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**TIPS AND MODIFICATIONS IN RADIATION SAFETY CAN MAKE A HUGE IMPACT ON STAFF EXPOSURE: WHAT ARE THEY AND HOW CAN THEY BE ENFORCED**

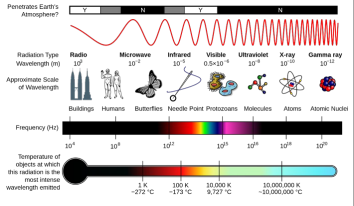
Maarit Venermo  
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University of Helsinki and  
Helsinki University Hospital  
Helsinki, Finland

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### DISCLOSURES

**No disclosures related to this talk**

Fin-PI on Voyager trial (Bayer)  
NovoNordisk (Grand review board)  
Fin-PI in Anvance trial (Medtronic)  
Lectures for Abbot, Cook, Gore

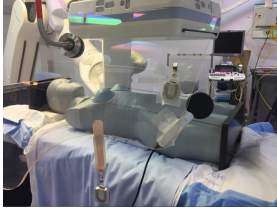


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**Radiation Doses to Staff in a Hybrid Operating Room: An Anthropomorphic Phantom Study with Active Electronic Dosimeters**

Juan Serna Santos <sup>1,2</sup>, Jonni Uusi-Simola <sup>3</sup>, Touko Kasalainen <sup>3</sup>, Pekka Aho <sup>4</sup>, Maarit Venermo <sup>1</sup>



9 active electronic dosimeters mimicking the positions of the staff members in the Hybrid OR during the procedure

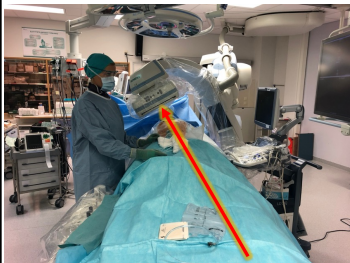
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### 1) KNOW YOUR ENEMY

TIME – DISTANCE – SHIELDING




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THE RADIATION SOURCE FOR THE PATIENT IS THE X-RAY TUBE

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THE RADIATION SOURCE FOR THE PATIENT IS THE X-RAY TUBE

FOR THE STAFF IT IS THE PATIENT

**Radiation Doses to Staff in a Hybrid Operating Room: An Anthropomorphic Phantom Study with Active Electronic Dosimeters**

Alan Somo-Sanchez<sup>1,2</sup>, Janet VanDyke<sup>1,2</sup>, Travis Kozlowski<sup>1,2</sup>, Pablo Aho<sup>1,2</sup>, Mark Yonemura<sup>1,2</sup>

Projection angle	Cumulative dose (µGy)
LAO 15°	~40
LAO 30°	~25
LAO 45°	~15
LAO 60°	~10
LAO 75°	~8
RAO 15°	~8
RAO 30°	~8
RAO 45°	~8
RAO 60°	~8
RAO 75°	~8
RAO 90°	~10

**Figure 2** Radiation dose (µGy) vs. variations in axial plane projection in an anthropomorphic phantom study with active electronic dosimeter. Exposure measured at B position, as presented in Fig. 1. LAO – left anterior oblique projection; RAO – right anterior oblique projection.

**2) USE PROTECTION**

**LOW-DOSE FLUORO, µGy/h**

With the lead equivalent personal protection, the radiation doses decrease over 95% as can be seen here: Red figures are doses per hour with low dose fluoro without protection and yellow figures with Zero Gravity protection system

**EYE PROTECTION IS IMPORTANT**

RADIATION INDUCES CATARACT EASIER THAN EARLIER BELIEVED

If you use your normal glasses, 90% of the radiation comes through compared to only 35% if you use "lead" glasses and 2% if you use 5 cm lead equivalent eye shield.

**1.**

**2.**

**Randomized trial: radiation during basic EVAR**

- No clinically significant difference
- Less radiation to breast in no 1
- Less radiation to the assistant eyes in no 2

**The Effect of a Suspended Radiation Protection System on Occupational Radiation Doses During Infrarenal EVAR Procedures: A Randomised Controlled Study**

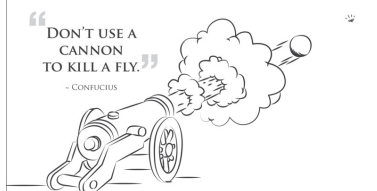
Alan Somo-Sanchez<sup>1,2</sup>, Janet VanDyke<sup>1,2</sup>, Travis Kozlowski<sup>1,2</sup>, Patrick Kildreave<sup>1,2</sup>, Saba Hossain<sup>1,2</sup>, Sarah Laine<sup>1,2</sup>, Petera Homan<sup>1,2</sup>, Mark Yonemura<sup>1,2</sup>, Mark Yonemura<sup>1,2</sup>, Pablo Aho<sup>1,2</sup>

**Single use lead cover decreases radiation by 84%**

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### 3) OPTIMIZE YOUR WEAPON

“DON'T USE A CANNON TO KILL A FLY.”  
- CONFUCIUS



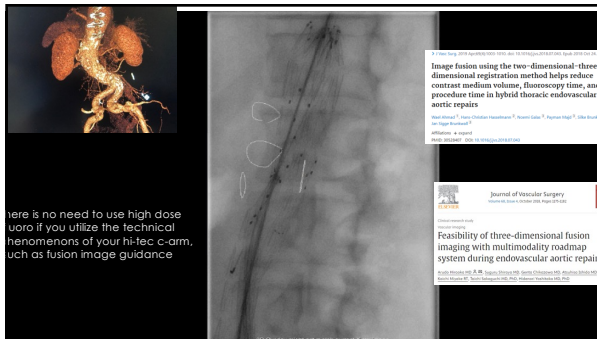


Image fusion using the two-dimensional-three-dimensional registration method helps reduce contrast medium volume, fluoroscopy time, and procedure time in hybrid thoracic endovascular aortic repairs

