

# **Experience with MRI safety and DBS:** Data from the National Parkinson Foundation Centers of Excellence

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#### OBJECTIVE

• To survey safety of MRI in PD patients implanted with DBS devices.

#### BACKGROUND

MRI in patients with DBS implants is useful:

- 1)To confirm DBS electrode placement.
- 2) To optimize programming and investigating complications.
- · However, several medical centers do not perform MRI studies in DBS because of safety concerns
- The safety profile of MRI in patients with implanted DBS devices has not been well documented in large clinical series

### METHODS

42 NPF Centers of Excellence (COEs) were asked to complete a questionnaire on MRI use and DBS.

### QUESTIONNAIRE

- 1. Does your center perform MRI on patients who have implanted Deep Brain Stimulation (DBS) devices?
- 2. If the answer to question #1 is YES, please indicate whether: A. the center that performs the MRI is: a: Private hospital/ b: University hospital/ c: Independent MRI facility/ d: a & b/ e: b & c
- B. the center performs: a. Brain MRI?/ b. MRI of other body parts?
- 3. Do you use a specific MRI protocol for DBS patients?
- 4. Please indicate the technical features of your MRI scanner
- 5. How many DBS patients have your center scanned?
- 6. Did your center observe any complication(s) attributable to MRI scan(s)? 7. Do you feel that it is safe to perform post-operative MRI on your DBS patients?
- 8. Would you do post-operative MRI in the following scenarios (with a DBS patient)?
- a. No transmit-receive head coil
- b. An abdominally implanted impulse generator-or an impulse generator below the usual subclavicular location
- c. If the MRI machine has not been inspected to meet Medtronic recommended safety specifications
- 9. Do you follow the following procedure before MRI? If not, please explain. a. Set the amplitude parameter to 0.0
- b. Check the impedance and current for continuity
- c. Turn the stimulator OFF

#### d. Obtain a consent form from the patient

### RESULTS

- Investigators from 40 of 42 (95%) NPF COEs completed the survey 26/40 centers (65%) reported that they perform MRI in DBS patients



- University Hespitals Private Hospitals Independent MRI facilities No MRI
- \* 17/40 centers (42%) not performing MRI for DBS listed the reasons for not using post-operative imaging as: 1) Industry guidelines and/or warnings (53%) 2) Defer clinical decision to outside department (29%) 3)Liability/risk/safety (18%) 4) No active DBS program (18%) 5) No available MRI (12%) 6) Concerns about insurance and reimbursement (6%)

#### MRI protocol used for DBS patients

GE & Siemens: 4

a)T1-FLAIR		4
b)T1-mprage (Siemens)		11
c) T1-3d fast SPGR (GE)		8
d)T1-3d_tfe (Phillips)		2
e) T2-FLAIR		9
f) T2 TSE		13
g)T2 inversion		4
h)FLAIR		8
i) Fast Spin Echo/Inversio	on Recovery	7
j) Other	2	8
Manufacturer	TESLA	
GE: 12	1.0: 1	
Siemens: 9	1.5: 25	
Philips: 1		
Multiple: 6		
GE & Philips: 2		

## **RESULTS: COMPLICATIONS**

- A total of 3.304 PD patients with one or more DBS leads had a brain MRI scan, and 177 DBS patients had MRI of other body regions.
- In one case MRI was associated with an IPG failure with no. neurological seguelae after IPG replacement.
- No other complications have been reported.

NO: 11

#### **RESULTS: CASE SCENARIOS**

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Would you do post-operative MRI in the following scenarios (with a DBS patient)?
a. No transmit-receive head coil (n=24 responses)
      YES: 3
                               NO: 20
     YES: 19
                               NO: 4
                                           Not sure: 1
c. If the MRI machine has not been inspected to meet Medtronic recommended safety specifications (n=24)
       YES: 8
                               NO: 15
Do you follow the following procedure before MRI?
a. Set the amplitude parameter to 0.0 (n=24)
      YES: 22
                               NO 1
b. Check the impedance and current for continuity (n=24)
       YES: 18
                               NO: 6
c. Turn the stimulator OFF (n=24)
                               NO: 0
     YES: 24
d. Obtain a consent form from the patient (n=24)
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#### CONCLUSIONS

YES: 13

These data suggest that a favorable risk/benefit ratio for brain MRI in patients with DBS implants.

We suggest that the current safety guidelines be re-examined given this large and positive experience.



Brain MR

Body MRI No MPI

- - b. An abdominally implanted impulse generator-or an impulse generator below the usual subclavicular location (n=24)