

Measurement of eye lens radiation doses to
staff during percutaneous coronary
interventional procedures

Ibtisam Yusuf
Linköping, Sweden

Coauthors: Erik Tesselaar, Magnus Gärdestig, Håkan Petterson



Introduction

- In 2011 the International Commission on Radiological Protection (ICRP)
 - The dose limit for the eye reduced from 150mSv to 20mSv
 - Evidence of a lower dose threshold for radiation induced cataract
- Interventional clinicians a high risk group
- Eye lens dosimetry is challenging, measurement point at a remote position from the eye lens.



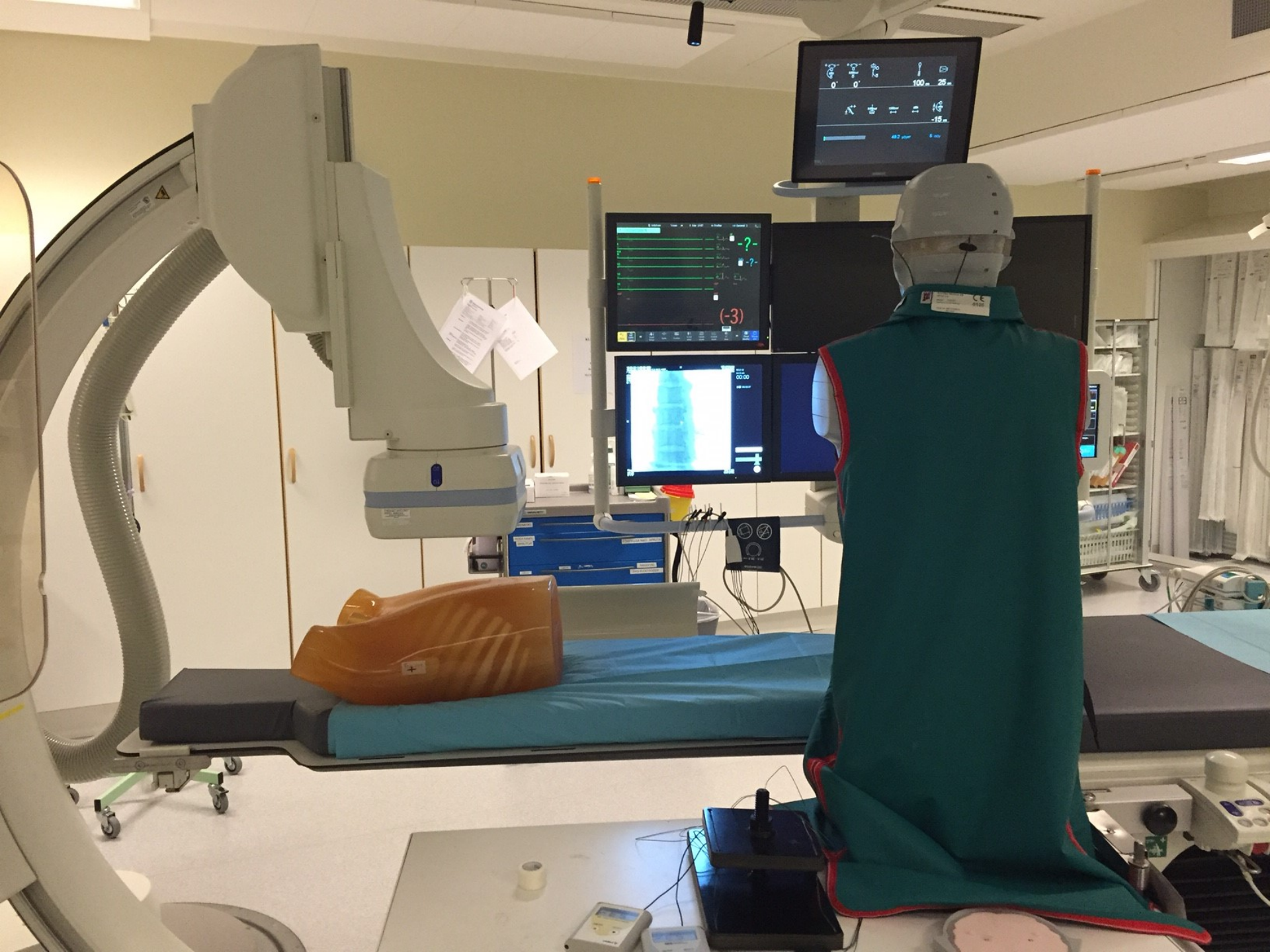
Objectives

