

**INTERNATIONAL
DAY OF RADIOLOGY**

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**International Day of Radiology 2017
Interview on Emergency Radiology
Lithuania/Dr. Saulius Lukosevicius**

Lithuanian radiologist Dr. Saulius Lukosevicius says his colleagues often joke that being an emergency radiologist at his hospital is a form of punishment, but sometimes it is true

***European Society of Radiology:** Could you please describe the role of the radiologist in a typical emergency department in your country?*

Saulius Lukosevicius: In Lithuania, as in any country, there are several huge, university hospitals, as well as smaller regional hospitals. Therefore, the role of a radiologist differs from hospital to hospital.

In the emergency department of our hospital, Lithuanian University of Health Sciences in Kaunas, Kauno klinikos, a radiologist plays a very important role and is a member of various acute-investigation teams (e.g. trauma and stroke teams) with all possible types of examinations available around the clock. Of course, in a smaller regional hospital there are fewer types of examinations, and the modalities could be limited to only ultrasound and x-ray.

***ESR:** What does a typical day in the emergency department look like for a radiologist?*

SL: My radiology colleagues sometimes joke among themselves that a typical day in the emergency department for a radiologist is a form of punishment. Of course, it's only a joke. However, there is some truth to it. In our emergency department, a typical day is a pretty tough, with a lot of stress, some difficult, acute cases, and many complaining patients. A radiologist in the emergency department has two younger residents responsible for x-ray and ultrasound investigations, and one senior resident responsible for all CT investigations. During an average day in our emergency department, we perform 35 to 40 CT investigations in addition to ultrasound and x-ray examinations. No one could argue; there's a lot going on.

***ESR:** Teamwork is crucial in an emergency department. How is this accomplished in your department and who is involved?*

SL: In our hospital, a radiologist is a part of several teams that gather in case of an emergency, such as a trauma-patient team. Radiologists have assigned duties in their teams, and their input is crucial in the decision-making process, given the urgency of treatment. I am sure that in a smaller, country hospital, an emergency-department radiologist is even more important because the radiologist is one of only two physicians on duty, the other being an internist.

***ESR:** How satisfied are you with the workflow and your role in your department? How do you think it could be improved?*

SL: The workload is very heavy at the moment because in some cases, clinicians don't approach a patient who hasn't already had a radiological examination. Of course, times are changing. Today there is no longer a need for percussion and less need for palpation, auscultation and inspection. However, CT almost always is necessary, as is x-ray and ultrasound. Until now, MRI is not routinely performed in the emergency department.

ESR: Which modalities are used for different emergencies? Could you please give an overview sorted by modalities?

SL: In the emergency department, we use all kinds of imaging modalities – starting with a simple x-ray for skeletal injuries, to ultrasound for acute abdomen in adults and children. Of course during a routine workday in the emergency department, we use all kinds of CT, including CT angiography for neuro- and general-radiological investigations, as well as triple-rule-out (TRO) CT angiography.

MRI use is not routine in the emergency department, but in certain cases, such as occlusion hydrocephalus or acute myelopathy, it is available around the clock.

ESR: Is teleradiology an issue in emergency radiology? If yes, how so, and how often is it used?

SL: In our university hospital, we do not use teleradiology in the emergency department. But for certain collaborative activities with some smaller and distant hospitals in Lithuania, we may use teleradiology for acute x-rays and CT scans. I question the use of teleradiology in an emergency department because a distant radiologist must be an integral part of the clinical situation and have extremely good clinical information. Therefore, it is more effective to be on site to solve an emergency situation, especially, if urgent intervention is needed.

ESR: Do you have direct contact with patients and if yes, what does it entail?

SL: Direct contact with patients is minimal, unless the radiologist needs to perform ultrasound or some functional examination.

ESR: How are radiologists in your country trained in emergency radiology? Is emergency radiology a recognised specialty in your country?

SL: In our country, emergency radiology is not a specialty or subspecialty. In the radiology-residency curriculum at Lithuanian University of Health Sciences, the general specialty is titled 'radiology physician', which means that a licenced radiologist may perform any diagnostic examinations (except PET/CT) and nonvascular interventions. In our department, radiologists rotate from unit to unit and from modality to modality. Thus, each staff member occasionally takes part in emergency-radiology investigations.

Prof. Saulius Lukosevicius is a professor of radiology and vice chair of the radiology department at the Lithuanian University of Health Sciences in Kaunas, Lithuania. His main fields of interest are neuroradiology and vascular pathology. Since 2013, he has served as head of the Section of Education and International Relations on the board of the Lithuanian Radiologists' Association. Dr. Lukosevicius is co-author and peer reviewer of numerous national and international publications. Since 2013, he has served as the chief specialist of radiology in the Ministry of Health of the Republic of Lithuania, where he consults in state health policy and audition. Dr. Lukosevicius also is a member of ESR's Quality, Safety and Standards Committee, and the Section of Radiology of the European Union of Medical Specialists (UEMS).

