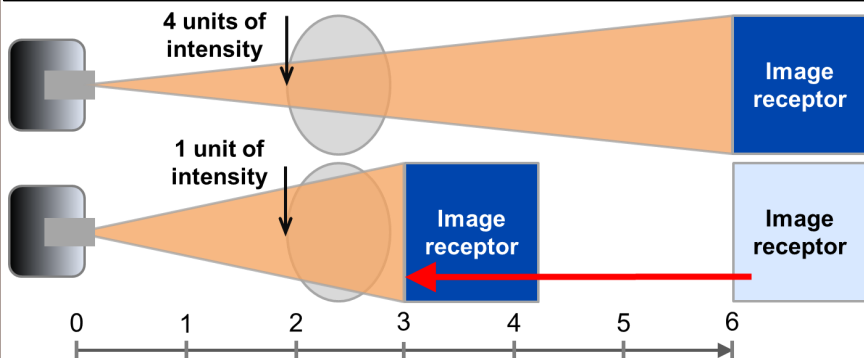
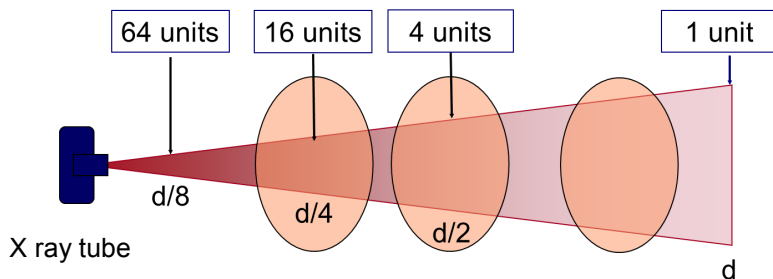


10 Pearls: Radiation protection of *patients* in fluoroscopy

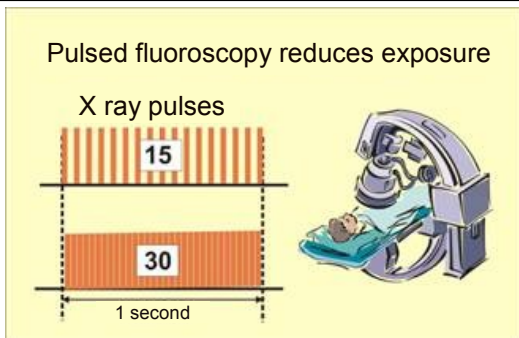
1. Maximize distance between the X ray tube and the patient to the extent possible



2. Minimize distance between the patient and the image receptor

3. Minimize fluoroscopy time

Keep records of fluoroscopy time and DAP/KAP (if available) for every patient



4. Use pulsed fluoroscopy with the lowest frame rate possible to obtain images of acceptable quality

5. Avoid exposing the same area of the skin in different projections

Vary the beam entrance port by rotating the tube around the patient

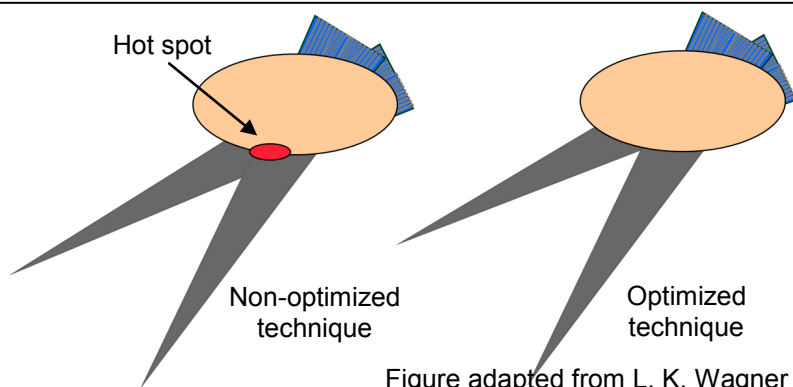


Figure adapted from L. K. Wagner



RPOP
Radiation
Protection of
Patients

Related Poster!

