GRUMPY OLD
ULTRASOUND
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BMUS 2014
Highlights & Early Bird Registration

Euroson 2014
the lowdown from Tel Aviv

Celebrating a successful Summer School
S

o… having reached an age when I have already turned into an exact facsimile of my father aged 50 and heading rapidly towards the values and beliefs of my Victorian great grandfather, I thought that I would confidentially share with you, over the next few newsletters, some of my irritations with life in the modern NHS.

This episode concerns a patient who had undergone an ultrasound examination somewhere else showing “something wrong with his liver”. It transpired that a perfectly fit middle aged man was unwise enough to attend a “well man” check-up. Routine blood tests, for no particular indication, showed a moderately raised γGT level. A “quick focused ultrasound” by a non-imaging specialist demonstrated a small focal liver “something”. Needless to say no images had been taken and no formal report issued for review by your GOUC. Please note that the patient has already become a “VOMIT” (victim of modern imaging technology).1

Referral was arranged to our centre of Tertiary liver splendidness. The clinical team decided that there was no point in wasting time with another ultrasound and proceeded directly to order (note not request) a proper test – CT. Disappointingly, the three phase CT scan failed to show any liver abnormality whatsoever. The referrers were reassured that the “proper test” was normal, but still a niggling doubt persisted and, as is now standard practice, a liver MRI was ordered. A full liver protocol MRI was performed; 45 minutes and 1200 images later this showed that there was indeed a small focal liver abnormality in segment II. The features did not support a diagnosis of hepatocellular carcinoma but its nature remained uncertain.

MDT discussions ensued; the lesion was thought to be inaccessible to percutaneous biopsy. The liver surgeons were keen on a diagnostic resection (plus ça change…) and a range of options were discussed before finally settling on MRI surveillance at three month intervals. By this stage the patient had turned from a “well man” to a nervous wreck with no diagnosis and, in his mind, every probability that he had liver cancer.

Fortunately, an older and wiser physician advised repeating the ultrasound study. Twenty minutes, and half a vial of SonoVue later, the diagnosis of a small haemangioma in a background of fatty infiltration of the liver was made and the MRI scanner advised to stand down.

The details of this case have been slightly altered to protect the innocent (and also for my own purposes,) but they are substantially accurate and I am sure that you will all recognise something similar from your daily practice. It is incumbent on us, as ultrasound specialists, to maintain the highest standards of ultrasound practice to ensure that clinicians understand the value of a well conducted ultrasound study performed by an expert imager. For the correct indications ultrasound can give MRI and CT a good run for their money, be less expensive and more acceptable to patients. As we all know ultrasound is difficult and cannot be learned by attending a weekend course. We must become champions of our favourite imaging technology, maintain its reputation as a valuable first-line modality and demonstrate that it most certainly is a “proper test”.

Until next time, stay well and avoid the well man and well woman clinics like the plague.

Dr Simon Freeman
BMUS Honorary Secretary

1VOMIT (victims of modern imaging technology)— an acronym for our times.
R Hayward BMJ 2003;326:1273
Welcome to the summer update from the BMUS scientific and education committee. As I write I am relaxing in the sun with a small glass of something cold and chinching to enjoy by my side; a perfect summer evening! What does summer mean to you? Wimbledon? Strawberries and cream? The World Cup? School holidays? For me all of these things but most importantly – BMUS 2014 EARLY BIRD REGISTRATION! Yes, that’s right you read correctly. You may well be enjoying all the summer treats, but the BMUS ASM is approaching and I encourage you to register NOW to take advantage of the early bird registration rates. The ASM programme is finalised and I know there are sessions of interest in all aspects of ultrasound practice.

Day 1

is filled to the brim with abdominal imaging, physics and the ever popular professional issues sessions. This year’s Donald MacVicar Brown (DMB) lecture is being held on day one and we are delighted that this is being given by Dr Lol Berman from Addenbrookes, Cambridge. Dr Berman has been an ardent supporter of BMUS and has contributed annually to the educational programme. It gives me enormous pleasure to welcome him to give this eponymous lecture. He guarantees to be as entertaining and, perhaps, as moderately controversial as ever.

