



RADIOLOGY RISK INFORMATION

Injections are offered as a treatment option for patients with a variety of joint, muscle or tendon ailments, and are designed to provide relief from inflammation and pain. They can be performed under X-Ray using contrast dye or by ultrasound. The method of choice will depend on the type of condition being treated and is performed by the doctor usually under sedation.

X-Rays.

Even though X-Rays use radiation, the dose level is quite minimal. We are exposed to radiation from natural sources all the time. A chest X-Ray has the same amount of radiation as ten daysworth of natural radiation absorption. Every time you undergo an X-Ray, your dosage is measured and monitored.

Doctors and radiographers and nurses wear lead aprons in the theatre to minimise exposure and also have their exposure times measured and monitored. This is reviewed each three months and reported.

Contrast medium.

A dye is injected in some cases to highlight the area for needle placement. This can be seen on a screen in the theatre.

It is important that we know any allergies and medical history you may have as there is a small risk of a reaction.

Emergency drugs and resuscitation equipment are kept nearby in the event of any such reaction. The contrast dye is stored away from light and radiation.

HDSC complies with the RANZCR guideline for the use of contrast agents.

What is an ultrasound?

Sound waves are used to produce images of internal structures of the body. This enables the doctor to place the injection into the correct site.

The examination is performed by a radiographer who is trained in the use of the Ultrasound Machine. Ultrasound gel, in single use sachets, is placed on the skin to make contact with the ultrasound transducer (the probe which emits the sound waves.) The ultrasound machine then interprets these returning waves to create a picture on a monitor. The transducer is moved over the area to be examined to acquire the image. Afterwards the gel is simply wiped off.