



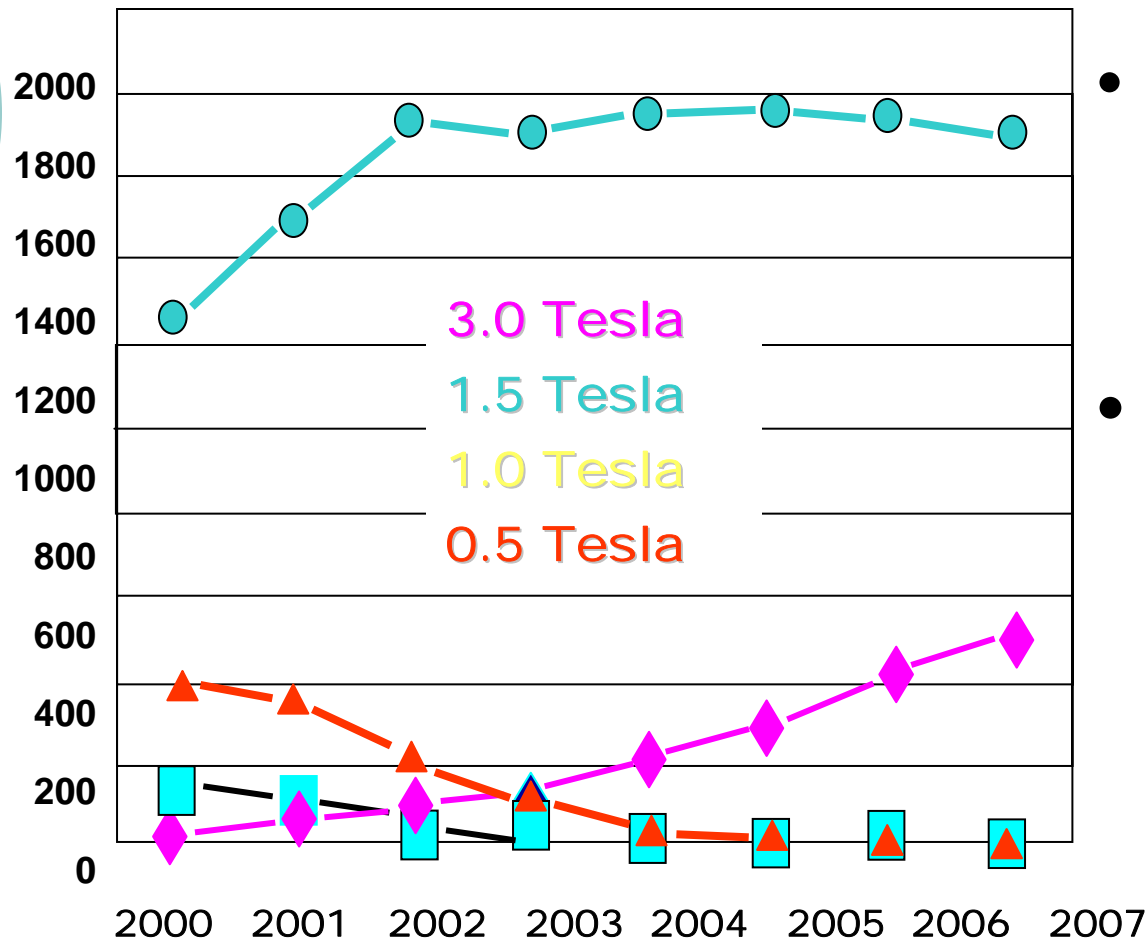
# MR Safety and Compatibility Issues at High Magnetic Fields

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Geoffrey D. Clarke, Ph.D.  
clarkeg@uthscsa.edu  
Department of Radiology



# Current MRI Sales Trends



- Approximately 22,500 MRI systems (46% in US) in 2003
- Estimated 7% growth from 2003-2006\* (~ 24,000 systems)

\*IMV, Ltd. Des Plaines, IL



# Four Safety Concern Areas in MRI

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- Effects of Magnetic Fields on the Patient
  - Strong, static magnetic fields
  - Radio frequency magnetic fields
  - Pulsed magnetic field gradients
- Effects of Magnetic Fields on the Environment
- Safety Issues with MRI Contrast Agents
- Quenching & Cryogen Boil-off Gases



