OUR VISION:

Excellent health and care for everyone, everywhere, every time.



September 25, 2024

Subject: Transition to MRI for Routine and Semi-Urgent CT Head and Spine Scans

Dear Physicians,

We would like to inform you of an important update to imaging services on South Vancouver Island. Due to increased demand and extended waitlists for CT scans, select **semi-urgent and routine CT Head and Spine exams** will now be completed in MRI, which will result in significantly shorter wait times for your patients.

This decision was made after thorough consultation with Dr. Hickle, Head of CT Radiology, Dr. Thomas, Head of MRI Radiology, and Dr. Warren, Head of Neuro Radiology. The goal of this change is to prioritize patient care and expedite imaging for conditions that can be more effectively managed with MRI. The following is a detailed list of pathologies and reasons for **semi-urgent and routine** exams impacted by this transition:

CT Head *Any concern for acute or traumatic pathology should remain in CT

Transitioning to MRI:

- Symptoms of a mass or tumour
- Work up for metastatic disease
- o Optic nerve/visual symptoms
- o Seizure
- Inner ear issues (hearing loss/NSHL)
- Gait abnormality
- New onset or atypical headache
- o Parkinson's
- Dementia/Cognitive changes
- Hydrocephalus
- o FOLLOW UP stroke/TIA/infarct

To remain as CT:

- Aneurysm assessment
- Assessment of dural sinuses
- o Follow up of intracranial hemorrhage
- Psychiatric assessment
- Orbital foreign body
- Paranasal sinuses
- **Epistaxis**
- Pulsatile tinnitus

Excellent health and care for everyone, everywhere, every time.



CT Spine *Any concern for acute or traumatic pathology should remain in CT

Transitioning to MRI:

- Back pain with neurologic or neuropathic symptoms
- Suspected infection
- Inflammatory and autoimmune conditions
- Cauda equina syndrome/cord compression
- Subacute neurological symptoms
- o Sacroiliac joint or sacral/coccyx pain
- Spinal tumours or metastatic disease
- Backpain for assessment of injection
- Prior discectomy or other lumbar surgery without instrumentation

To remain as CT:

- o Fracture follow up
- Surgical planning (as per referrer request)
- Post surgical follow up with instrumentation

These changes are permanently implemented **effectively immediately** to make better use of our resources and provide a faster and more effective service for appropriate cases. **No action is required: your patient will automatically be booked in MRI. If your patient is not a candidate for MRI, we will schedule them for a same day CT at the time of their MRI appointment.**

We appreciate your understanding and cooperation during this transition and encourage you to **continue consulting the BC Guidelines and utilizing this list of pathologies identified above for appropriate imaging practices.** If you have any questions or concerns, please do not hesitate to contact our radiology department.

Sincerely,

Jeff Beresford

111 RL1.

Director, Medical Imaging

Dr. Alan Andrew,

Medical Director, Medical Imaging