- **Improve the accuracy of eye lens dose measurements**
 - **Establishing optimal measurement position**
 - **Evaluate the effect of projection angles and patient sizes**
- **Evaluate dose reduction ability of protective eyewear and protective shields in use**



Method

- Initial field studies, following clinical procedures
- Phantom measurements in the PCI room
 - Dose measurements at different positions on the forehead and in eye lens
 - Measurements on protective eyewear and shields







Measurement equipment

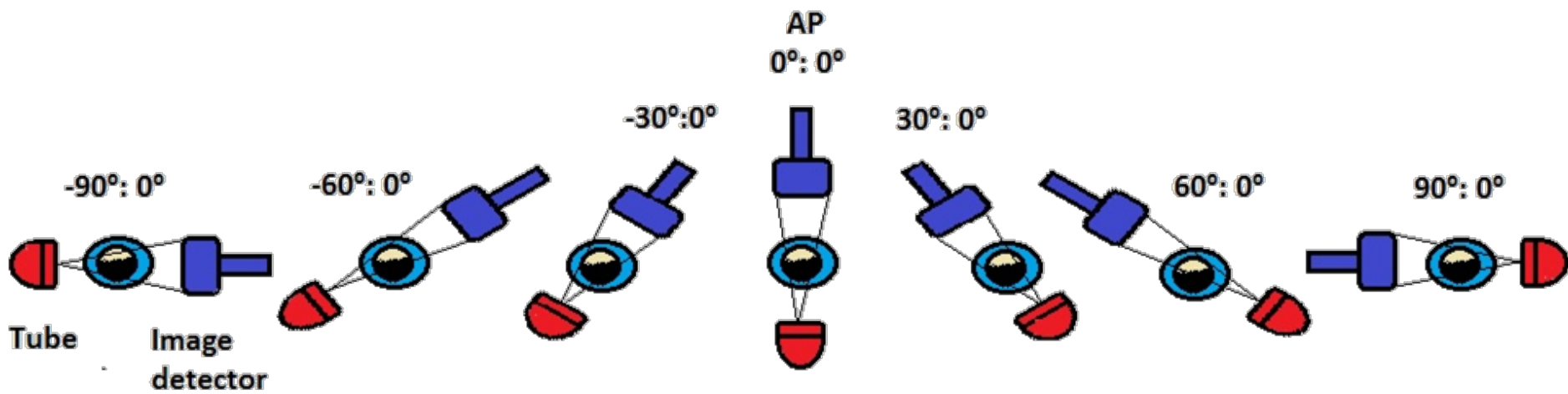
- Semiconductor-type dosimeters
- Calibrated Hp(0.07) in N80 field
- Suitable for energy range 14-120 keV