# Effects of Magnetic Fields

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Each of the magnetic fields used in MR imaging can be a source of safety concerns:

- **Static  $B_0$  field:** Physiological effects, projectile motion, medical device displacement and/or interference with normal operation
- **Radiofrequency  $B_1$  field:** Tissue heating, heating of conductors, interference with patient monitoring equipment
- **Gradient fields:** Peripheral nerve stimulation, excessive sound pressure levels, interference with patient monitoring equipment



# Static Field Safety Issues

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## Physiological concerns:

- There have been no documented permanent deleterious effects resulting from MR scanning.
- Temporary effects typically all arise from the induced voltages in tissues due to the motion of charged substances through the strong magnetic field ( $v \propto dB/dt$ ):
  - Magnetophosphenes - “flashes of light”
  - Vestibular function - “feeling of vertigo”
  - Taste perversions - “metallic taste”
  - Altered ECG waveforms - elevated T-wave



# Static Field Safety Issues

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With regard to any permanent deleterious physiological effects from the static field, Shellock and Kanal<sup>1</sup> report:

“...static magnetic fields up to 2 T produce no substantial harmful bioeffects, including no alterations of cell growth and morphology, DNA structure and gene expression, pre- and postnatal reproduction and development, visual functions, nerve bioelectric activity, animal behavior, visual response to photic stimulation, cardiovascular dynamics, hematologic indices, physiologic regulation and circadian rhythms, or immune responsiveness.”



# Static Field Safety Issues

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## FDA Guidelines (7/2003):

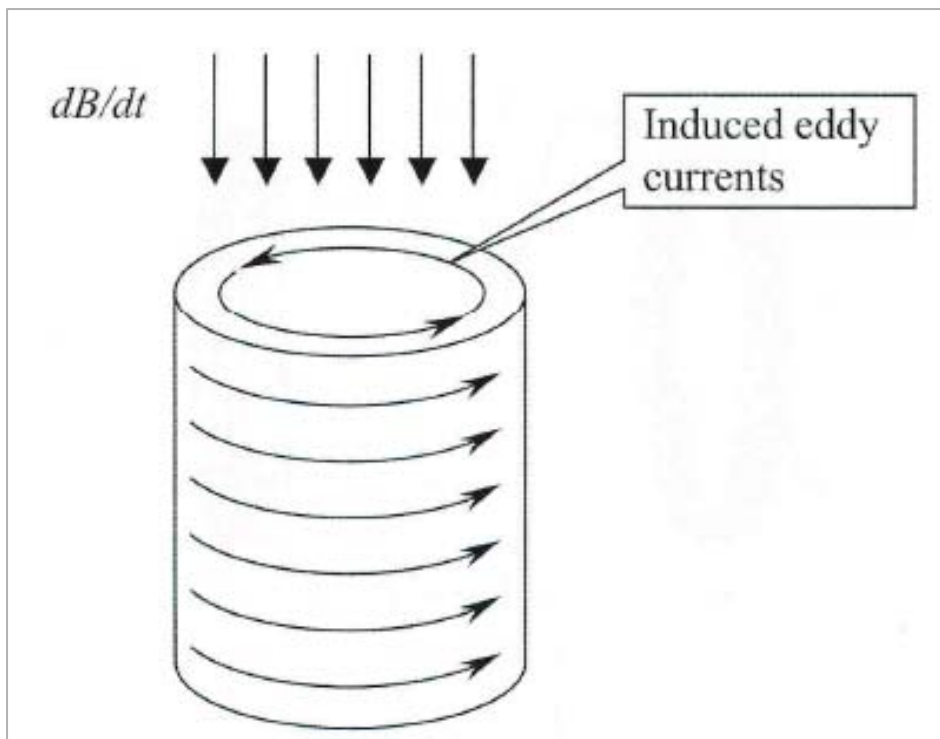
- FDA deems magnetic resonance diagnostic devices significant risk when used under any of the operating conditions described below:

Population	Main magnetic field greater than (Tesla)
adults, children, and infants aged > 1 month	8
neonates i.e., infants aged 1 month or less	4

Source: <http://www.fda.gov/cdrh/ode/guidance/793.html>

# Faraday's Law of Induction

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Nyenhuis et al. , RSNA, 2001

Faraday's Law of Induction in a homogeneous cylindrical conductor. An electric field is produced in a direction perpendicular to the applied magnetic field.

