Name of Policy: MRI Scanning Procedures on Stent Patients
Policy Number: 3364-135-120
Department: Radiology
Approving Officer: Chief Operating Officer - UTMC
Responsible Agent: Chairman & Professor, Radiology
Scope: Radiology

New policy proposal
Major revision of existing policy
Minor/technical revision of existing policy
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:

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Chairman & Professor, Radiology

/s/ Christine Stesney-Ridenour, FACHE
Chief Operating Officer - UTMC

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Policies Superseded by This Policy: S-011