CBCT Referrals & The Radiology Report

Orlagh McPolin
Consultant Dental and Maxillofacial Radiologist
NHS Tayside

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Who Can Refer?

- IRMER17/IRMER (NI)18 – Referrer can be a **dental practitioner, medical practitioner** or **other entitled registered healthcare professional**
- Referrers must be **entitled** to refer in accordance with the **Employer's Procedures**



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CBCT Referrals

In House
- Employer's Procedures
- Referrer, practitioner and operator may be the same person
- Document clinical reason for CBCT (justification process), exposure and report in patient records
- EP sets out who will report scans

Imaging Centre/Outside
- SLA must be established
- All referrers must be **entitled** as a referrer by the imaging centre/other practice
- Referral Forms are usually provided alongside referral criteria
- SLA must specify who is eligible to report

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CBCT Referrals

- Request Forms
- Provided by CBCT Practice



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What information do you want the radiographic examination to provide?	**Clinically Relevant Information** Pain... Swelling... Teeth... Existing Radiographs & what they demonstrate... **Stent Required?**
Define the anatomical area that the radiograph should cover:	**What should the CBCT show?** • Accessory Root Canals • Relationship of third molar to ID Canal • Ankylosis • **List teeth / State side of interest i.e. Left or Right** • View the adjacent maxillary sinus?

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Referral Reaches CBCT Practice

- IRMER **Practitioner** reads request
- Ensures sufficient information to **Justify** CBCT
- Determines Imaging Protocol
- **Signs & Dates request** (justification)
- Appoints patient

Rejected Referrals – Referrers should be informed in writing with a reason for rejection and potential alternatives

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CBCT Scanning

3+ name / dob / address

- IRMER Operator IDs patient
- Checks request against patient's history*
- Explains procedure
- Scans as per protocol as prescribed by IRMER Practitioner

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Following CBCT Scan



- Operator records exposure factors (kV, mA, s, FOV Size)
- Copy of Scan Made
- Scan sent to Reporter (Radiologist or qualified dentist)
- Report sent to Referrer

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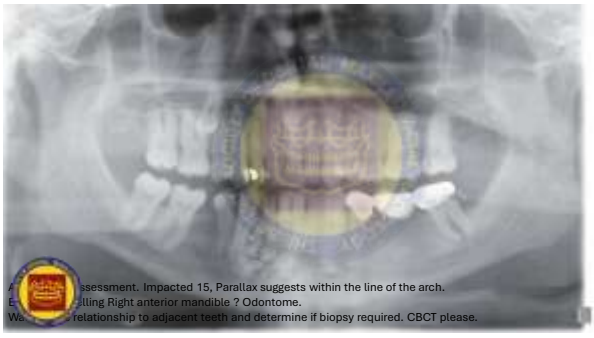
Examples

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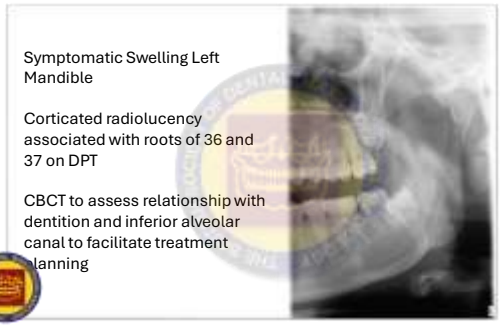
ed lower third molars. Planning for surgical removal.
ly, the IDCs are overlapping roots of 38 and 48.

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ssessment. Impacted 15, Parallax suggests within the line of the arch.
lling Right anterior mandible ? Odontome.
relationship to adjacent teeth and determine if biopsy required. CBCT please.

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The Radiology Report

IR(ME)R 17/IR(ME)R (NI) 18: The **Legal Person** must provide procedures to ensure that a clinical evaluation of the outcome of each exposure is carried out and recorded.

Reporting of a radiograph is an **Operator** role.

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Reporters for Dental CBCT Scans

- Dentists with CBCT Level 2 training
- **Dentoalveolar region only**

- Radiologists (Dental or Medical w interest in H&N)
- * can also report spine, sinuses, temporal bone, middle ear, skull base etc

IB Employer ensures process in place for a report to be completed

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Options…

- Referrer may interpret and report the scan themselves
- Referrer may ask the Practitioner to report
- Practitioner may specify no reporting provided
- Practitioner may have arrangement in place to obtain a report either routinely or on request
- Referrer may approach a Radiologist directly

Whoever reports the CBCT is responsible for the entire volume

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Purpose of Report

- Describe abnormalities / lesions
- Identify incidental findings
- Provide differential diagnoses
- Assist Clinical Management of case
- Further Investigations

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Reporting

- Viewing Conditions
- RCR standards for Display Monitors (resolution & brightness)
- Systematic Approach
- Entire Volume
- Structured & Succinct



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Reporting

Preliminary Information:

- Pt details
- Referrer details
- Clinical details/Justification
- Modality & Protocols
- Integrated Radiography Log (operator, exp factors, region, quality of scan)

Body of Report:

- Describe abnormalities
- Incidental Findings
- Answer Clinical Qs
- Conclusion – differential diagnoses and recommendations
- Signed
- Date and time stamped

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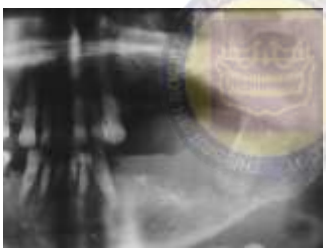
Urgent unexpected findings

- A referral pathway should be established prior to commencing imaging, in case of urgent unexpected findings
- Suspicious Radiological Appearances – Moth eaten bone, Floating teeth, inexplainable swelling etc.
- Suspected malignancy → local red flag/2ww referral protocols

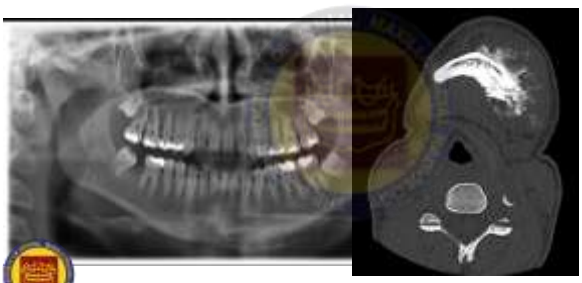
nsure, seek advice!

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Suspicious Findings



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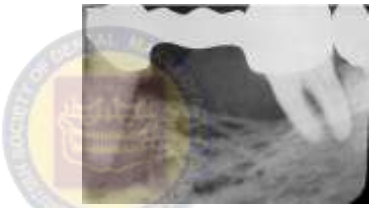


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magai, M., Kato, Y. *et al.* Metastasis in the condyle: a case report. *J Med Case Reports* **11**, 323 (20

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Further Radiological Investigations

- Ultrasound (Superficial Soft Tissue Lesions) +/- FNA or Core Bx
- Medical CT (Hard & Soft Tissue detail)
- MRI
- Bone Scan
- PET Scan

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Conclusions

- Concise and answer clinical Q
- Significant incidental findings should be addressed
- Action points i.e. biopsy, further imaging etc
- Contact details of the reporting author should be available to allow discussion of findings if necessary

- Legal Requirement. **If it is known prior to the exposure taking place that no clinical evaluation will occur, then the exposure is not stified and must not take place.**

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