Schaefer & Felmlee, 2001





# Specific Absorption Rate (SAR)

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- The patient is in an RF magnetic field that causes spin excitation (the B1 field)
- The RF field can induce small currents in the electrically conductive patient which result in energy being absorbed.
- The RF power absorbed by the body is called the **specific absorption rate (SAR)**
- SAR has units of watts absorbed per kg of patient
- If the SAR exceeds the thermal regulation capacity the patient's body temperature will rise.



# RF Field Safety Issues

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- Tissue heating is primarily due to magnetic induction with a negligible electric field contribution.
- The ohmic heating of the tissue is greatest at the periphery and minimal at the center of the body.
- Head equivalent phantom scans demonstrate significant changes in temperature during an MR only occur less than 4 cm from the edge and do not exceed 1-2°C for 1.0 and 2.5 W/kg scans for 30 minutes<sup>1</sup>.



# What Effects the SAR?

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- Patient size: SAR increases as the patient size increases – directly related to patient radius
- Resonant frequency: SAR increases with the square of the Larmor frequency
- RF pulse flip angle: SAR increases as the square of the flip angle
- Number of RF pulses: SAR increases with the number of RF pulses in a given time



# RF Field Safety Issues

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- $180^\circ$  pulses deposit 4 times the RF power that is required for  $90^\circ$  pulses.
- Gradient-echo sequences are *usually* not associated with high SAR values because there are no  $180^\circ$  pulses.
- Fast spin-echo sequences, with the rapidly applied train of  $180^\circ$  pulses, are typically high SAR acquisitions.
- Magnetization transfer contrast (MTC) techniques can increase the SAR considerably.
- Even with the very fast acquisition rates, EPI scans are typically not very high SAR acquisitions (few actual RF pulses).



## RF Warming (Lower Extremity)

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- During T1W SE scan of legs patient indicated burning/tingling sensation at mid-calf
- Body coil only
- Review shows patients legs bare and calves touching creating a resonant loop
- Place 5 cm foam pad between patient's legs



## Warming (Shoulder)

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- Elbow warming & coil warming
- Shoulder phased array coil receiver with body coil transmit
- Large patient, elbow opposite positioned near body coil
- Positioning and padding to minimize coupling with RF coils recommended



# SAR: IEC Operating Modes

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- **Normal Mode** (up to 2 W/kg over 6 minutes):
  - Normal monitoring of patient
- **First Level Controlled Mode:**
  - 2 W/kg to 4 W/kg averaged over 6 minutes
  - Patient may experience a transient but noticeable sensation of warmth on the skin
  - Requires medical supervision & risk/benefit assessment
- **Second Level Controlled Mode:** (> 4 W/kg)
  - Requires IRB approval



# RF Field Safety Issues

## FDA Guidelines (7/2003):


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Specific absorption rates considered to be significant risk investigations require approval of an investigational device exemption (IDE) by the FDA Center for Devices and Radiological Health (CDRH):

- $>4$  W/kg averaged over the whole body for any period of 15 min; or
- $>3$  W/kg averaged over the head for any period of 10 min; or
- $>8$  W/kg in any g of tissue in the head or torso; or
- $>12$  W/kg in any gram of tissue in the extremities, for any period of 5 min

