

Know and Control your X-ray exposure

Bart Leclou Personal Dosimetry



Interventional X-ray procedures cause majority of dose to medical staff

Medical staff are exposed day after day, week after week

Scattered radiation can be minimized, but not completely eliminated

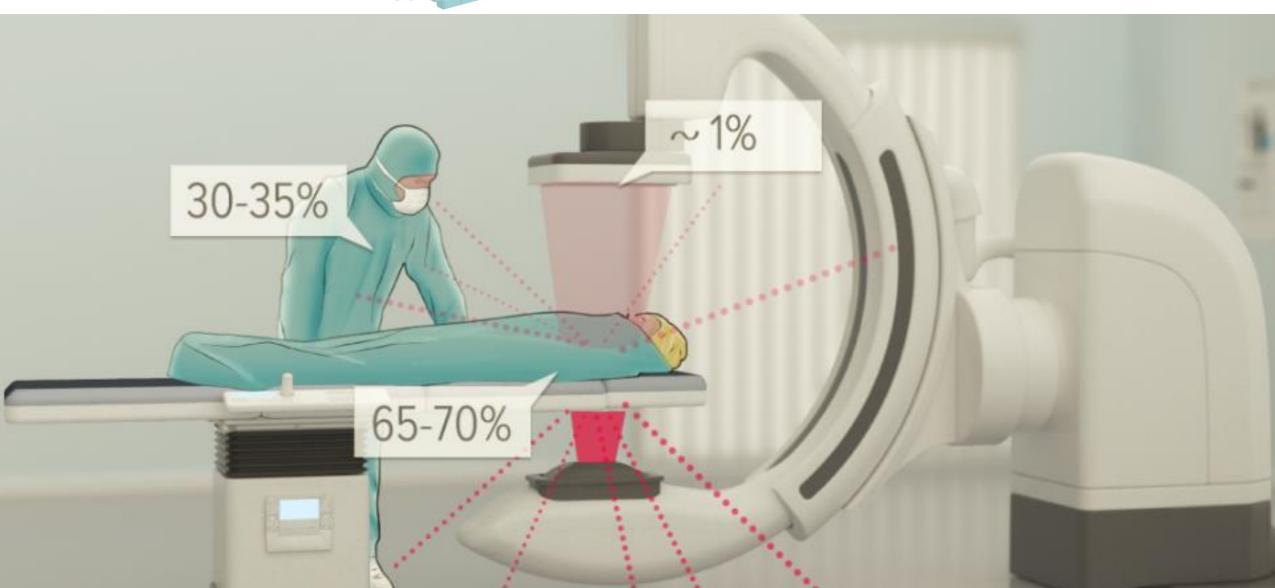
There is a lot of protection devices and low dose functions on new modern technology/X-ray machines

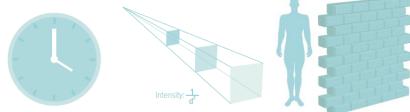
Staff may forget to use it

Work behaviour still influences the dose, even if radiation protection devices are used



