



SPINE
SOCIETY OF
AUSTRALIA

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Re: Provision of diagnostic X ray services to Spine Surgeons

Dear Dr Kenny

The Spine Society of Australia represents both Neurosurgically and Orthopaedically trained surgeons. We are affiliated with the Australian Orthopaedic association and have close links with the Neurosurgical Society of Australia. Our Society has 40 active Neurosurgical members and 62 active Orthopaedic Members.

Our membership has in recent times expressed considerable concern regarding the provision of diagnostic images of the spine. I wish to draw two of these concerns to your attention.

The first is the practice that is developing in Australia of images being delivered in an electronic form on CD only. In other words without there being any printed films. Spine surgeons spend a substantial portion of their day studying diagnostic images – both in an office setting, a hospital ward setting and in an operating theatre. The society strongly holds the view that the provision of these images on CD only is inappropriate for the following reasons.

- Spine surgeons do not always have access to a computer – particularly in a hospital ward or computer setting. Spine surgery cannot be performed unless the relevant images are available in the operating theatre for review.
- When a computer is available the time taken to load the accompanying viewing program and images is excessive. From an efficiency point of view a significant part of a consultation could be taken up by this process. This problem is substantially exacerbated when multiple image sets are available from different providers.
- The quality of the viewing software is often poor.
- There is a significant time penalty to 'learn' the user interface with each new viewing program.
- It is often impossible to determine the anatomical level as there are frequently no scout views or ways to associate slices with orthogonal views.

A number of our members have expressed the view that having the images available in an electronic format as *well as* the films holds significant advantage and we would not wish this to cease. We however strongly hold the view that the practice of providing electronic format images on CD *only* should cease. We would be willing to work with the College of Radiologists in a cooperative manner in order to achieve this goal.

The second matter relates to ability to determine level. You will see from the accompanying web based survey of our surgical members that 41% of respondents had trouble interpreting levels between 0-19% of the time while 30% had trouble interpreting levels between 20-39% of the time. In the previous 6 months 87% of respondents had received images where there was no scout view available. Apart from the added time involved in trying to decipher the levels involved in spinal imaging from clues other than the scout views there is the more difficult problem of wrong diagnosis or wrong level surgery. The Spine Society of Australia strongly

advises that steps be taken to improve the identification of levels in spinal images. The Society would be happy to cooperate with the College in this matter.

Lastly I enclose a copy of a web survey of our surgical members. You will note that the response rate is only 45% but we feel that it still provides useful information.

Films on CD	
Recently Radiology practices have begun distributing images on CD's the following questions relate to your attitude about this practice.	
<u>What is your occupation</u>	
Surgeon:	- 45 (97.83%)
Other:	- 1 (2.17%)
<u>In your practice do you get any patients referred with images only on CD</u>	
yes:	- 42 (91.30%)
no:	- 3 (6.52%)
<u>I find it valuable to have the CD as well as the films</u>	
Strongly agree:	- 6 (13.04%)
Somewhat Agree:	- 12 (26.09%)
Neutral:	- 14 (30.43%)
Somewhat disagree:	- 4 (8.70%)
Strongly disagree:	- 10 (21.74%)
<u>I am / would be satisfied with only the CD and not the films</u>	
Strongly agree:	- 3 (6.52%)
Somewhat agree:	- 2 (4.35%)
Neutral:	- 1 (2.17%)
Somewhat disagree:	- 5 (10.87%)
Strongly disagree:	- 35 (76.09%)
<u>If unsatisfied with a CD only the reasons include</u>	
Poorer quality than films:	- 21 (45.65%)
Time taken to load onto computer too long:	- 36 (78.26%)
Unable to view as many images on CD as on Lightbox:	- 31 (67.39%)
Poor quality included software:	- 20 (43.48%)
Don't always have a computer available. ie in the operating theatre:	- 35 (76.09%)
No scout view or difficult to determine levels:	- 30 (65.22%)
<u>Scout Views</u>	
The following questions relate to scout views on CT and MRI scans	
<u>In your practice how often do you have trouble interpreting levels from scout views</u>	
0 - 19 % of the time:	- 19 (41.30%)
20 - 39 % of the time:	- 14 (30.43%)
40 - 59 % of the time:	- 8 (17.39%)
60 - 79 % of the time:	- 4 (8.70%)
80 - 100 % of the time:	- 0 (0.00%)
<u>In your practice have you had occasions in the last 6 months when there was no scout view available</u>	
yes:	- 40 (86.96%)
no:	- 5 (10.87%)

Yours Sincerely

Mr Roy Carey
President Spine Society of Australia

Peter McCombe
Secretary Spine Society of Australia