Source: <http://www.fda.gov/cdrh/ode/guidance/793.html>



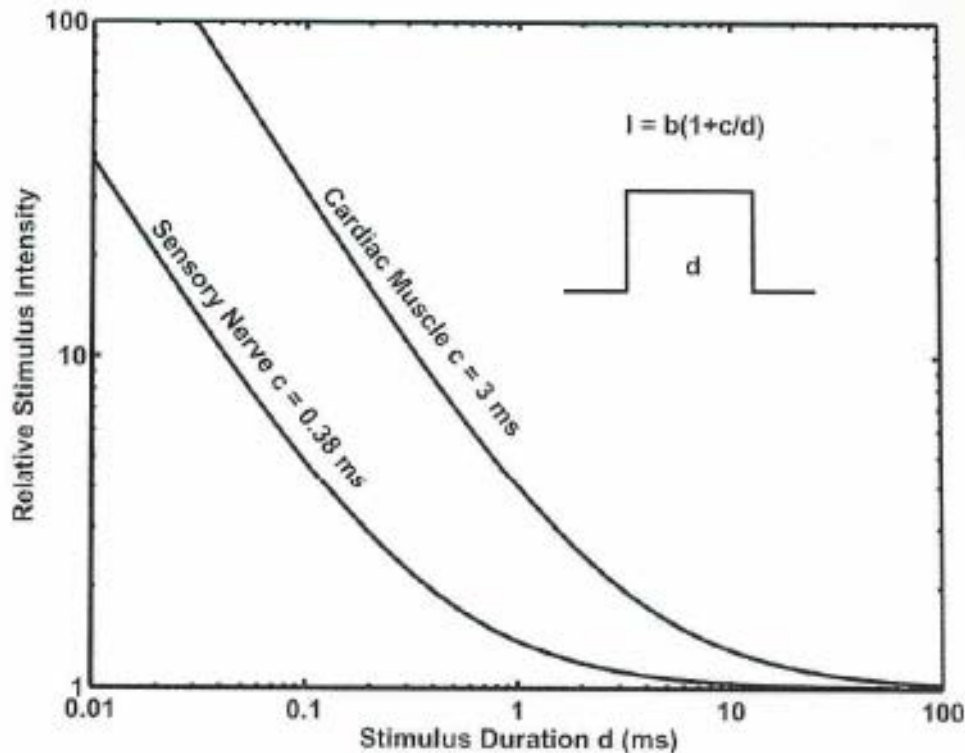


# SAR Effects on Pulse Sequences at High $B_0$ ( $>1.5T$ )

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- Decrease number of slices per study
- Requires decreased flip angles, even in gradient echo sequences
- Forces increases in TR
- Limits use of Fast Spin Echo imaging
- Parallel imaging techniques increase imaging speed while reducing the number of RF pulses needed –*can help to manage SAR limits at high  $B_0$  field*

# Rectangular Gradient Pulse



$$\frac{dB}{dt} = b \left( 1 + \frac{c}{d} \right)$$

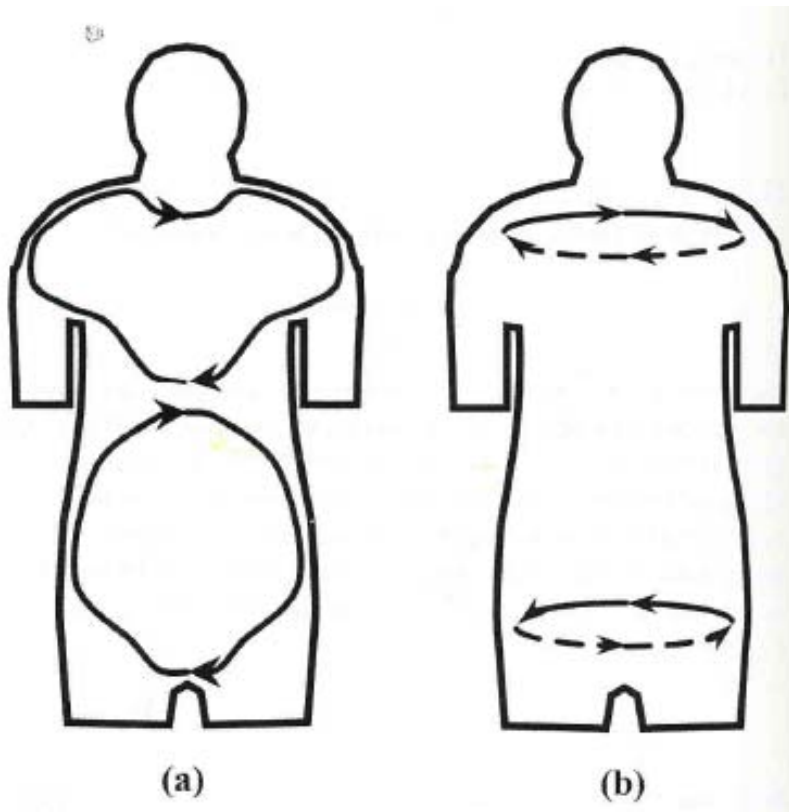
$b$  = rheobase = minimal strength of an electrical stimulus that is able to cause excitation of a tissue