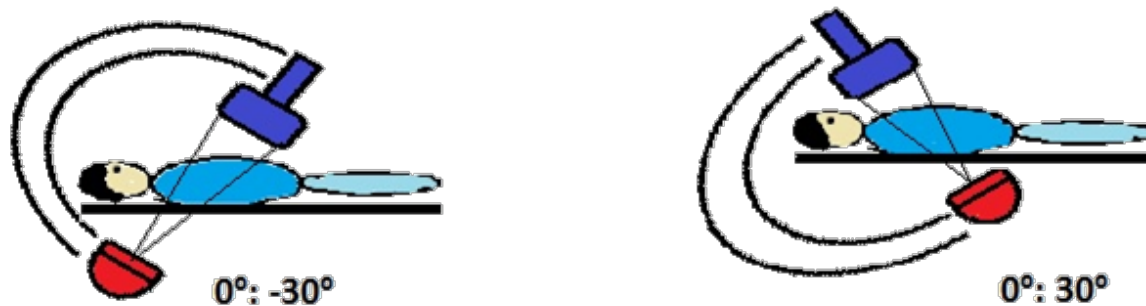


X-ray projections

Lateral projections



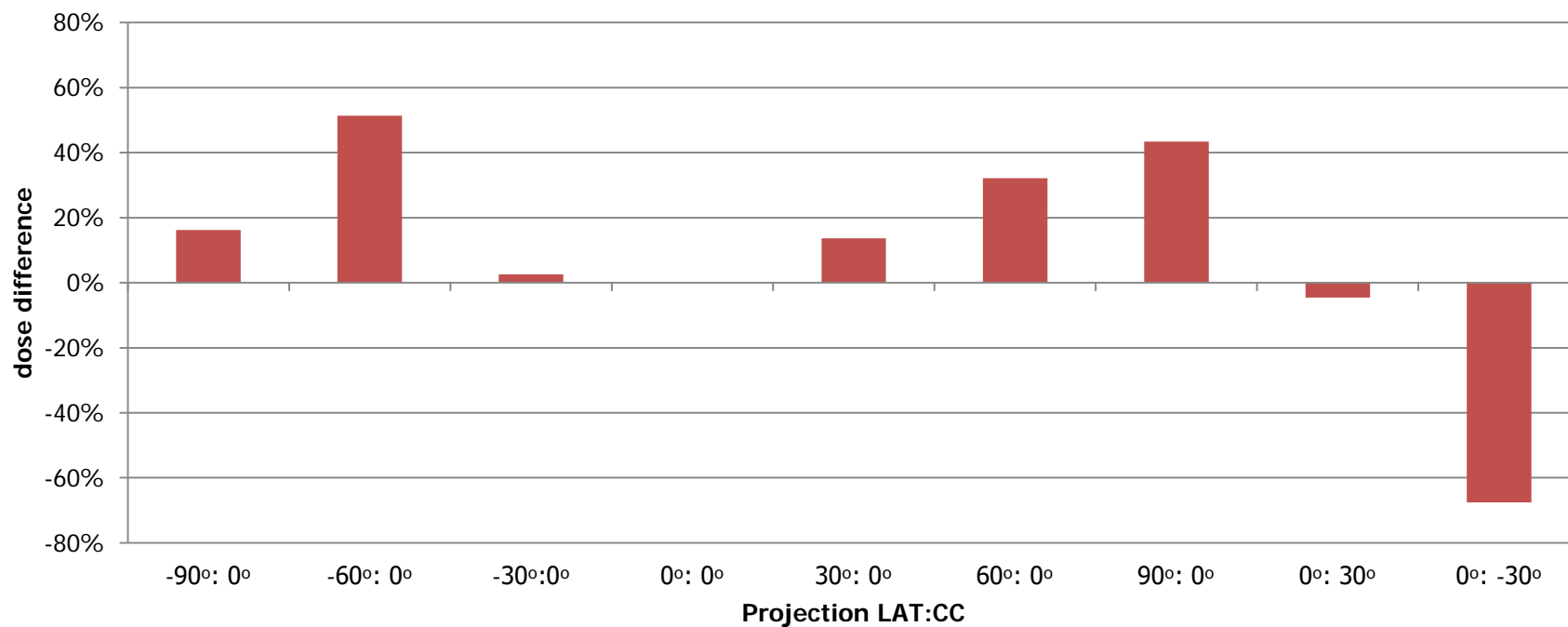
