MRI guidance information for Finetech-Brindley Sacral Anterior Root Stimulator (SARS)



Risk Assessment: Experience shows that MRI scanning of patients with Finetech-Brindley (Vocare) sacral anterior root bladder stimulator implant is possible using a 1.5 Tesla cylindrical-bore magnet, horizontal field orientation MRI system.

Testing has shown that, within indicated limits of scanning hardware and exposure, patients and implanted hardware can be safely scanned using MRI. The following summarises the key points of the MRI precautionary technical information and should be considered reasonable guidelines in all cases.

Potential Adverse Events

The Finetech-Brindley SARS has been designed to minimize potential events that may cause patient harm. The following potential events may occur in the MRI environment:

- Lead electrode heating resulting in tissue damage or serious patient injury.
- Receiver heating resulting in tissue damage or patient discomfort or both.
- Induced currents on leads resulting in unpleasant sensations or motor disturbances.
- Damage to the functionality or mechanical integrity of the system resulting in the inability to function as required.
- Movement or vibration of the receiver or leads.

Preparation for Scanning:

- Patients shall determine with the clinician that the implant is functioning normally to confirm that the implant is complete and without breaks to the leads. Providing that the implant is functioning normally, scanning can be performed in accordance with the conditions below.
- Patients who have any portion of their system exposed due to skin erosion are not suitable for MRI scanning. The MRI scan may cause heating of the system, which could result in serious patient injury.
- Patients should be advised to empty their bladder prior to MRI scanning.
- The patient's external equipment (Controller, Transmitter Block or Transmitter Lead) must not enter a room where an MRI scanner is located. The implant only functions when coupled with the external equipment.
- The potential risk of scanning a patient with an abandoned or non-functional implant should be considered
 on a case-by-case basis against the benefits of scanning. Imaging a patient with a non-functional implant
 lead may result in excessive heating around any potential break in the leads.

MRI Scanning Conditions – MRI scanning can be performed on individuals implanted with the Finetech-Brindley SARS only under the following conditions:

- Following confirmation that the implant is functioning normally to confirm that the implant is complete and without breaks in the leads.
- This device has been tested using a 1.5 Tesla MR System with a maximum Spatial Field Gradient (SFG) of 450 gauss/cm (General Electric Co., Signa System). All other scanner configurations should be assessed by the clinician team for risk / benefit.
- The imaging mode used must not load the patient with an average Specific Absorption Rate (SAR) of more than 1.1 W/kg for a scan of 30 minutes duration.
- Unconventional or non-standard MRI modes must not be used.
- The use of coils other than the scanner's Body Coil or a Head Coil is untested and must be assessed by the clinician team for risk / benefit. The use of local coils on the patient's trunk e.g. abdominal or surface coils, is prohibited.

During Scanning:

 Patients must be closely monitored during scanning and asked to report any unusual sensations or muscle activity.

Image Quality:

- If the location to be scanned is in the same area or relatively close to the position of the implanted receiver, artefacts may compromise the quality of the image.
- In non-clinical testing, the worst-case image artefact caused by the device extends approximately 124 mm² from the implantable receiver when managed with a gradient echo pulse sequence and a 1.5T MRI system.

• In non-clinical testing, the worst-case image artefact caused by the device extends approximately 255 mm² from the implantable receiver when managed with a spin echo pulse sequence and a 1.5T MRI system.

After Scanning:

• The implant should be checked for correct function, outside of the scanning area.

Approved By:	Date:	
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Document History					
Date	Issue	Revisions made	IMR	Author	
14 July 2008	001	New MRI Guidance Instruction Document	n/a	J Spensley	
10 th April 2012	002	Update to new template	n/a	A Cruickshank	
29 July 2013	00C	Clarify device name. Limit scanner to 1.5Tesla	n/a	J Spensley	
21/04/2016	0.4	Updated information consistent with BS400, BS401 and BS403	ECR19	Jack Spensley	
28/03/2018	5.0	Add reference to gradient magnetic fields from www.MRIsafety.com	IMR785	John Spensley	
25 th July 2019	6.0	Clarification of MRI scanning parameters and inclusion of Potential	IMR967	John Spensley, Tara	
		Adverse Events.		Noone	
20 th August	7.0	Clarification of acceptable coil types and remove reference to maximum	IMR977	Tara Noone	
2019		slew rate			