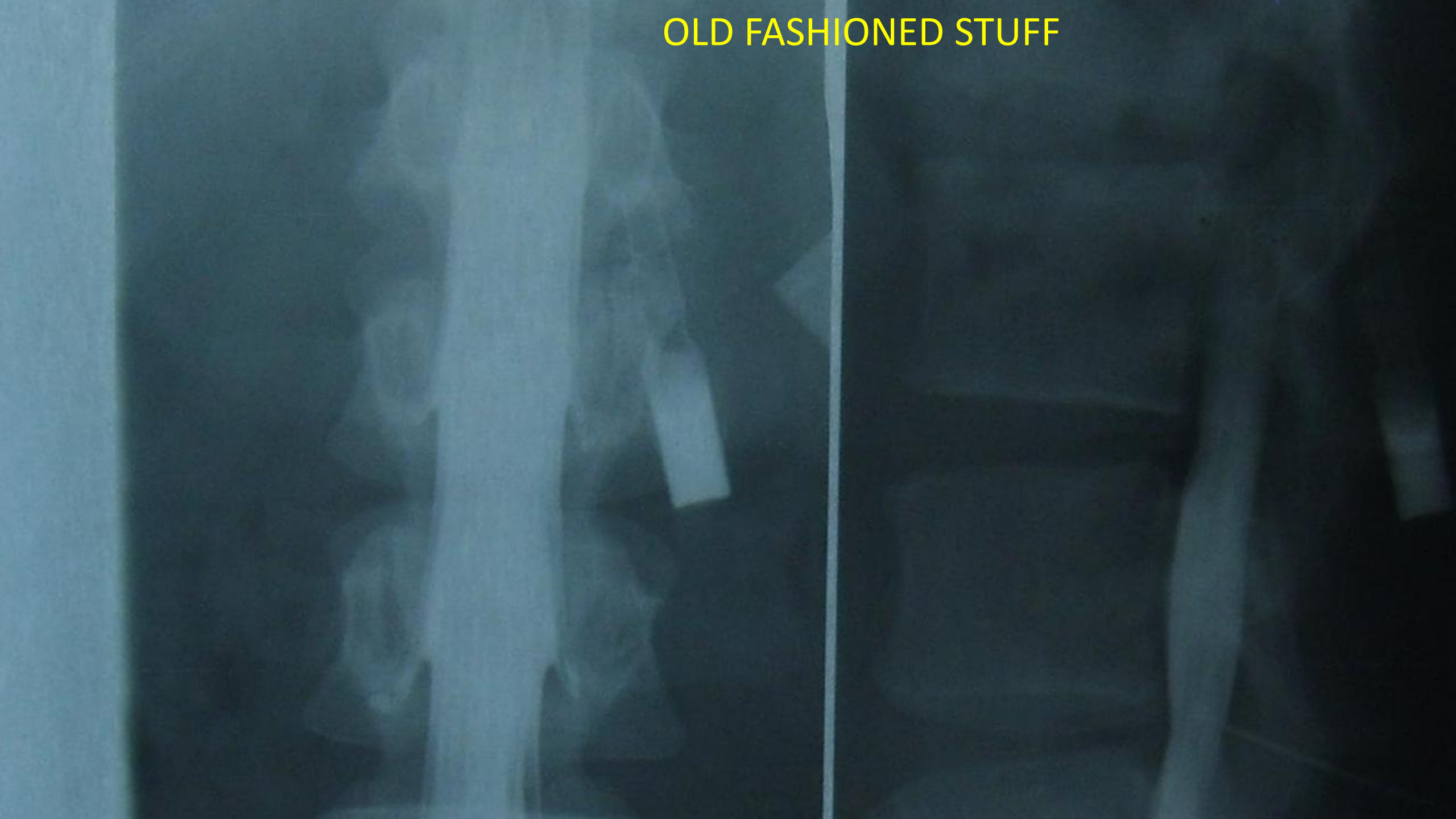
ANDREW QUAILE-SPINEWORKS

SPINAL IMAGING [WHY DO YOU DO IT?]