Journal of Vascular Surgery  
Volume 66, Number 5, October 2017

Feasibility of three-dimensional fusion imaging with multimodality roadmap system during endovascular aortic repair

There is no need to use high dose just if you utilize the technical phenomena of your hi-tec c-arm, such as fusion image guidance

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USE LOWEST POSSIBLE PULSED FLUOROSCOPY DOSE AND PULSE RATES:

**20 % < 100 % < 165 %**

Low-dose                      Normal                      High-dose

When you use the lowest possible pulsed fluoroscopy dose and pulse rates, the radiation dose is fifth from the normal settings. If you use high dose, the radiation dose is 165% of the normal setting

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Fluorofade	x 1.1
Road-map	x 3
Cone-beam CT	x 80

Field size decreasing to 25% with collimator blades x 0.52

Magnification:

- Zoom #2 x 0.95
- Zoom #3 x 1.07
- Zoom #4 x 2.02
- Zoom #5 x 2.32

When you want to use assistance with navigation, use fluorofade rather than road map as road map increases radiation 300% compared to normal setting when in turn fluorofade increases it 10%

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Fluorofade	x 1.1
Road-map	x 3
Cone-beam CT	x 80

Field size decreasing to 25% with collimator blades x 0.52

Magnification:

- Zoom #2 x 0.95
- Zoom #3 x 1.07
- Zoom #4 x 2.02
- Zoom #5 x 2.32

When you decrease field size to 25% with collimator blades, radiation dose decreases 50%

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Fluorofade	x 1.1
Road-map	x 3
Cone-beam CT	x 80

Field size decreasing to 25% with collimator blades x 0.52

Magnification:

- Zoom #2 x 0.95
- Zoom #3 x 1.07
- Zoom #4 x 2.02
- Zoom #5 x 2.32

Zooming does not increase the radiation too much due to the fact that in the bigger magnifications the field size is smaller

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4) LEAVE THE ROOM WHEN DOING ANGIO RUNS

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THE RADIATION EXCEEDS x 30-40 COMPARED WITH LOW-DOSE FLUORO

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4) LEAVE THE ROOM WHEN DOING ANGIO RUNS

THE RADIATION EXCEEDS x 30-40 COMPARED WITH LOW-DOSE FLUORO

ONE ANGIO RUN CORRESPONDS APPROX 10 MINUTES OF FLUORO

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5) DISTANCE IS YOUR FRIEND: STEP BACK WHEN POSSIBLE

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ONE STEP BACK MAY REDUCE YOUR RADIATION DOSE BY 75%

$1/d^2$

Physica Medica

Intraoperative CBCT imaging in endovascular abdomen aneurysm repair - Optimization of exposure parameters using a stent phantom

Completion control with CBCT is beneficial, but high radiation to the patient has been a concern. In Helsinki, we wanted to optimise the exposure parameters to decrease radiation.

- lowest possible detector dose
- maximum copper filter
- highest possible energy level (kV)

The Radiation Dose of CBCT in EVAR Can Be Decreased by 90%

Pekka Aho \* - Paula Torni \* - Touko Koskitalo \* - Maarit Venemo \*

**Optimised Low Dose Cone Beam Computed Tomography for Completion Control of Aortic Endovascular Procedures**  
 Patrick Björkman<sup>1</sup>, Paula Tori<sup>2</sup>, Touko Kaasalainen<sup>3</sup>, Maarit Venemo<sup>4</sup>, Pekka Aho<sup>5</sup>

**The Radiation Dose of CBCT in EVAR Can Be Decreased by 90%**  
 Pekka Aho<sup>1</sup>, Paula Tori<sup>2</sup>, Touko Kaasalainen<sup>3</sup>, Maarit Venemo<sup>4</sup>

European Journal of Vascular and Endovascular Surgery

**CAN WE GET RID OF RADIATION?**

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**CAN WE GET RID OF RADIATION?**

HUS\*

**The effect of Fiber Optic RealShape technology on the reduction of radiation during complex endovascular surgery**  
 Andrew P Sanders<sup>1</sup>, Nicholas J Saverdow<sup>2</sup>, Gabriel Jabbour<sup>3</sup>, Marc L Schermehorn<sup>4</sup>

**Fiber Optic RealShape technology in endovascular surgery**

**First in Human Clinical Feasibility Study of Endovascular Navigation with Fiber Optic RealShape (FORS) Technology**

**Radiation Doses to Staff in a Hybrid Operating Room: An Anthropomorphic Phantom Study with Active Electronic Dosimeters**  
 Juan Serna Santos<sup>1</sup>, Jouni Uusi-Simola<sup>2</sup>, Touko Kaasalainen<sup>3</sup>, Pekka Aho<sup>4</sup>, Maarit Venemo<sup>5</sup>

**Table 2. Most effective manoeuvres to reduce radiation exposure and their corresponding reduction in an anthropomorphic phantom study with active electronic dosimeters**

Manoeuvre	RD reduction -%
Distance from the CPS 50 cm vs. 250 cm	95
Distance from the CPS 50 cm vs. 160 cm	77
High dose vs. low dose	84
Normal dose vs low dose	75
Roadmap vs. "fluorofield"	64
Open field vs. field reduction to 25%	53
Zoom x 5 vs. no zoom*	51
DSA vs. DSA with RAUPAD (50 cm)	84
DSA 50 cm vs. DSA 160 cm	79

RD = radiation dose; CPS = centre of the phantom surface; DSA = digital subtraction angiography.  
 \* Under low dose mode.