Craniocaudal projections





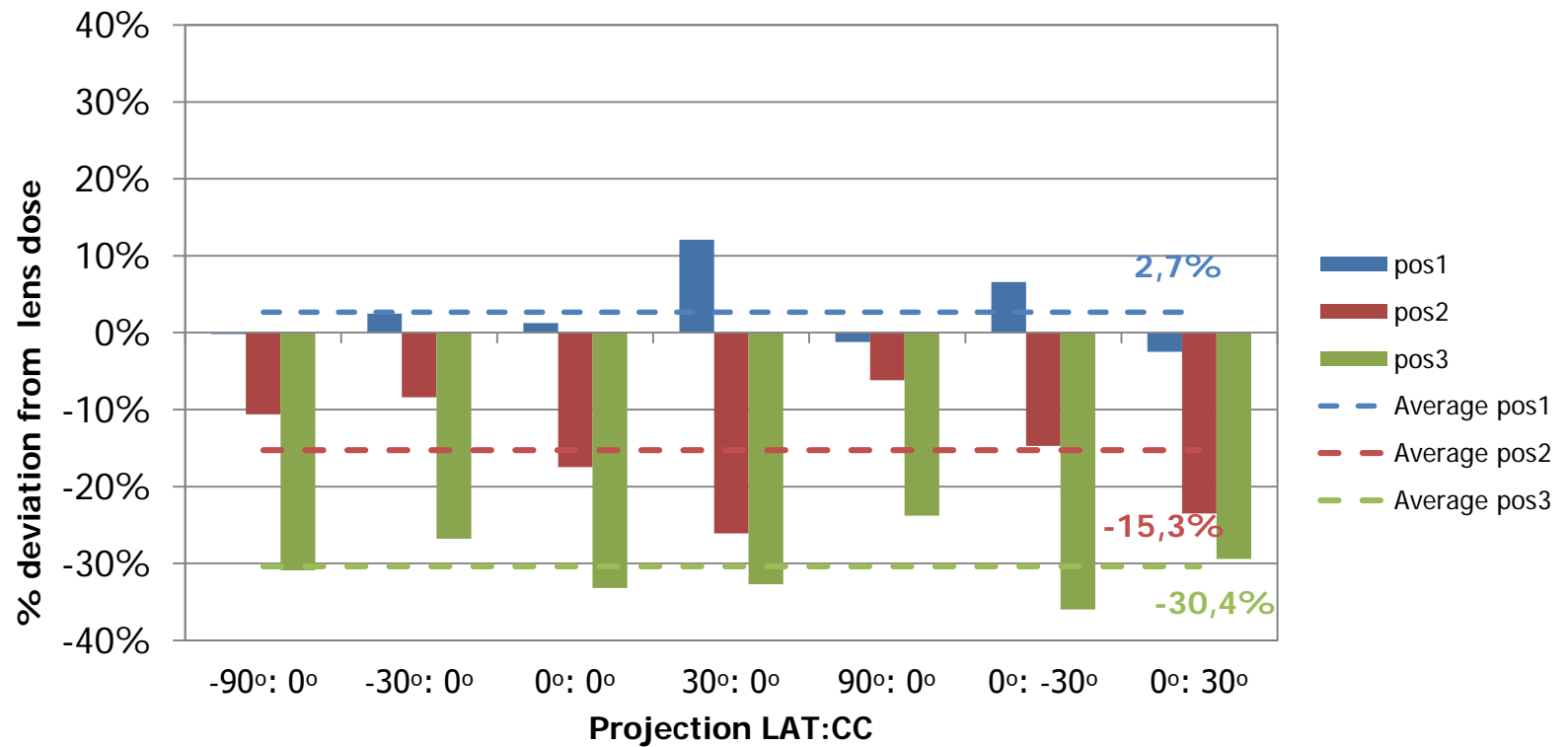
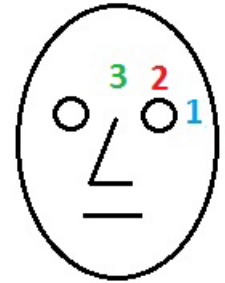
Lens dose variation with projection angle

