

# Best Utilisation of the Radiology Department

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# Introduction

- Everyone is working hard
- Radiology is no different and has too much work to fit into the day
- Any small rationalisation of unnecessary work will allow us to focus on what is really needed
- The key question is to ask yourselves is ' will this alter my patient management ?'

- Radiology tries not to perform an unnecessary test, particularly if it involves radiation
- Once a patient has been given the idea that a test is required it is much harder to be convinced it is not
- The confidence to manage a condition without imaging has to come from the clinician before the investigation is initiated

# GP -requests

	13/14	15/16	
• X-ray	40658	37870	-7%
• US	7468	8402	+12%
• CT	1288	1681	+30%
• MR	1055	1245	+18%

# X-ray - useful

- Chest
- Knee
- Hips
- Shoulders
- Peripheral fractures

# X-ray - less useful

- Lumbar spine
- Cervical spine
- Calcaneum
- Ribs, unless chest symptoms
- Abdomens

# US - useful

- Liver and biliary tree
- Renal tract
- Spleen, pancreas
- Lymphadenopathy
- Thyroid, neck
- Gynae pelvis

# US Tips

- More specific the question the better
- If you can't palpate the 'lump' the patient complains of US is usually of little value
- Bakers cysts are a clinical diagnosis



# US - useful

- Msk – shoulders, elbows, wrists, hips, ankles, knees (rarely)
- tendon injury
- bursitis
- enlarging lumps
- foreign bodies, contraceptives
- small hernias

# US - less useful

- Hernias if clinically obvious
- Lipomas < 5cm
- Bakers cyst, menisci
- Reassuring patients with non-existent swellings

# CT - useful

- CT head
- Renal colic

# CT less useful

- Abdominal symptoms
- Msk problems
- Spinal problems with no history of trauma

# MR - useful

- Lumbar spine
- Cervical spine
- Knee (under 50)

# MR - less useful

- Shoulders
- Knees over age 55
- Other joints

# Pathways

- Haematuria
- Testes clinic
- Shoulder Physio/imaging
- 2 week wait cancer paths