$c$  = chronaxie = a characteristic time constant of the stimulate nerve

- Strength-duration relationship for single rectangular pulse, showing normalized curves for sensory nerve & cardiac muscle

Nyenhuis, RSNA, 2001

# Induced Eddy Currents



Depiction of induced eddy currents in a patient with the torso at the isocenter of a cylindrical magnet.

- a. Eddy currents due to the y-gradient coil
- b. Eddy currents due to the z-gradient coil



# Gradient Field Safety Issues

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Two concerns arising from the time-varying gradient magnetic fields:

- Induced voltages from the time-varying magnetic fields can produce nerve stimulation, and can distort waveforms on patient monitoring equipment.
- Auditory sound pressure levels produced by the rapidly switched gradient coils (due to the interaction of the gradient and static field coils) can be excessive. These levels can be up to 100 dBA at isocenter during fast scan techniques<sup>1</sup>. Hearing protection should be used by patients (and others near the magnet bore) during such scans.



# Gradient Field Safety Issues

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- Naturally, the induced voltages in the conductive tissues increase as the distance from isocenter increases.
- Mean dB/dt thresholds for nerve stimulation:
  - Peripheral      ~60 T/s (Painful @ ~90 T/s)
  - Respiratory    ~900 T/s
  - Cardiac        ~3600 T/s
- Typical high-speed MR scanners in the US are limited to 45 T/s.



# Gradient Field Safety Guidelines

## FDA Guidelines (7/2003):

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Time rates of change of gradient fields (dB/dt) sufficient to produce severe discomfort or painful nerve stimulation are considered significant risk investigations and require approval of an investigational device exemption (IDE) by the FDA Center for Devices and Radiological Health (CDRH).

Sequences producing peak unweighted sound pressure levels greater than 140 dB or A-weighted rms sound pressure levels greater than 99 dBA with hearing protection in place require an IDE as well.

Source: <http://www.fda.gov/cdrh/ode/guidance/793.html>



# UFO's: Unanticipated Flying Objects

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- A primary safety concern from the  $B_0$  field is prevention of injury from ferrous objects becoming projectiles.
- Examples of objects that have found their way into the bores of MR scanner magnets:
  - Hairpins
  - Stethoscopes
  - Forceps
  - Oxygen cylinders
  - Vacuum cleaners
  - Floor buffers
  - Fork lift tine



