

Name of Policy:	<u>MRI Scanning Procedures on Stent Patients</u>	
Policy Number:	3364-135-120	
Department:	Radiology	
Approving Officer:	Chief Operating Officer - UTMC	
Responsible Agent:	Chairman & Professor, Radiology	
Scope:	Radiology	
		Effective Date: 5/1/2023
		Initial Effective Date: 7/14/1999
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

Patients undergoing MRI scanning with implanted stent(s), must be screened for contraindications prior to being scanned.

(B) Purpose of Policy

To establish a protocol for imaging patients with implanted stents and to ensure patient safety.

(C) Procedure

1. When an implanted stent has been present in the MRI patient for less than **six** weeks, the stent must be identified and cleared by MR Safe card, or operative notes compared to MRI Safety Manual (Shellock & Kanal MRIsafety.com), and checked out by UTMC Radiologist/MRI Safety Medical Director.
2. If the manufacturer is unknown, the stent is declared “unidentified”. Unidentified stents are safe only six weeks after implantation AND are only safe for the scans to be performed on the 1.5T MRI scanner.
3. If the stent is identified as MR unsafe, the ordering physician is contacted to advise of the contraindication. At this point, **Radiology Policy # 3364-135-64 (section 3)** should be consulted for further action.

Approved by: <u>/s/</u> _____ 04/11/2023 Haitham Elsamaloty, MD Chairman & Professor, Radiology <u>/s/</u> _____ 05/02/2023 Christine Stesney-Ridenour, FACHE Chief Operating Officer - UTMC <i>Review/Revision Completed By:</i> <i>Haitham Elsamaloty, MD</i>	Review/Revision Date: 9/1/2005 6/16/2011 5/22/2014 5/1/2017 5/1/2020 5/1/2023
	Next Review Date: 5/1/2026
Policies Superseded by This Policy: S-011	