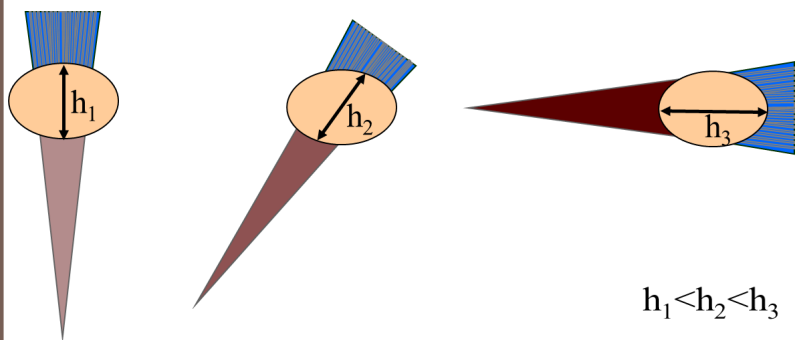
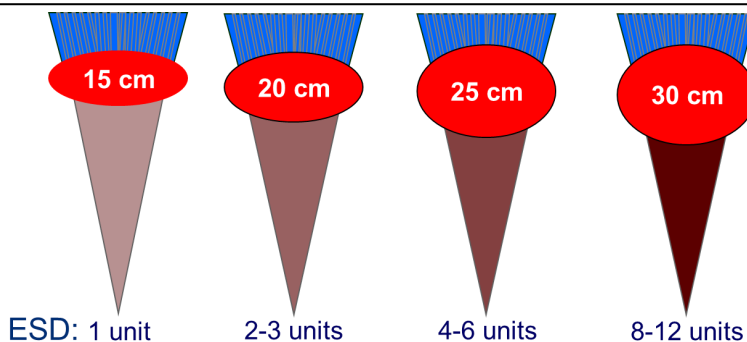
10 pearls! Radiation protection of *staff* in fluoroscopy

<http://rpop.iaea.org/RPOP/RPoP/Content/Documents/Whitepapers/poster-staff-radiation-protection.pdf>

<http://rpop.iaea.org>

10 Pearls: Radiation protection of *patients* in fluoroscopy

6. Larger patients or thicker body parts trigger an increase in entrance surface dose (ESD)



7. Oblique projections also increase ESD

Be aware that increased ESD increases the probability of skin injury

INTENSIFIER
Field-of-view (FOV)

RELATIVE PATIENT
ENTRANCE DOSE RATE
FOR SOME UNITS

| | |
|--------------|-----|
| 12" (32 cm) | 100 |
| 9" (22 cm) | 177 |
| 6" (16 cm) | 400 |
| 4.5" (11 cm) | 711 |

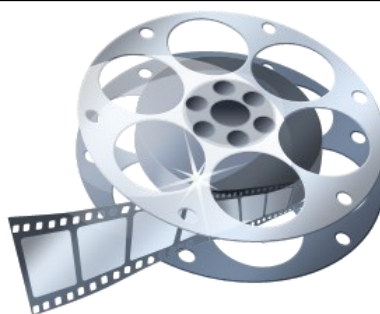
8. Avoid the use of magnification

Decreasing the field of view by a factor of two increases dose rate by a factor of four

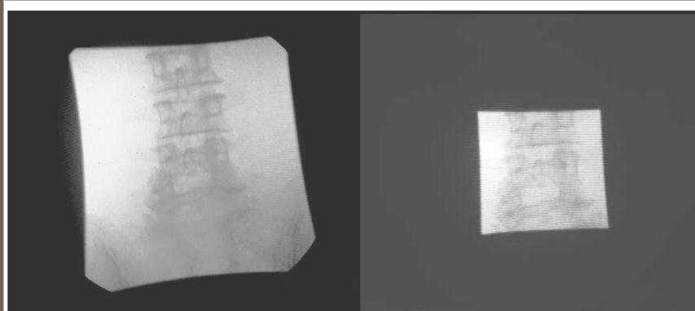
9. Minimize number of frames and cine runs to clinically acceptable level

Avoid using the acquisition mode for fluoroscopy

Cine dose rate $\approx (10-60) \times$ normal fluoroscopy dose rate



Documentation should be performed with last image hold whenever possible and not with cine images



10. Use collimation

Collimate the X ray beam to the area of interest



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