Avoiding patient recalls for incomplete field of view in gynaecological MRI abdomino-pelvic examinations
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Background
- Adequate FOV for gynecological MRI examinations should cover the whole pelvis from iliac crests to ischial tuberosity level in 3 orthogonal planes and the abdomen axially from diaphragms to aortic bifurcation.
- Any gap between the two datasets can result in missed pathology, particularly nodal disease around the aortic bifurcation and proximal common iliac arteries.
- Our aim has been to avoid recalling patients for further sequences to ensure complete coverage of both abdomen and pelvis.
- Recalling for completion imaging has potential consequences for service provision, increases costs and may lead to diagnostic and therapeutic delays.
- Consistency between studies is also vital when assessing response to treatment.

Standards
Locally determined
- Oblique axial coverage of pelvis from ischial tuberosities to iliac crests
- Axial coverage of abdomen from diaphragms to aortic bifurcation

Indicators
- Percentage of examinations with complete axial abdominal and pelvic coverage
- Percentage requiring recall after review and consideration of orthogonal planes

Target
- Locally determined target of 100% adequate FOV with 0% recall rate for completion imaging

Methodology
- Retrospective review of all examinations obtained over one month across two sites
- Cycle 1 58 studies
- Cycle 2 62 studies

First Round Audit Results

<table>
<thead>
<tr>
<th></th>
<th>PERCENTAGE OF CASES WITH COMPLETE AXIAL FOV</th>
<th>PERCENTAGE OF CASES REQUIRING RECALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE 1</td>
<td>86</td>
<td>0</td>
</tr>
<tr>
<td>SITE 2</td>
<td>34</td>
<td>4</td>
</tr>
</tbody>
</table>

0% of cases required recall

Second Round Audit Results

<table>
<thead>
<tr>
<th>PERCENTAGE OF CASES WITH COMPLETE AXIAL FOV</th>
</tr>
</thead>
<tbody>
<tr>
<td>94 SITE 1</td>
</tr>
<tr>
<td>100 SITE 2</td>
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First Action Plan
- Meeting with superintendent radiographers to explain the problem and the audit results
- Dissemination via team briefings and staff training

Second Action Plan
- Feedback of results to both teams of Radiographers via Superintendents.
- Presentation at Departmental Audit Meeting
- Re-audit in 6 months time.

References

North East Yorkshire and Humberside Clinical Alliance (Cancer): Guidelines for the Management of Adult Patients with Gynecological Cancers 2012