

Title of Document:	Magnetic Resonance Imaging (MRI) GP Referral Guidelines
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Individuals involved in developing / reviewing / amending this document: (titles only)	
Clinical Lead for MRI	
Countywide Modality Lead MRI	
Key staff responsibilities	Post:
Responsible for ensuring that the guidelines are followed on all sites	Clinical services manager Clinical Lead for MRI Countywide Modality Lead MRI
Responsible for the day to day implementation of the guidelines	Consultant Radiologists MRI Site Leads
To comply with these guidelines	Radiologists Vetting radiographers Referrers

AMENDMENTS	DATE
Review & update of guidelines following Nice guidance and CCG MSK referral	11.09.19
Radiology document approved for 3 years	16.03.20
Definition of requirement for specialist referral – pg 3 approved at Radiology governance meeting	09.09.20
Document extended for until Nov 23 to allow for a thorough review.	7 th December 2022
detail regarding Neurology referrals via A & G. detail to the guidance for ocular implants, shrapnel and metallic intraorbital foreign bodies Updated first page in line with current format	29 th August 2023

Background

MRI scanning is a powerful diagnostic tool and frequently helps to select the most appropriate treatment option and plan management of patients.

The list below represents guidelines on situations where MRI may or may not be specifically indicated and is based on the Royal College of Radiologists publication "Making the Best use of a Department of Clinical Radiology" iRefer 2017 (8th edition) and Worcestershire CCG Diagnostic Primary Care Commissioning Policy (June 2018) and CCG guidelines "Musculoskeletal Surgery and Therapeutic Interventions November 2018"

These Guidelines also follow NICE guidance

In circumstances where there is clinical doubt or symptoms are severe, unremitting or progressive, urgent assessment by an appropriate specialist clinician / ED should be considered.

1. Referrers Responsibility

Referrals for MRI will only be accepted via ICE order comms. All questions should be satisfactorily completed (especially those regarding implantable devices); failure to do this will cause a delay or possible refusal to scan your patient. The referrer must be familiar with the duties and responsibilities of a referrer who must be conversant with the exposure and safety implications that may relate to their patient during the MR examination. Referring clinicians must confirm that there are no contraindications to MRI for their patient before referral.

Ensure the patient is identifiable from the request. Name, Date of birth, address, telephone number and NHS number must all be present. An electronic ICE Order Comms request will include this demographic data and is now expected.

Ensure clinical details conform to those in the referral guidelines. If they do not, or there is insufficient information for the practitioner then the examination may not be performed.

Cases that do not meet the eligibility criteria but are determined to be exceptional should be discussed with the consultant radiologist before referral for MRI.

Referrals for MSK exams fall under the CCG guidelines "Musculoskeletal Surgery and Therapeutic Interventions November 2018 v1.9.9"



MSK referral
guidelines.pdf

Clinical Indicators for MRI brain referral:

Specialist Referral - all patients other than those with suspected CNS cancer where MRI Head is deemed necessary, must be referred via a neurologist on the advice and guidance line (A and G). The MRI Head referral for this category of cases will not be accepted without a named neurologist mentioned on the ICE request. All MRI requests will be reviewed by the neurologist with advice given on whether to request imaging or not. Those with a named neurologist will be vetted by MR radiographers.

Area and Symptoms	Indicated or not
Brain	
< 50yr - Patient with suspected brain or CNS or cancer & no scan in previous 6/52 (> 50yrs refer for CT) (Patient with active cancer or HIV – d/w /refer to oncology /GU team first)	Suspected Brain Tumour clinically – First seizure or significant change in seizure character or frequency Progressively severe neurological symptoms or neurological signs
Headache	Specialist Referral MRI should be used selectively and normally only requested by a specialist clinician. Imaging in chronic headache without focal neurology is usually unrewarding.
Pituitary and juxtaseellar problems.	Specialist Referral. MRI should only be requested by a specialist clinician.
Hydrocephalus and suspected shunt malfunction.	Specialist Referral. MRI should only be requested by a specialist clinician.
Dementia and memory disorders with the following features: Rapid or atypical presentation. Patients with focal signs, history of gait ataxia, incontinence or head injury.	Specialist Referral. MRI should only be requested by a specialist clinician (Neurology or Psychiatry/Dementia Consultant).
Screening for intracranial aneurysm in patients with strong family history (two or more first degree relatives) of aneurysm subarachnoid haemorrhage.	Specialist Referral. MRI should only be requested by a specialist clinician following prior assessment at a Neurosciences centre.
Suspected cerebral venous sinus thrombosis	Specialist Referral. MRI should only be requested by a specialist clinician.

