

Open/Upright MRI

Date	Modified May 2017	Date of Last Review:	New policy issued January 2017
<p>Policy: Referral for routine open or upright magnetic resonance imaging (MRI) in all indications is considered of low priority and will only be commissioned by the NHS on an individual case basis. Clinicians need to apply to the exceptional cases panel for approval of funding - click here to access the form.</p> <p>Urgent open/upright MRI requests in cases with red flag symptoms or signs should be made urgently by the referring clinician directly to the commissioned provider and are excluded from this policy.</p> <p>Patients with the following may be eligible for funding:</p> <ul style="list-style-type: none"> • Patients who are unable to tolerate conventional MRI due to claustrophobia despite conservative management of anxiety (including noise-cancelling headphones, visual aids and scanning feet first) AND the use of sedation (where sedation is not contraindicated). <p>OR</p> <ul style="list-style-type: none"> • Patients who are unable to fit in a conventional MRI scanner, eg due to obesity or inability to lie flat. <p>OR</p> <ul style="list-style-type: none"> • Patients with debilitating symptoms which are thought to be due to weight bearing pathology, where previous conventional MRI has shown no pathology. <p>Funding requests for open or upright MRI should be submitted by the referring clinician stating clearly the clinical question and reason for exceptionality, as well as the proposed intervention.</p> <p>It is the responsibility of referring and treating clinicians to ensure compliance with this policy.</p>			

Definition: Traditional MRI involves patients lying in the supine position in a noisy enclosed space for up to 90 minutes. This may be difficult for patients who are morbidly obese or those who suffer from anxiety secondary to claustrophobia^{1,2}. It has also been asserted that standard MRI scans, that image in the supine position, may not always reveal pathology of weight-bearing joints³. Open/upright MRI has been proposed as a solution. Although it uses a lower magnetic field strength compared to standard MRI and hence lower resolution, it has been claimed that the current strength of open/upright MRI is sufficient to give equivalent diagnostic accuracy for some conditions^{4,5}.

Estimated numbers of people affected:	A large number of MRIs are conducted in Cambridgeshire and Peterborough every year for a large number of indications. In 2015/16, 46 open/upright MRI scans were provided through private providers. The projected rate for 2016/17 is 76, a fourfold increase from the 2013/14 rate of 20 per year.
Health benefits:	Evidence for the benefit of open MRI in patients with claustrophobia is mixed ² and there are no comparative diagnostic studies of open/upright MRI compared with standard MRI showing an advantage for diagnosing weight-bearing pathology. Therefore, since the cost of open/upright MRI is considerably higher than for standard MRI, these will only be funded where a patient is unable to undergo a standard MRI or where there is a case for exceptionality.
Priority:	Lower clinical priority.

GLOSSARY:

Claustrophobia:	The irrational fear of confined spaces.
Tesla:	The unit of measurement of the strength of a magnetic field.

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