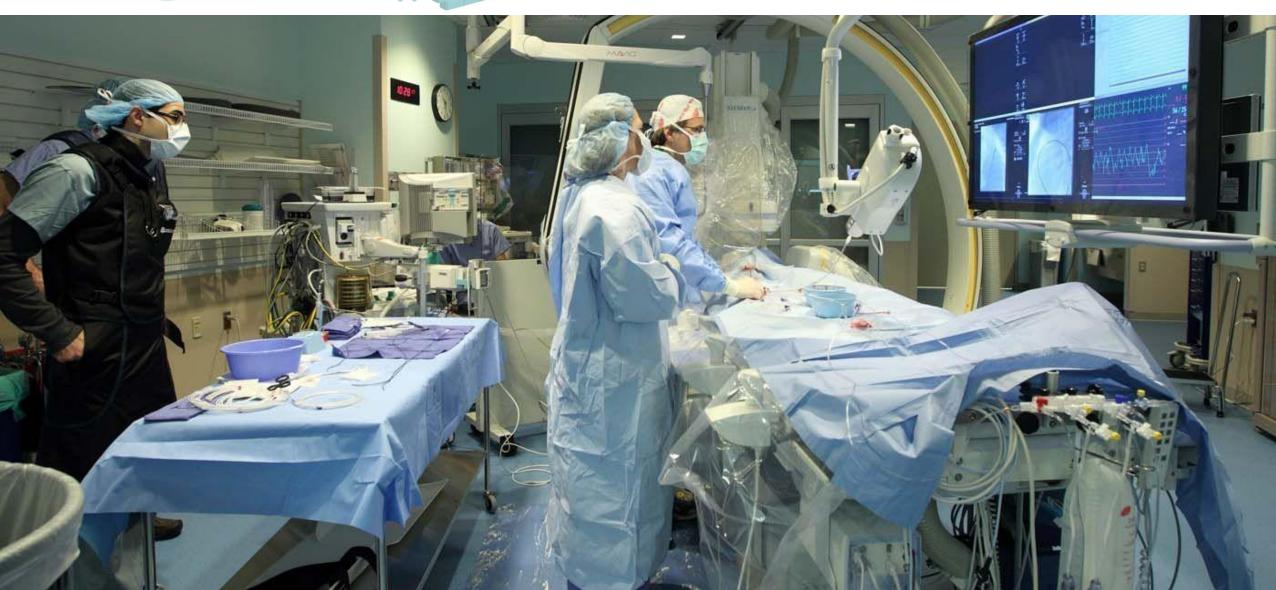
A proximally 1% of radiation contributes to image generation!





How can we remember all this while taking care of the patient?

How do we know what works and doesn't work?