The world of imaging rarely stands still and certainly ultrasound technologies are rapidly developing offering new techniques to improve diagnosis and intervention. To reflect these technological and diagnostic developments there are the vascular stream and the advancing technologies stream on day 2. The educational streams in both these fields are ideal for all delegates involved in high quality ultrasound imaging and for those looking to extend their skill set and scope of ultrasound in clinical practice.

A new and exciting feature on

Day 2

is a full day programme jointly organised with the Association of Early Pregnancy Units (AEPU). They bring their wealth of expertise to the BMUS meeting and this day will explore the imaging, management and patient well being aspects of ultrasound practice in early pregnancy care.

A full and varied MSK imaging programme features large on

Day 3

This year we have organised a fundamental MSK programme for those delegates starting out on MSK imaging and in addition there is a parallel and complimentary advanced MSK programme. This advanced programme is designed to offer updated training and development for experienced practitioners who want to share their skills and hear what is new and advancing in this rapidly expanding field of practice. To support this exciting MSK programme two hands on workshops are to be delivered, again supporting both the fundamental and advanced programmes.
For those delegates not involved with MSK practice day 3 also offers a programme for paediatric imaging, including the unusual but complex retroperitoneal and vascular imaging. There is also a tremendous programme for women’s health which offers to provide up to the minute imaging and patient care advice in obstetrics. We are also taking a look at medico-legal pitfalls in obstetric imaging and how best to avoid them and I for one am looking forward to some sound advice from the experts.

The Peter Twining Memorial Lecture this year is given by Professor Mark Kilby. Professor Kilby was appointed as an Honorary Consultant in Obstetrics at Birmingham Women’s Foundation NHS Trust and Senior Lecturer in Maternal and Fetal Medicine at the University of Birmingham in March 1996. Professor Kilby has special clinical expertise in prenatal diagnosis, the detection of fetal abnormalities, intrauterine growth restriction and its placental pathology and fetal therapy. In addition he was a co-Chair and Editor of the 2006 Royal College of Obstetricians and Gynaecologists Scientific Working Party on Multiple Pregnancy and was Chairman of the National Institute of Clinical Excellence Working Party on Multiple Pregnancy between 2009 -2012. With this wealth of experience this year’s Peter Twining Memorial lecture will be of great interest to all practitioners practicing in the field of diagnostic ultrasound.

Another exciting addition to the programme on day 3 is the gynaecology programme. The whole afternoon is dedicated to endometriosis. This is often a difficult condition to diagnose with ultrasound despite it affecting approximately 11% of the female population, often with significant affects. The aim of this session is to give an overview of causes of pelvic pain, including on endometriosis. Deep infiltrating endometriosis will be explored with Professor Gernot Hudelist. The Professor is a world authority on this specialised but important subject. In addition there will be the clinician perspective from a renowned gynaecologist regarding what is required from the ultrasound report. This surely is a women’s health programme not to be missed.

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This year, in additional to the MSK training, the remaining two integrated training days are the ever popular DVT (day 1) and Head and Neck (day 2) sessions. In both the DVT and Head and Neck sessions delegates have the opportunity to extended and practice their range of skills, whilst developing new techniques and a greater understanding of the imaging technologies available from different manufacturers.

Expert Sessions

New to the ASM this year are two practical advice sessions delivered by experts in their field.

Ergonomic Practice Expert Session

The first session is concentrating on ergonomics and the reduction in RSI, a significant factor affecting the ultrasound profession. This practical session on day 1 will explore the ergonomic features available on equipment including the examination and couch manufacturers. This practical session will give the opportunity for manufacturers to demonstrate the work they have put into developing features on their equipment to aid a reduction in RSI. The faculty, provided by BMUS, will give hands
on advice and tuition to delegates, with the advice and guidance of the manufacturer colleagues.

