

**Questions submitted via Glisser.com to Dr Garber, consultant radiologist: Diagnostic Imaging clinical lecture 23 March 2017**

Here are my answers:

In A&E a renal stone patient will get a CT KUB organised within 24hrs. If they see GP we can refer for urgent CT KUB which takes weeks. Why?!

4

1. I am looking at speeding up GP access to ct kub's

When are we likely to get electronic reporting of xrays etc, rather than paper reports?

3

2. Reports are already emailed to practices

How can we as GPs get constructive feedback from you about our use of tests as a matter of course to change behaviours?

2

3. That is a good idea and I will try and instigate that.

If a patient clinically has OA how can an X-ray help in view of the fact that GPs's are banned from referring directly to orthopaedics (i.e. for pre replacement x rays)

1

4. Because if the Xray is normal or with just mild oa then joint replacement not needed.

Is CXR a useless test for PE?

1

5. Cxr is only of value in excluding other causes such as pneumonia or pneumothorax.

With proof of training - could the protocol be extended for nurse practitioners to order X-rays for children with obvious limb fractures rather than having to send them to ED?

0

6. There is some reluctance for this at present so I am not sure.

Is the referral for US guided injection same as regular x ray/radiology forms?

0

7. US guided procedures are requested on same form.

Children's X-rays. What might be refused.

0

8. Same principles apply, there must be a good clinical indication that will change management.