

Diposable radiaton-absorbing surgical drapes results in significant dose reduction



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Radiation exposure



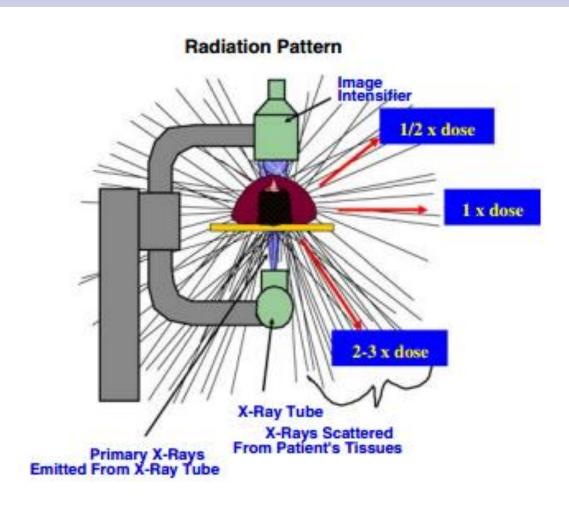
Despite precautions like a lead apron and thyroid shield, the increasing use of EVAR and other endovascular interventions results in considerable fluoroscopic exposure of the intervening physician.

Low-energy scattered radiation scatters in all directions from the patient during fluoroscopy.

This scatter radiation is the main source of exposure for medical staff during fluoroscopic procedures

Radiation scattering

CONTROVERSIES & UPDATES



Risks of radiation



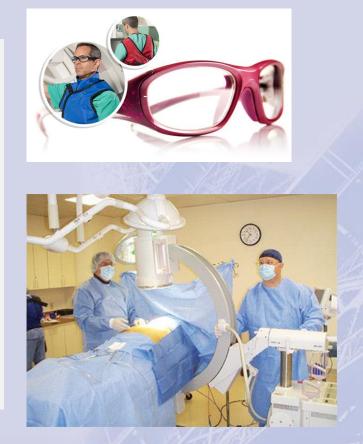
Chronic exposure to lowdose radiation confers a small risk of stochastic effects, including malignant disease, skin damage, or eye problems.

Recently the International Commission on Radiological Protection (ICRP) reported that the equivalent dose limit for the lens of the eye should be reduced from 150 to 20 mSv per year, averaged over a 5-year period, with no year's dose exceeding 50 mSv.

Radiation safety



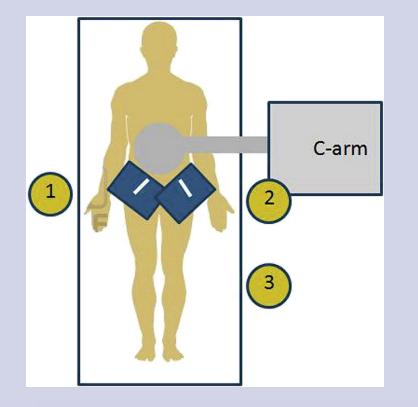
This reduction in eye dose limit and the applicable ALARA principle demands additional dose-protecting measures for operating staff performing EVAR procedures, especially in a non-dedicated endosuite, where no additional doseprotecting measures, like lead flaps or shields, are available.



Radiation-absorbing drapes



Radiation-absorbing surgical drapes



The drapes are commercially available, sterile, disposable, lead-free surgical drapes. They have a uniform thickness of a few millimeters and contain bismuth and barium. The dose-reducing function is comparable to 0.4e 0.8 mm lead.

Randomised controled trial



From June 2012 to October 2012, 36 consecutive EVAR procedures were randomly assigned to be performed with or without the use of radiationabsorbing surgical drapes

(Radpad; Worldwide Innovations & Technologies Inc., Kansas City, MO)

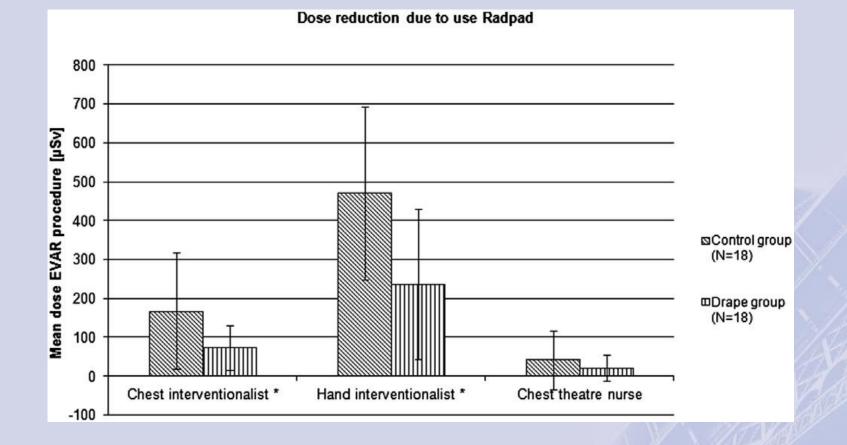












Results

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	Control group	Drape cohort	р
Number of procedures	18	18	
Operator			
A	9	4	
В	7	10	
С	2	4	
Fluoroscopy time (s)	841 (208—1089)	669 (515—1385)	
DAP (cGycm ²)	9458	8638 (2896—22991)	0.613
Dose per procedure in front of apron chest operator (µSv)	167.7 ± 134.1		0.008 ^a
Dose/DAP per procedure chest operator (mSv/Gycm ²)	0.023	0.011	0.023 ^a
Dose per procedure on hand operator (µSv)	470.3 ± 222.4	$\textbf{236.8} \pm \textbf{193.1}$	0.002 ^a
Dose/DAP per procedure hand operator (mSv/Gycm ²)	0.050	0.025	0.000 ^a
Dose per procedure in front of apron chest theatre nurse (μSv)	$\textbf{41.9} \pm \textbf{74.8}$	$\textbf{21.4} \pm \textbf{33.3}$	0.29
Dose/DAP per procedure chest theatre nurse (mSv/Gycm ²)	0.006	0.003	0.086

This results in a decrease in the annual dose on the chest of the interventionalist 55%. The annual dose on the hand of the interventionalist of 49%. The annual dose on the chest of the theatre nurse of 47%.

Conclusion



The use of disposable, radiation-absorbing drapes significantly reduces scatter radiation exposure for the interventionalist, resulting in a lower risk of the stochastic effects of radiation.

The staff during EVAR procedures are additionally protected by the use of these drapes.