In addition to the Expert Practice Session on day 1 there are two separate master class sessions being held on day 2 with manufacturer support. The class will present hints and tips on how delegates can reduce their risk of work related injury. The faculty will give an insight into some of the issues affecting ultrasound practitioners and review what steps can be made to ensure a long and healthy career.

**Advancing Technologies**

The second expert session sits within the advancing technologies stream on day 2. The practical training session compliments the morning presentations and aims to give delegates the opportunity to use modern machines and advancing technologies with experts in their field. In addition delegates will have the opportunity to use the simulator scan trainer which is rapidly becoming the technology to further ultrasound training and practice. This session will be moderated by **Professor Paul Sidhu**, the BMUS President and supported by an excellent team of experts.

Whilst this exciting programme is, in itself, a fantastic event there is also the conference dinner, sponsored by Toshiba Medical Systems and held at the home of Manchester United Football Club. The conference dinner promises to be an unforgettable occasion! Your ticket includes a drinks reception in the museum and trophy room, a 3 course dinner over looking the famous hallowed turf followed by swing time cabaret and dancing. Tickets are limited and are already in great demand. Book early to avoid disappointment!

So, can I tempt you away from your summer delights? Register now and you get all of this fantastic programme at bargain discount rates. Early Bird registration closes 28th September 2014. Don’t worry though if you can make this deadline, registration is open up to and at the meeting in December.

**www.bmus.org**

We are really fortunate to be working with the Leeds radiology Academy and supporting the annual **paediatric study day**. This is to be held in Leeds on **26th September 2014**. The programme for this day is all encompassing and certainly offers a range of educational material for all practitioners involved with paediatric imaging. Again book early to avoid disappointment.

In addition to the S&E committee activities in organising study days and education a new professional standards group has met and started looking at issues related to standards in ultrasound imaging. The aim of this group is to develop and publish guidance on delivering and maintaining high quality ultrasound imaging services. Watch this space – the outcome of the first project will be presented at the BMUS ASM and published in the Ultrasound journal in the New Year.

Enjoy the rest of the summer and I look forward to seeing you all the not to be missed 2014 ASM at The Point, Emirates Old Trafford in December!
Arriving in Israel, I stepped off the air-conditioned plane and was hit by a wall of warmth in the air, despite sunrise still being two hours away. It certainly made a change from the chills of Gateshead six months previously, where I had been lucky enough to win the Young Investigator’s Session at BMUS 2013, the prize being to present at Euroson 2014 in Tel-Aviv.

The conference took place in the lavish David Intercontinental Hotel, only yards away from the Mediterranean. But before the call of the sea could take hold there were more pressing academic concerns, so it was to the basement I headed on day one. The first session to catch my attention was New Technologies, and perhaps the highlight of the conference was an entertaining and informative talk on the history and future of IT and ultrasound by Franklin Tessler from the USA.

Day two was the Young Investigator Session where I was due to present my talk on the acoustic properties of a tissue-mimicking material for use in preclinical ultrasound. There was an impressive assortment of subjects covered by the seven other participants, from the diagnosis value of elastography to less invasive methods for predicting esophageal varices.

The questioning preceding each talk was quite brutal at times, with abstracts scoured for inconsistencies in patient numbers and stony statements made proclaiming it had all been done before. I certainly had an advantage being the only native English speaker, and the question “but what is the clinical relevance of this?” is one, as a physicist, that I am quite used to defending. Myself and an engineer from Denmark (who was measuring pressure gradients with ultrasound) were the only non-clinical speakers in this session, and indeed there were very few non-clinical speakers at the conference as a whole.

When it came to the Gala dinner (an event of lights, singing, dancing and drums), the winner of the Young Investigators session was announced as Maarten Kuenen from the Netherlands with his talk on contrast-ultrasound dispersion imaging for prostate cancer localization. I was delighted to be awarded second place, with third going to Natalia Buda from Poland for her talk on transthoracic lung ultrasound in diagnosis of the lung emphysema.