# Designing a Safe Environment

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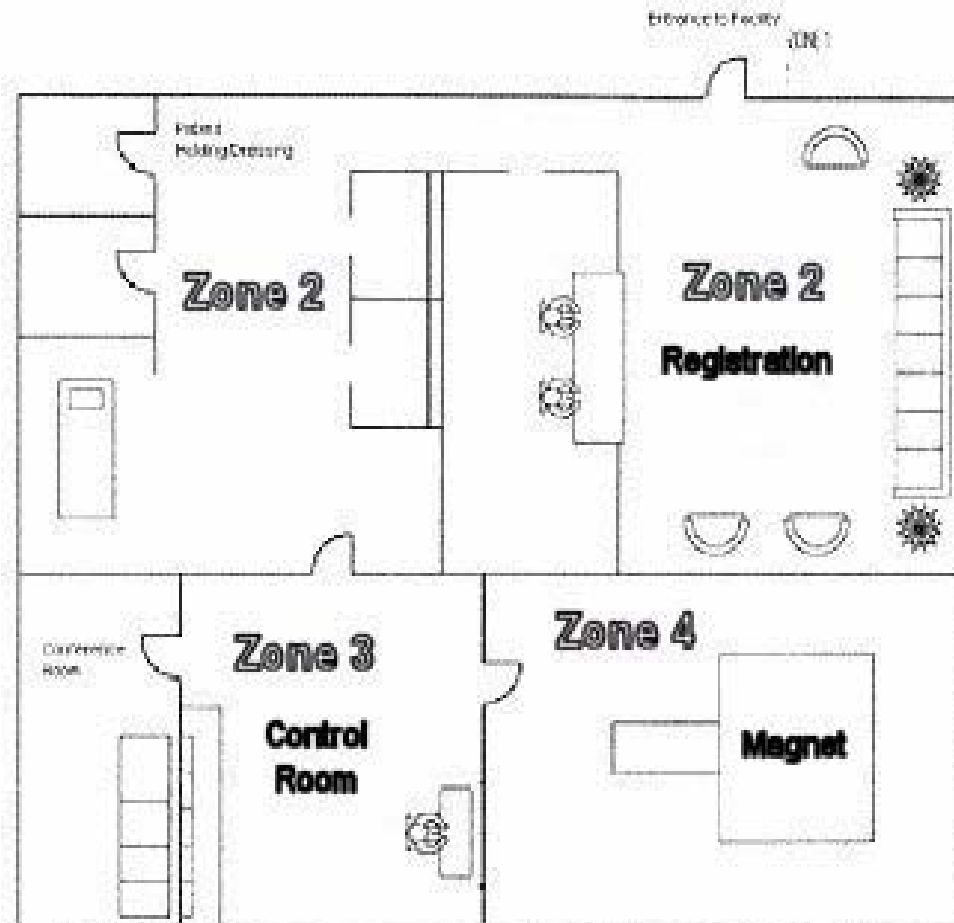
Facilities must carefully consider the siting of the magnets to limit scan room entry to authorized personnel who clearly understand the dangers associated with such powerful magnets.

Preferred siting is single access doors within clear view of the MR technologist(s).

Cleaning crew and other maintenance personnel must be thoroughly trained.



# ACR Safety Zone Concept



- Zone 1
  - Open access
- Zone 2
  - Preparation and holding
- Zone 3
  - Carefully controlled by MR facility personnel.
  - May be partially within 5 G exclusion zone.
- Zone 4
  - Actual scan room. No admittance w/o documented training and screening.

<sup>2</sup>Kanal E., et al. AJR 2007; 188:1–27



# Static Field Safety Issues

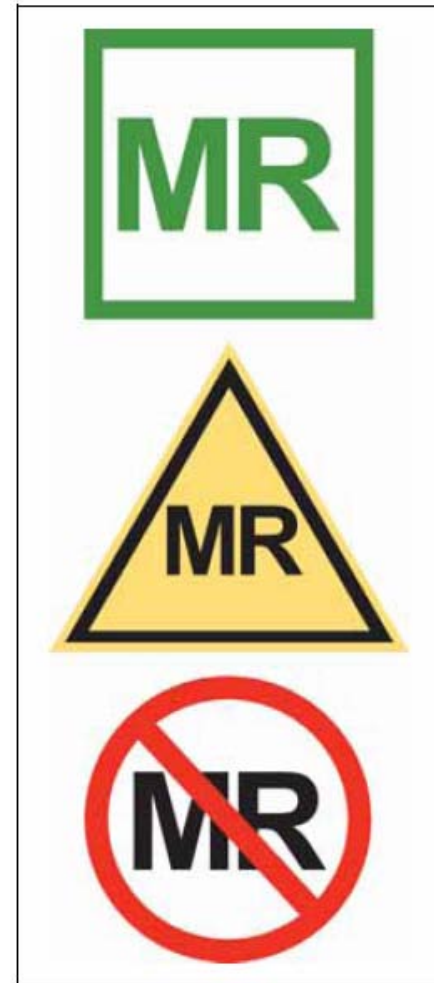
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Strong magnetic fields can move or displace certain implanted medical devices and/or metal fragments (patient screening is essential!):

- 5 G exclusion zone must be posted for persons with pacemakers and neurostimulators.
- Pacemakers, neurostimulators, cochlear implants, and aneurysm clips are exclusion criteria for MR scanning in the majority of MR centers.