**lens dose variation relative to AP
(0°: 0°)**



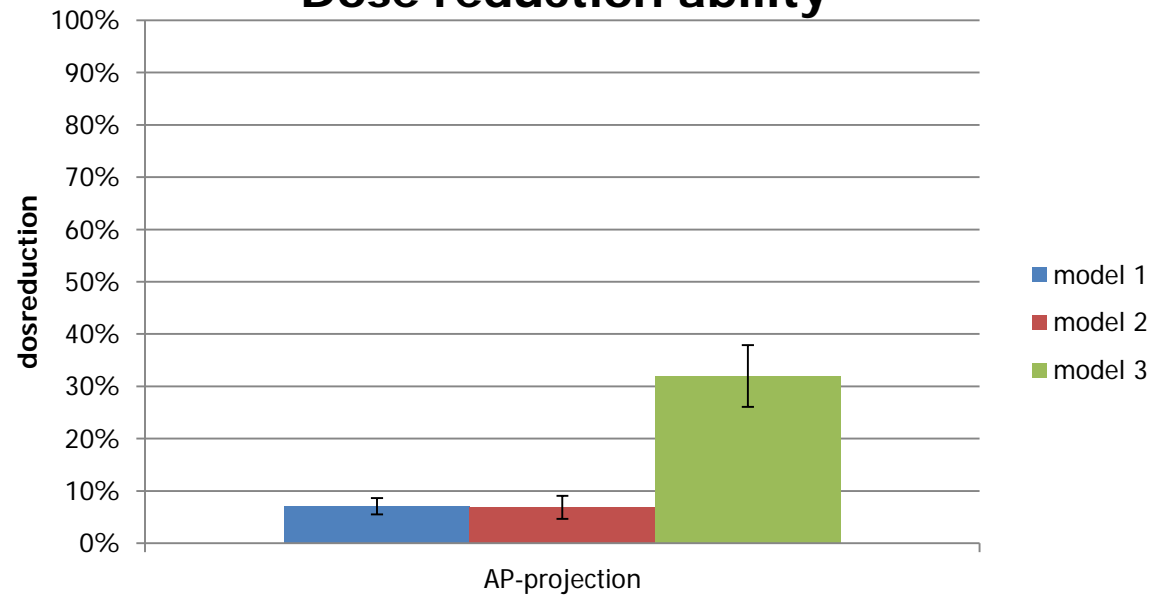


Deviation from lens dose





Dose reduction ability



Model 1



Model 2

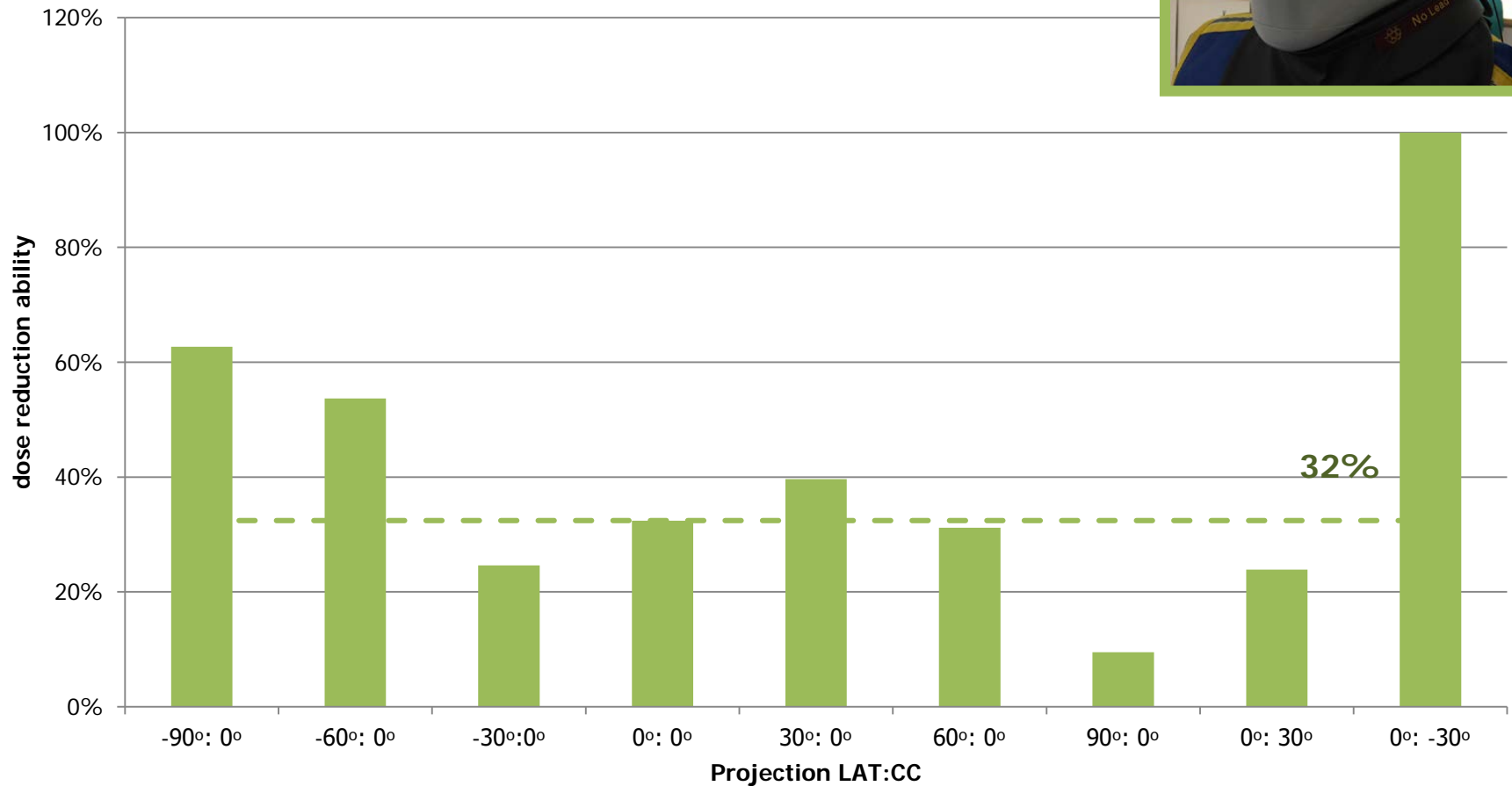
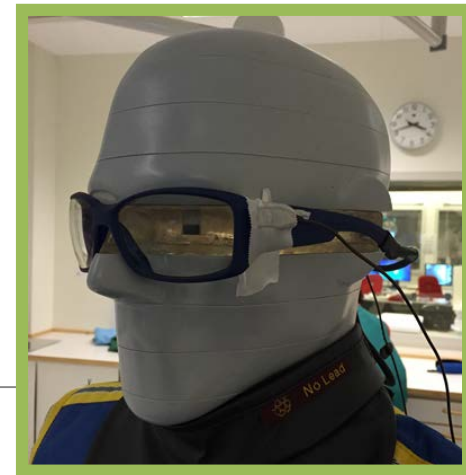


Model 3





Dose reduction ability over a range of projection angles





Protective shield

Ceiling suspended radiation shield, 0.5 mm lead equivalent
 $\approx 100\%$ dose reduction





Conclusions

- **Optimal measurement point: left side of the face at eye level**
 - Mean deviation from dose in eye lens 3%
 - < 12% variation between different projection angles
 - Patient size did not affect the choice of position
- **Protective eyewear**
 - lower than expected dose reduction ability
 - size and curvature of frame of importance
 - dose reduction ability varied significantly with projection angle
- **Protective shields provide the best shielding ability**



Future work

- Establish routine for eye lens dose monitoring
- Test different models of protective eyewear
- How does eyewear affect our dose estimate and can we correct for it using a fixed dose reduction factor?



Thank you for listening!

Special thanks to my coauthors Erik Tesselaar,
Magnus Gärdestig, Håkan Petterson