University Health™	**Policy #: Rad Proc 14. 4.3**
SUBJECT: MR Screening of Implants	**Effective: 10/1/2013** **Revised: 2/2015: 2/2017**
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PURPOSE: To define the criteria and processes to be used for screening a patient prior to entering the MR scan room.

Policy: The presence of any given implant or foreign device has the potential to cause harm and careful consideration must be given to the decision to place the individual in the magnetic field.

1. In the event the type and name of the implant or device is known, compatibility with MR can be obtained from the manufacturer's product label or the MRI safety web site at www.mrisafety.com and must be clearly documented in the medical record.
2. Once positive identification has been made as to the type of implant or foreign object that is within the patient, best effort assessments should be made to identify the MR compatibility or MR safety of the implant or object. Efforts at identification might include:
    a. Written records of the results of formal testing of the implant before implantation.
    b. Product labeling regarding the implant or object
    c. Peer-reviewed publications regarding MR compatibility and MR safety testing of the specific make, model, and type of the object.
3. In the absence of MRI data on the implant or device in question, a risk – benefit assessment and review must be performed in each case individually. Should the risk – benefit ratio favor the performance of the MR study, the MR medical director or designated radiologist should obtain informed consent from the patient or guardian. Consent should include death as a potential risk of the MRI procedure before patient undergoes procedure.

4. Final determination of whether or not to scan any given patient with any given implant, foreign body, etc., is to be made by the MR medical director or designated radiologist.
5. The Medical director or designated radiologist shall place a progress note in the patient' chart indicating that it is safe or not safe for the patient to undergo the MRI exam.

   Note: For implants that are ferromagnetic there is the possibility that they might move or become dislodged from its implanted position. If possible, waiting several weeks for fibrous scarring to set in is recommended.

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