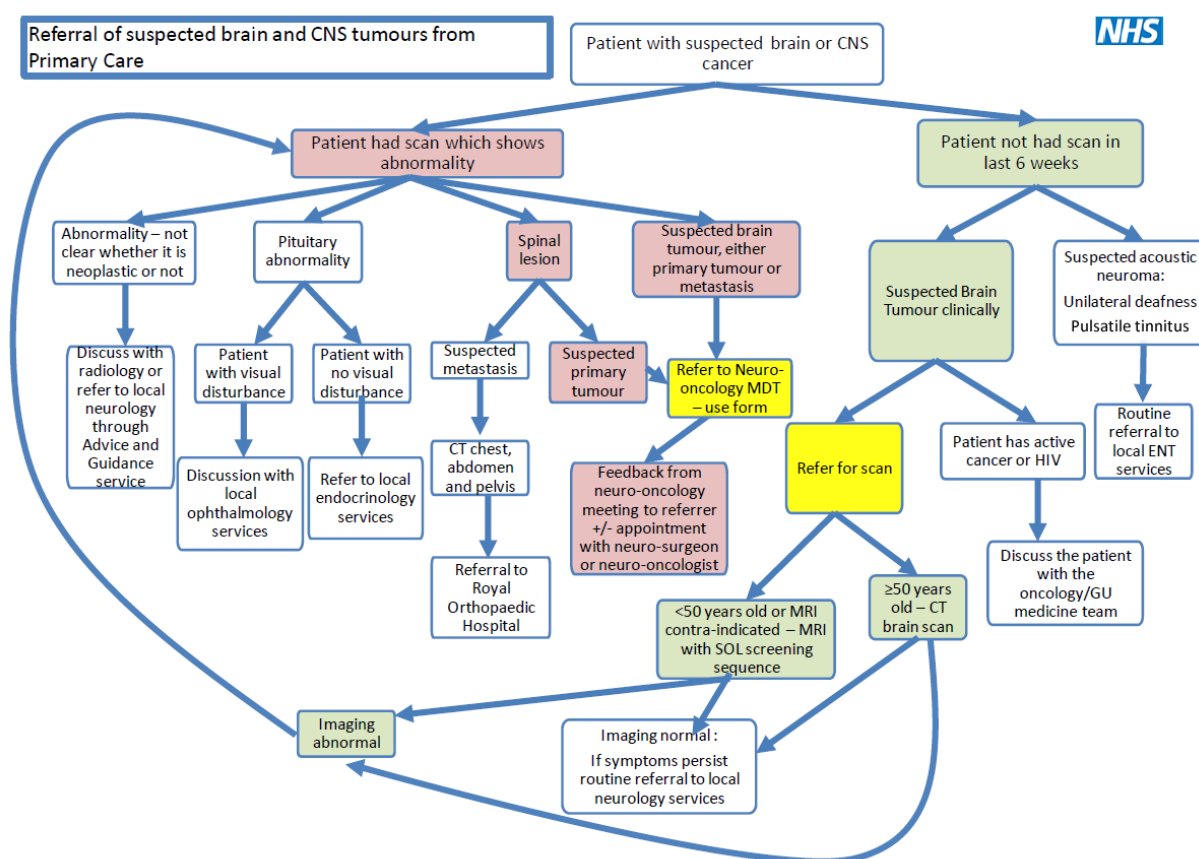
Sensorineural hearing loss and other inner ear symptoms

Specialist Referral.