# Static Field Safety Issues

- Some ferrous temporary or permanent medical devices are exclusion criteria for patient scans.
- Some contraceptive devices contain enough ferrous material that they could be displaced.
- Some mascaras, eyeliners, tattoos contain cobalt or other metals that can cause discomfort.



FDA/ASTM labeling criteria

# The List

**YOUR INFORMATION RESOURCE  
FOR MRI SAFETY, BIOEFFECTS,  
AND PATIENT MANAGEMENT**

**MRI**safety.com

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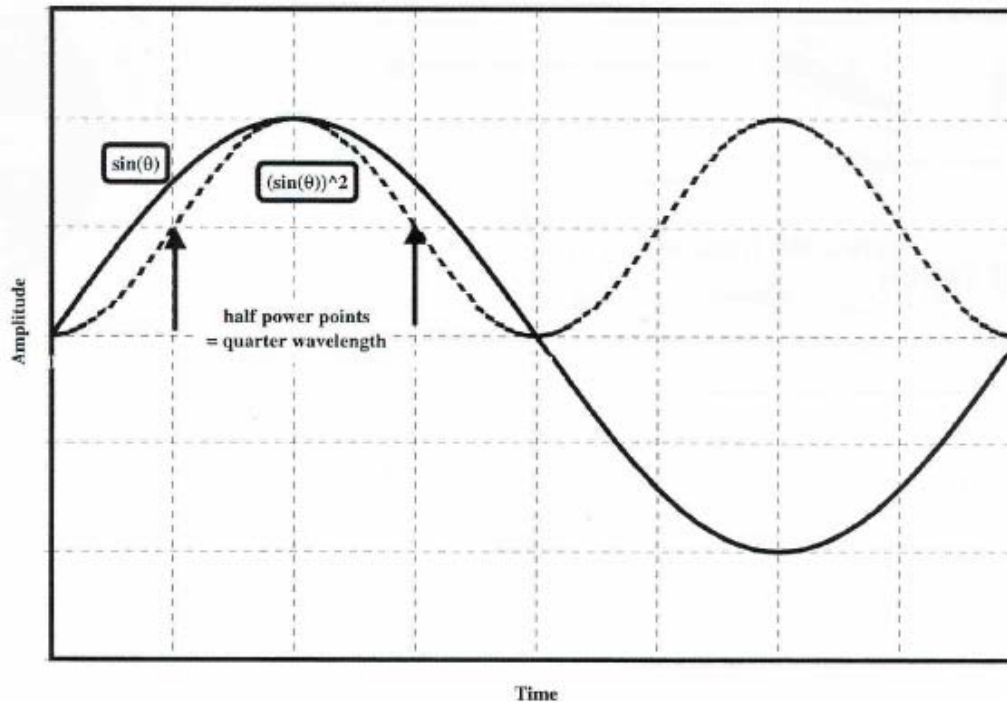
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**m R I**

# The “Hot Spot”



- Half power points for a standing wave are  $\frac{1}{4}\lambda$  apart.
- At most  $B_0$ 's,  $\lambda$  is large.

Very localized heating requires adjacent conductors or other means of constricting current to a small surface area in contact with patients.



# RF Field Safety Issues

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- Considerable care must be taken to insure that no unnecessary conductors are in the magnet bore during scanning.
- All necessary conductors, *e.g.*, surface coil leads and ECG leads, should be padded away from the patient, should *not* be allowed to loop, and should, to the extent possible, travel down the center of the magnet bore.
- First, second, and even third degree burns due to poorly placed ECG leads have been reported. When possible, use fiber optic-coupled pulse oximeter waveforms for gating and patient monitoring to avoid potential burns from ECG leads and electrodes.
- Technologists/nurse training is essential!



## Burn (Shoulder/Biceps)

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- Large patient complained of arm burning during shoulder imaging w/ FSE. After scan red welt noted on arm on side opposite from being imaged.
- Toro array coil receiver coil used with body transmit
- A conductive loop may have been set up cable ground/guard and patient



## Burn (Lower Limb)

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- Patient complained of leg tingling and warming during renal imaging, red welt found near receiver coil cable that was running along patient's leg
- RX: Torso array coil; TX: Body coil
- A conductive loop was set up between cable ground/guard and patient





## *3.0T - Safety*

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- The force of attraction on objects (and implanted devices) is significantly (2.5 – 5.0x) higher with 3.0T magnets compared to 1.5T magnets.
- “MR-safe” at 1.5T does not guarantee an object/device is safe at 3.0T!!!

