INTRODUCTION

- Patients experience anxiety and claustrophobia-related symptoms during diagnostic scans in medical imaging.
- Up to 15% of patients undergoing an MRI will suffer from anxiety causing the scan to be aborted or require sedation to complete it (Dewey et al., 2007).
- Anxiety may affect patient satisfaction, the technical quality of a scan, cause delays in diagnosis and treatment, and impair patient outcomes.
- Anxiolysis (minimal sedation) aims to reduce anxiety and excessive motion, resulting in improved satisfaction, image quality, and efficiency.
- While over-sedation can lead to increased recovery time, there is a negligible increased risk of complications from standard dosage as long as due regard is given to patients with specific conditions (ASA, 2002).
- ANZCA released a position statement PS09 (ANZCA, 2014) for guidelines around sedation for diagnostic procedures, however the wording of the document and its formulation is open to misinterpretation.
- RANZCR has endorsed AS09 but there remains scope for misinterpretation.
- This paper aims to clarify anxiolysis in radiology. It defines a diagnostic scan, a diagnostic procedure, anxiolysis, minimal sedation and conscious sedation such that no over-interpretation is possible. We recommend that in future endorsements of position statements, explicit definitions such as the ones we propose are included to avoid misinterpretations in the future.

BACKGROUND ANZCA Position statement PS09 (2014)

BACKGROUND ASA 2002 (on which ANZCA PS09 is based)

THREE
1. Guideline on sedation and/or anaesthesia for diagnostic and interventional medical, dental or surgical procedures
2. Definition of sedation
3. Definition of anaesthesia
4. General practice

BACKGROUND ANZCA Position statement PS09 (2014)

IN THIS 2014 POSITION STATEMENT, ENDORSED BY RANZCR IN THE 2020 PRACTICE GUIDELINES (RANZCR, 2020) THERE IS NO DEFINITION OF WHAT CONSTITUTES A DIAGNOSTIC PROCEDURE. THIS MAY LEAD TO CONFUSION IN NON-RADILOGICAL CIRCLES. IS A DIAGNOSTIC SCAN A DIAGNOSTIC PROCEDURE? DOES AS09 COVER ROUTINE DIAGNOSTIC MRI AND CT SCANS?

*Note that there are THREE defined levels of sedation defined. Anxiolysis is absent.

REFERENCES
4. Himasha Nanayakkara, John Cockburn. Dept of Medical Imaging, The Canberra Hospital, ACT, Australia, 2605
5. Himasha Nanayakkara, John Cockburn, ACT Government, Canberra Health Services

BACKGROUND ASA 2002 (on which ANZCA PS09 is based)

CONCLUSION

1. Radiologists should be aware that non-radiologists may confuse diagnostic scans with image-guided diagnostic procedures when formulating policies and procedures.
2. Interventional radiologists need to be fully conversant with PS09 and ASA 2002.
3. All radiologists should know the terminology and implications of levels of sedation in a radiology department. This includes patient selection, medications, side-effects, monitoring and after-care.
4. We recommend that Radiologists read Anxiolysis (minimal sedation) for procedures and tests (MD Anderson Cancer Centre, 2020).