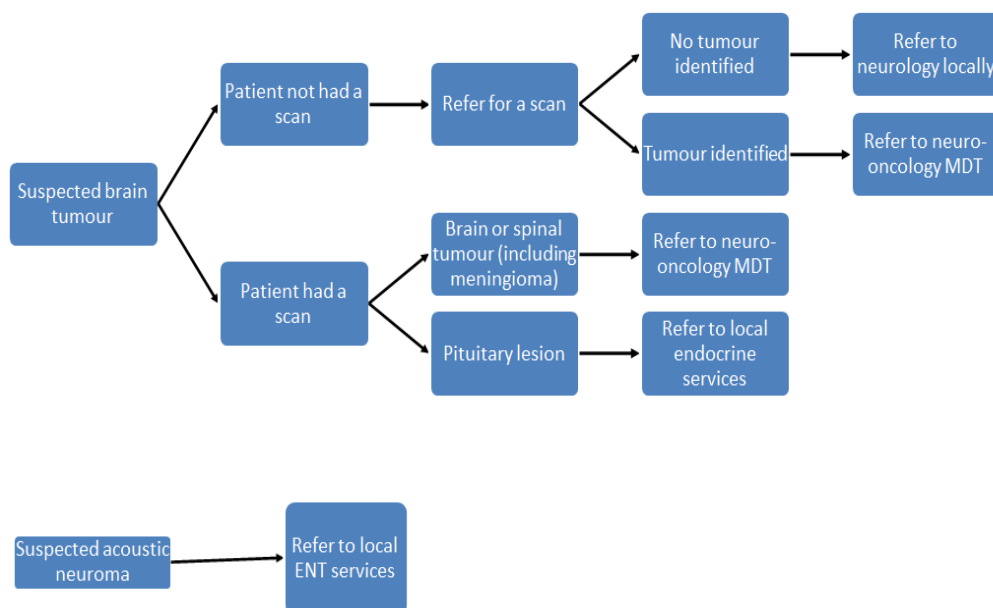
MRI should only be requested by a specialist ENT clinician.

Referral of suspected brain and CNS tumours from Primary Care

(UHB guidelines)



Simplified pathway



Exclusions:

There are a number of Contraindications to MRI.

- Pacemakers (some are now MRI compatible – please see notes below)
- Implantable cardioverter-defibrillators (some are now MRI compatible - please see notes below)
- Otological and cochlear implants (some are now MRI compatible - please see notes below)
- Penile implants (some are MRI compatible - please see notes below)
- Cerebral aneurysm clips in the brain (some newer clips are MRI compatible - please see notes below)

The referrer will need to obtain the make, model, serial number & manufacturer so that it can be cross checked against a MRI safety register as some are compatible

- Vagus nerve and neuro stimulators
- Capsules retained from Capsule Endoscopy
- External fixation devices
- Insulin pumps
- Breast expanders and pumps
- Confirmed metallic foreign body in orbit of eye

- Ocular implants (contraindicated if secured with socket magnet)
- Shrapnel injuries (depends on position of shrapnel within the body)
- 1st Trimester of pregnancy (not a complete exclusion but must be discussed clinically)
- Recent metallic implants or clips (within 6 weeks)
- Any other unknown implant until it has been determined as MRI safe

Cautionary

The following are a list of implants that will need to be determined as MRI safe prior to the MRI examination. The referrer will need to obtain the make, model, serial number & manufacturer so that it can be cross checked against a MRI safety register as some pacemakers, ICD's and cochlear implants are compatible. If this information is not provided at the time of referral, the referral will be rejected.

Where the implant is determined to be safe the patient episode will continue, however where the implant is determined to be unsafe the request will be rejected on grounds of safety.

Also listed are circumstances where extra precautions and patient awareness will be addressed with the patient prior to the examination, and which may lead to deferral of the examination.

- 2nd and 3rd trimester of pregnancy
Heart valve replacement, bio prosthetic heart valves and annular rings (Please include details of make, type, details of when and where surgery performed if possible)
- Vascular stents, filters, haemostatic clips, coils and grafts (not within 6 weeks).
- Coronary stents (not within 6 weeks)
- Intracardiac PDA and VSD occluders
- CSF shunts and valves
- Possible shrapnel injuries (if ? intraorbital then will require a plain film of the orbits first to confirm or refute presence of a foreign body)
- Dental implants

This list is not exhaustive and each case will be assessed by the MRI radiographers to decide if the device is MRI compatible or not. Please contact the MRI department if there are any concerns over implanted devices or possible contra-indications for MRI.

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