- DIAGNOSE THE SOURCE OF SYMPTOMS
- DIRECT APPROPRIATE THERAPY
- DETERMINE PROGNOSIS

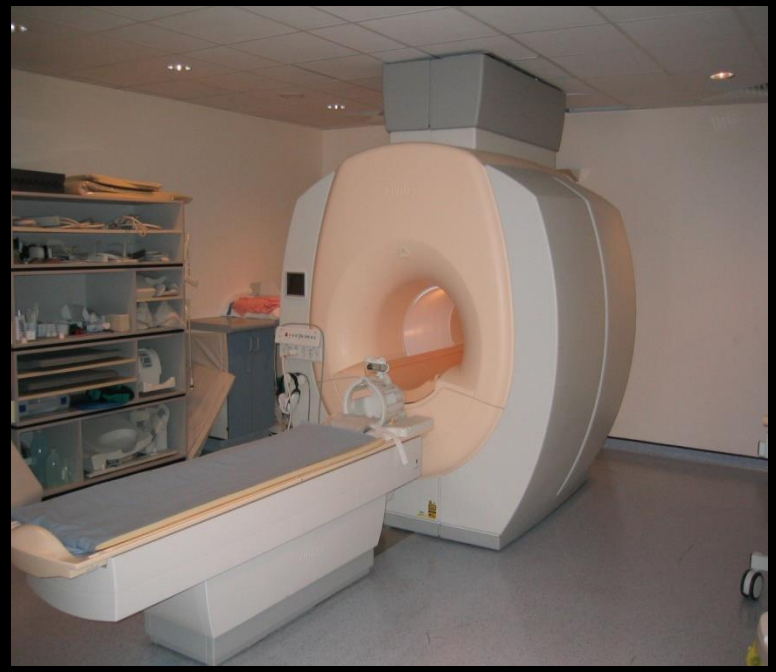
MY OWN PRACTICE VIA BMI

- **PATIENT SAMPLE = 1196 [SEPT 04 – JAN 06]**
- **MRI – 92%**
- **X-RAY – 15%**
- **INJECTIONS – 11%**
- **OPERATIONS – 6.78%**
- **AVERAGE STAY – 3.2 DAYS [INPATIENTS]**


OLD FASHIONED STUFF

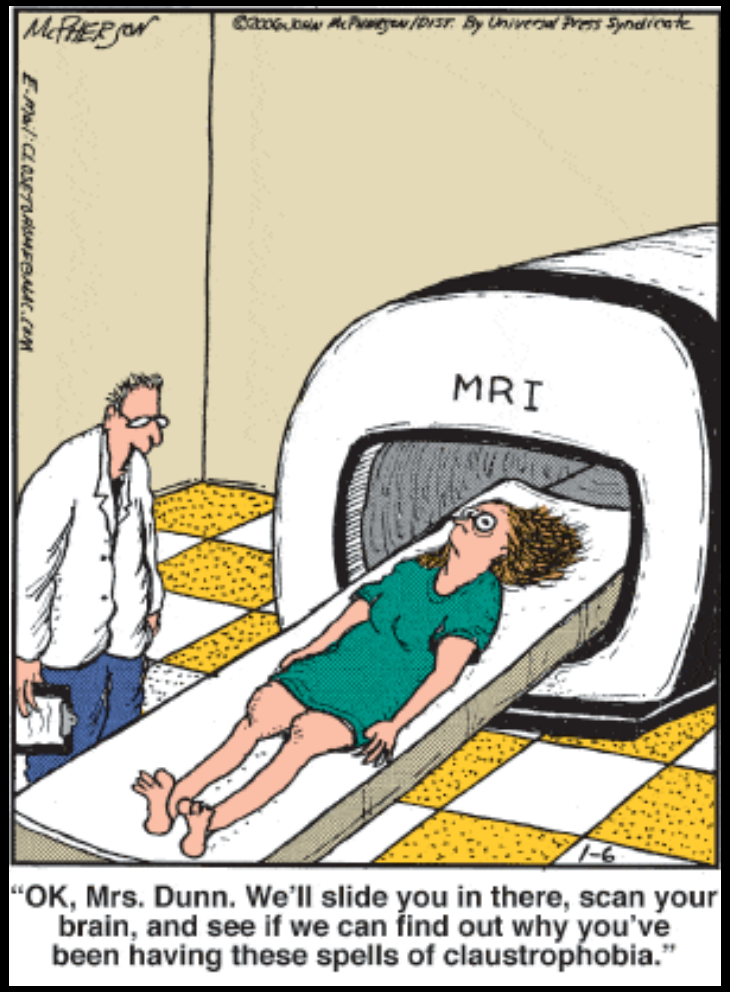
MRI
NEW STUFF

- 25 YEARS OLD BRITISH INVENTION
- MAJOR TRANSFORMATION OF SPINAL IMAGING
- LARGE MAGNETS WITH STRONG MAGNETIC FIELD
- POTENTIALLY LETHAL
- BECOMING MORE AVAILABLE AND MORE AFFORDABLE - VISTA
- BACKBONE OF SPINAL IMAGING
- LOOKS FOR WATER [HYDROGEN IONS]



MRI

- NEED TO LIE FLAT AND KEEP STILL
- CONTRAINDICATIONS : PACEMAKER/RECENT SURGERY/ANEURYSM CLIPS
- RELATIVE CONTRAINDICATIONS : CLAUSTROPHOBIA, IMPLANTS, PATIENT SIZE
- NEW OPEN MAGNETS : LIE DOWN / SIT UP / DYNAMIC IMAGING



WHEN TO REFER

- RED FLAGS [REGULARLY DIAGNOSE SERIOUS PATHOLOGY]
- PERSISTING SYMPTOMS [USUALLY PUSHED BY PATIENT]
- MOST USEFUL FOR SOFT TISSUE PROBLEMS [THEREFORE SCIATIC SYMPTOMS]
- WHEN YOU WANT A DIAGNOSIS TO DIRECT TREATMENT
- VERY VALUABLE IN RE-ASSURING PATIENTS [THE WORRIED WELL]
- OCCAISIONALLY PICKS UP UNEXPECTED DIAGNOSES

WHAT DO WE SEE?