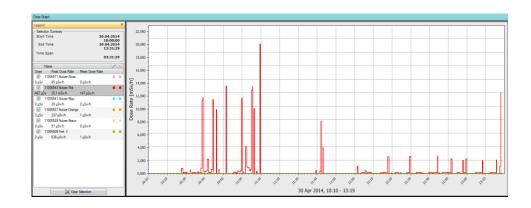


Dr. Scott J. Pollak

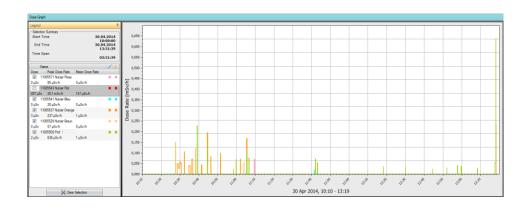


Exposure picture without radiation protection

Red is reference dosimeter fixed at 45° from c-arm iso-center

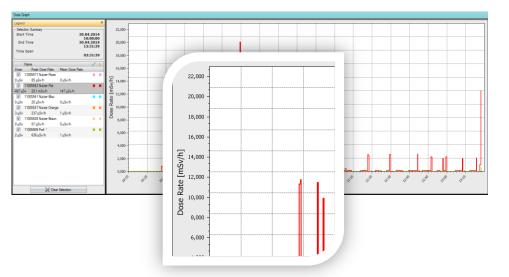


Exposure picture with radiation protection

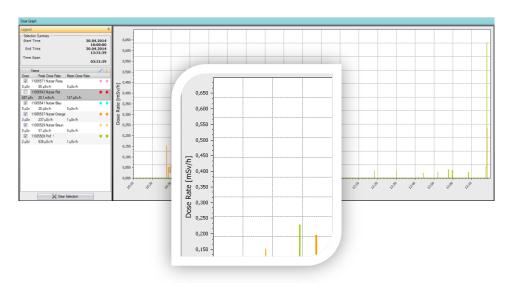


Exposure picture without radiation protection

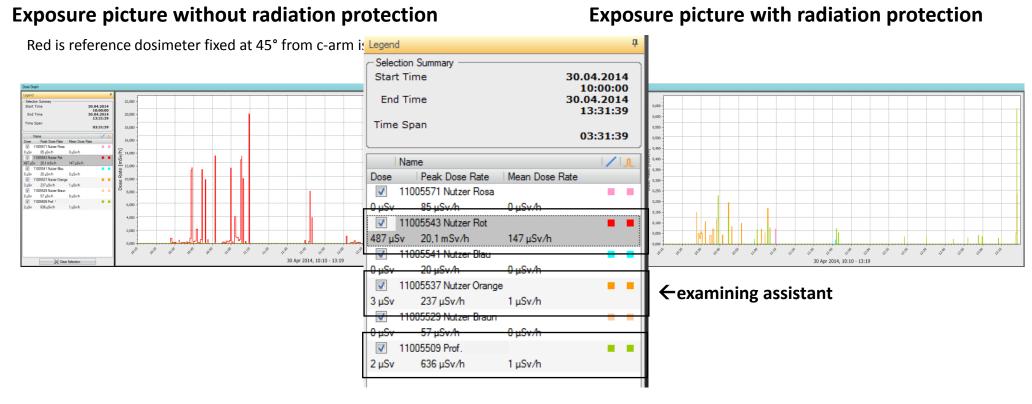
Red is reference dosimeter fixed at 45° from c-arm iso-center



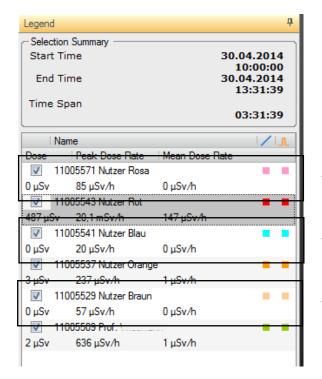
Exposure picture with radiation protection



!!! NOTE THE SCALE !!!



NOTE TOTAL DOSES & PEAK DOSE RATES DURING EXAM





← IN THE CONTROL ROOM – OPEN DOOR!

← RUNNING NURSE

← PROF BELOW LEAD APRON?!?

ALSO VERY INTERESTING TO NOTE!

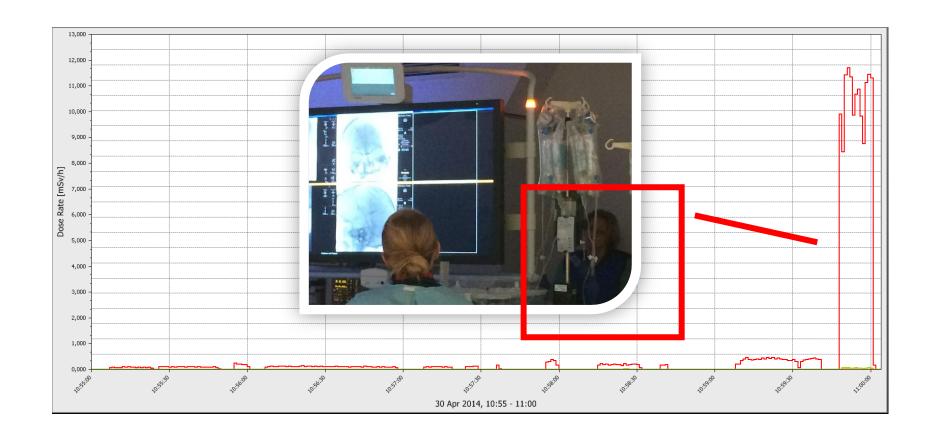
2 – ASSISTANT IN THE EXAM



NOTE: MANY TIMES POSITION DIRECTLY BEHIND LEAD SHIELD BETTER PROTECTED SUGGESTION: USE RAYSAFE TO EFFECTIVLY POSITION (E.G. BEHIND OPERATOR)

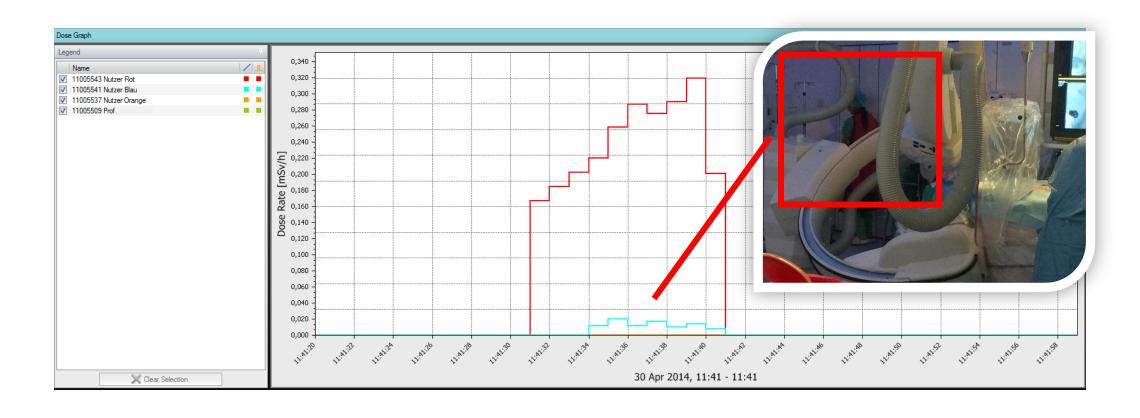
Reaction to visualised exposure: "I will ask for lead goggles!"