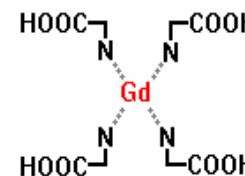


## *3.0T - Safety*

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- Since they are self-shielded, the 5 G line for most commercial 3T MRI systems are nearly the same as for the 1.5T scanner from the same manufacturer
  - the field gradient of the static magnetic field is very steep.
  - Therefore, the force of attraction is MUCH higher than for a 1.5T scanner.

# Contrast Agent Safety Issues



- MR contrast agents currently used in high volume are based on paramagnetic lanthanide series element gadolinium (Gd).
- Dominant effect is a shorter  $T_1$  relaxation time of  $H_2O$  protons in close proximity to the Gd atom.
- Gd is toxic. Is tightly chelated to a biocompatible, readily-eliminated agent.
- Osmotic loads of the common Gd-based contrast agents are typically less than  $1/5^{\text{th}}$  of those measured for iodinated contrast agents.
- Biological half-life of most Gd contrast agents is roughly 1.5 hr.



# Common Commercial Gd Contrast Agents

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- Most common Gd-based contrast agents:
  - Magnevist™  
chelating agent: DTPA - ionic, linear structure
  - Omniscan™  
chelating agent: DTPA-BMA - non-ionic, linear structure
  - Prohance™  
chelating agent: HP-DO3A - non-ionic, macrocyclic ring structure
- All have similar safety profiles, low osmotic loads (8.8-27.4 mOsm), MR relaxivities, and incidence of adverse reactions (~2-4%).



# Nephrogenic Fibrosing Dermopathy

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- Administration of Gd contrast agents is likely a necessary factor development NFD in patients with severely impaired renal function
- FDA has requested the Gd contrast agent manufacturers to add a new boxed warning and a new Warnings section to their labels to describe the risk of developing NSF.
- Application of Gd contrast in MR Angiography and MR perfusion imaging is still considered “off-label” use



# Guidance with Gd Contrast Agents

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- *When a patient with moderate to end-stage kidney disease needs an imaging study, select imaging methods other than MRI or MRA with a gadolinium-based contrast agent for the study whenever possible. If these patients must receive a gadolinium-based contrast agent, prompt dialysis following the MRI or MRA should be considered.*  
(FDA 2006)
- At 3T the relaxivity of Gd contrast agents nearly doubles
  - doses can be lowered to achieve image enhancement comparable to those obtained at 1.5 T



# Summary

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- At 3 Tesla:
  - Danger from injuries due to flying ferrometallic objects increases – *improved security is required*
  - Danger from RF heating goes up – *restricts uses of certain pulse sequences*
  - Dangers from Gd contrast agents can be reduced by decreasing doses



# Resources

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- ACR website:  
[http://www.acr.org/SecondaryMainMenuCategories/quality\\_safety/MRSafety.aspx](http://www.acr.org/SecondaryMainMenuCategories/quality_safety/MRSafety.aspx)
- Institute for Magnetic Resonance Safety, Education, and Research:  
<http://www.imrser.org/default.asp>
- <http://www.mrisafety.com> (The "List")
- FDA websites:  
<http://www.fda.gov/cdrh/ode/guidance/793.html>  
<http://www.fda.gov/cder/drug/infopage/gcca/default.htm>





## References

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1. F.G. Shellock and E. Kanal, *Magnetic Resonance. Bioeffects, Safety, and Patient Management*, 2nd edition, Lippincott-Raven Publishers, New York, 1996.
2. Kanal E. et al., *ACR Guidance Document for Safe MR Practices: 2007 AJR* 2007; 188:1–27
3. *Practical MR Safety Considerations for Physicians, Physicists & Technologists*. E. Kanal, Ed. RSNA, 2001.



# Thank You

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