Overall the conference was a fascinating insight into the clinical applications of ultrasound taking place all over the world. Personally I was slightly disappointed that there was almost no physics content and would have preferred to have seen more technological developments, and this is where the difference between the BMUS meeting and Euroson really stood out. However, it was a great opportunity to meet with people from a variety of backgrounds and make useful links with the backdrop of such a diverse and historic country.

To Chaperone or not to Chaperone

Do you currently have chaperones when performing ultrasound?

The subject of chaperones is at the forefront of discussion in many areas of the UK. I would like to assess how many units use chaperones and the general consensus of opinion throughout the profession.

Current guidelines from the RCOG say that patients should be offered one, but should the sonographer themselves have a chaperone?

The number of complaints in hospitals is generally increasing and without a witness, how vulnerable are we if the patient accuses us of assault?

You will soon receive a short chaperone survey via BMUS. I would like as many units to fill this questionnaire in so we can get a general look at how we work in the profession and whether we agree that chaperones are not just for the benefit of the patient, but for us as well. I would really appreciate it if you could fill this survey in.

Thank you.

Gail Ashington MSc
The 2014 BMUS Summer School was held in the Leeds and West Yorkshire Radiology Academy on June 19th and 20th 2014. Day one comprised of both lectures and practical interactive sessions concerning hepatobiliary ultrasound, whilst day two reviewed current and future practice in gynaecology and urology ultrasound.

Both days were attended to full capacity and received excellent feedback from delegates. Particular highlights of the meeting included the demonstration of practical skills, opportunities for delegates to scan with expert guidance and engagement with interactive case presentations.

Thanks are due to BMUS staff, invited speakers, colleagues who facilitated practical sessions and sonography students who acted as patients. We are also grateful to the manufacturers who supported the meeting – Philips Healthcare, Siemens, Imaging First, GE Healthcare, Toshiba and Medaphor.

Terry Humphrey
Consultant Sonographer
Leeds Radiology Academy
Leeds General Infirmary

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**Book review – Borsha Sarker**

**BE IN BALANCE** by Angela Bradshaw

Twenty five years ago I was advised to consider the Alexander Technique for my poor posture, by my Superintendent Radiographer (an AT tutor) well before I trained in ultrasound. Now after my third episode of RSI I wish I had listened. I just never thought it would affect me.

The profession has lost so many good staff to RSI which it can ill afford. The stress of working in today’s target driven and impersonal work environments has just compounded the problem. We need to learn how to recognise the early warning signs and put in preventative measures such as those described in this book.

I applaud Angela for her passion, drive and enthusiasm to help other Medical Imaging Professionals who are currently suffering with RSI and WRMSD. We are lucky to have an excellent ergonomics department at work and great support with equipment aids, but I loved the strap line on the cover :-

In fact good posture and the principles of Alexander Technique is something we should perhaps be teaching much earlier at school. This book is a simple guide to the techniques and written by someone who has also been affected as a practising ultrasound professional. It teaches us to value and look after ourselves. Perhaps we should have a copy in all our departments to remind us all to value and care for our staff.

Borsha Sarker
Principal Sonographer
Queen Elizabeth Hospital, Gateshead
The Leeds Paediatric Ultrasound Course in association with BMUS

26th September 2014
Leeds Radiology Academy

The course is aimed at sonographers, consultant radiologists and trainee radiologists with an interest in Paediatric ultrasound.

The course covers both established paediatric practice and new developments in the field.

This course has been awarded 6 category 1 RCR and 6 BMUS CPD points.

Organised by:
Terry Humphrey & Jeannette Kraft, Leeds

Registration:
BMUS Members - £100
Non-members - £140

To register please visit:
http://www.bmus.org/conference-events/ce-studydays.asp

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