

Abstract - ID: 393

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Title: Radiographs Reject Analysis in a Large Tertiary Care Hospital in Riyadh

Abstract:

King Abdulaziz Medical City (KAMC) is a large tertiary care hospital in Riyadh, Saudi Arabia. Reject analysis is not comprehensively recorded in KAMC. It is an indicator of any radiology department quality. The results of this study helps to improve radiological services and reduce the unnecessary radiation exposure to the patients. The data is collected over a period of 5 years from a dedicated electronic rejection system "Peervue®". The rejection is performed by a certified radiologist and communicated electronically to the concerned technologist. A total of 455 rejected radiographs were reviewed and analyzed. 247 of the reviewed rejected radiographs were adults while 166 were pediatrics. In terms of gender, 231 of the rejected radiographs were for male and 182 were female. In our study the most common reason for rejection was labelling, followed by procedure protocol, positioning, post-processing, artifacts, wrong documentation, and exposure factors. Comparative studies pointed out positioning as the most frequent reason for rejection. The rejection due to artifact is comparable to other reported data in the literature. In KAMC, the rejection due to exposure factors is significantly lower due to the utilization of digital systems. In contrary, hospitals that use analog system have scored much higher rejection due to the narrow exposure latitude. More than 60% of the rejected radiographs were either for extremities or chest. The remaining include abdomen, spine, pelvis, and head and neck. The outcome of this study can be used to set-up training programs to improve the quality in the department.

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Category: Radiologic Technology

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Abstract - ID: 499

Author(s): Magbola Suliman (**Presenter**), Nyala Technical College

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Title: Patient exposure in computed tomography urography procedure

Abstract:

Radiography has a major role of diagnostic method in medical field. Urography provides the radiologist with useful detailed information. However, it is the responsibility of radiologist and technologist to determine scanning technique factor that provide balance between image quality and radiation dose and share in keeping patient radiation exposure at lowest as possible.

The objective of this study are to measure and compare patient radiation dose form computed tomography (CT) and evaluate the protocols used in CTU maging procedure. Machine used was CT machine (Siemens- Somatom emotion duo) for CTU. Patients' radiation dose values for CTU were 172 ± 61.04 mGy/cm (DLP), $CTDI_{vol}$ 4.75 ± 1.5 mGy and Effective dose 2.58 ± 0.91 mSv. Cancer probabilities were 520.12 for pancreas and 30.96 for testicles. Radiation dose can vary considerably between scanners and between institutions. Clinical dose are reported as the dose to standard dosimetry phantom. However, due to large variation in patient size, these doses may not estimate accurately the dose delivered to patient during a particular exam. In this study the radiation dose is considered low compared with previous studies this may be duo the patient size (less than normal), scanner and protocol used. A patient radiation risk for particular exam is proportional to the radiation dose delivered during the exam. This dose will depend on the size of patient, the type of scanner and the imaging protocol used.

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Abstract - ID: 509

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Title: PREVALENCE, ERGONOMICS, SOCIODEMOGRAPHIC CORRELATES WITH MUSCULOSKELETAL INJURIES AMONG SONOGRAPHERS IN RIYADH, KSA

Abstract:

This study was conducted to explore the prevalence of musculoskeletal injuries (MSI) among Sonographers in Riyadh. The main objective of the study was to investigate the relationship of ergonomics and sociodemographic correlates with musculoskeletal injuries (MSI) among Sonographers. The sample of this study comprised of (n=153) sonographers of Riyadh. Ergonomics, sociodemographic variables and occurrence of MSI was measured by administering self-reported survey form. Survey was conducted by visits to hospitals as well as by using electronic survey via email. Sociodemographic variables of age ($r=.208$, p

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