4 – NOTEWORTHY MOMENTS

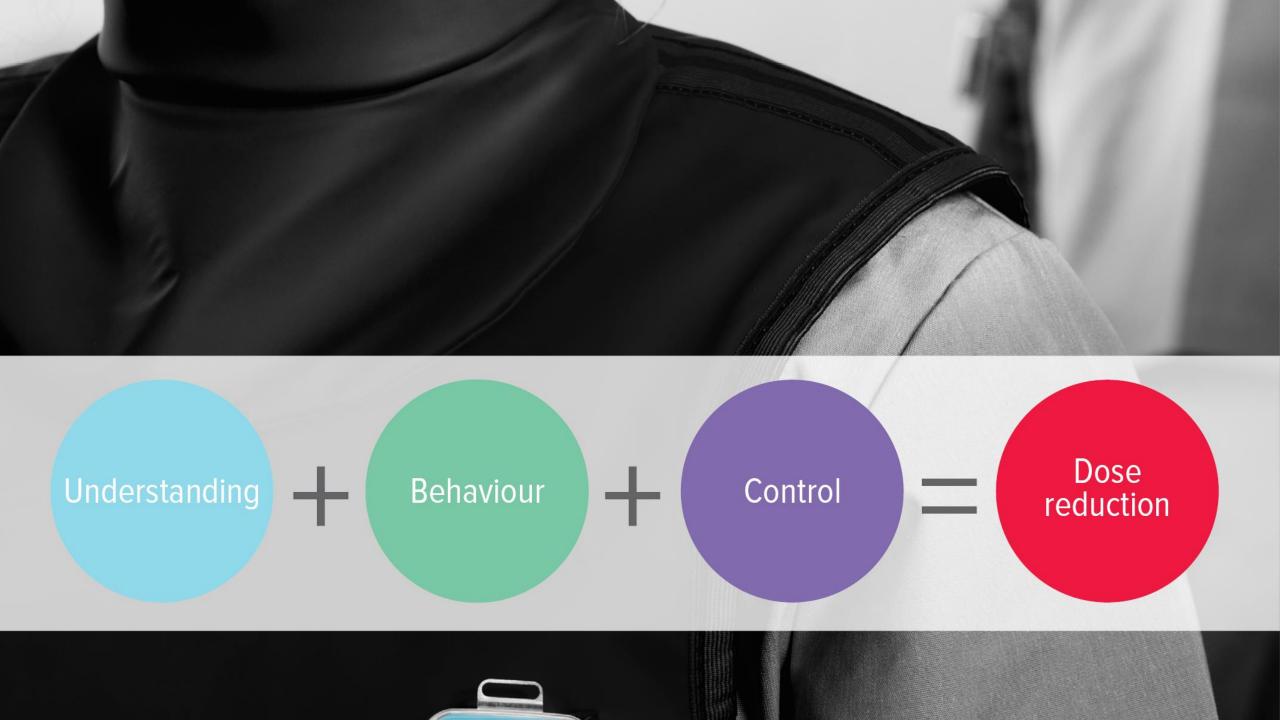


ANESTESHIA IN LAB DURING XRAY BEHIND TABLE FROM 10:55 - 10:59

4 – NOTEWORTHY MOMENTS



NURSE IN LAB DURING XRAY BEHIND TABLE FROM 10:41:30 - 10:41:42



RaySafe





