

**INTERNATIONAL
DAY OF RADIOLOGY**

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**International Day of Radiology 2017
Interview on Emergency Radiology
Bosnia and Herzegovina/Vesna Sarajlic**

Dr. Vesna Sarajlic says improved patient triage, better equipment, and focused courses for young radiologists would improve emergency radiology workflow in Bosnia and Herzegovina

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

Vesna Sarajlic: The daily work of clinicians would be unthinkable without radiology. However in emergency situations, the radiologist's role is even more important, given that the quick and correct diagnosis saves lives. That is why radiologists, with their radiologic modalities, ultrasound and CT, have a crucial role in all emergency centres in our country.

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

VS: In the emergency department, two radiologists cover a 24-hour shift. They deal with a heavy patient load and a wide variety of cases. An emergency medicine or internal medicine specialist examines and triages patients, and then refers them for an ultrasound or CT examination. There also are calls from the other departments, such as the intensive care unit or the paediatric clinic, that require emergency radiologists to examine patients using ultrasound.

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

VS: At our university hospital, we have an emergency clinic, which is comprised of three departments: the reception and diagnostic department, the surgical department and the inpatient ward. The clinic employs 62 people, 12 of which are doctors (i.e. one emergency medicine specialist, seven internal medicine specialists, two general surgeons and two maxillofacial surgeons). Radiologists who work 24-hour shifts in the emergency clinic are employees of the radiology clinic, and also are general radiologists. Diagnostic procedures performed in the emergency clinic are laboratory tests, x-rays, ECG, 3D ultrasound, gastroscopy and CT.

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

VS: Improved triage of patients who come to the emergency clinic would lighten the workload for radiologists. Also, the best ultrasound and CT machines should be assigned to the emergency department. Focused courses in emergency radiology should be organised for young radiologists, and emergency radiology should become a part of the residency training curriculum. The sessions on emergency radiology at the European Congress of Radiology (ECR), are extremely popular, and the rooms are always overflowing with attendees. This indicates that in general, radiologists want to learn more from the experts in that field.

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

VS: Ultrasound and CT are the two main modalities in emergency radiology in our country. Ultrasound is used mainly for examinations of the abdomen and pelvis; paediatric patients; genitourinary system; and musculoskeletal trauma. Usually during 24 hours, we have more ultrasound examinations than CT examinations. However, a good CT scanner is invaluable in every emergency department. Most of our CT examinations are brain scans on patients referred by a neurologist who suspects cerebrovascular infarction. Next in descending order are CTs of the chest and abdomen, CTs of the whole body in polytraumatised patients, and often we perform CT angiographies of the aorta for acute aortic syndrome and ruptured abdominal aortic aneurysms (AAA ruptures).

In our clinical centre, MRI examinations also are available for specific emergency situations, such as symptomatic spine injuries that are not visible using CT.

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

VS: Teleradiology is not routine in our country yet. Many centres in Bosnia and Herzegovina have a basic emergency service, and patients from smaller centres are transported to the closest hospital where additional diagnostic procedures can be performed for adequate treatment.

ESR: *Are emergency radiologists active anywhere other than emergency departments? Do they have other non-emergency roles, or other emergency roles in other departments?*

VS: Since we do not have a radiologist assigned exclusively to the emergency department, all radiologists also work as general radiologists. The majority of radiologists in larger centres are usually more involved in a specialised field of radiology (i.e. neuroradiology, musculoskeletal or abdominal). Typically they work as emergency radiologists during 24-hour shifts, three or four times each month.

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

VS: In our emergency department, doctors have contact with patients. If the patients are communicative and conscious, it is often valuable to speak directly with the patient to get information about the symptoms or mechanism of injury. It can be very helpful in making the correct diagnosis.

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

VS: Emergency radiology is not recognised as a speciality, or even as a subspeciality, in our country yet.

We are trained in emergency radiology during residency in other radiology rotations, and then later when working night shifts with the senior radiologists in the emergency department.

ESR: *Please feel free to add any information and thoughts on this topic you would like to share.*

VS: I am very glad that a relatively new European Society of Emergency Radiology (ESER) has been established within ESR as an area of special interest and expertise for the dissemination of emergency radiology information, as well as clinical, educational and research information.

Dr. Vesna Sarajlic is a subspecialist in vascular and interventional radiology, and works at the Clinic of Radiology, University Clinical Centre in Sarajevo, Bosnia and Herzegovina. Her main research interests are in vascular imaging and oncologic interventional radiology, but she also has a great interest in emergency radiology. She has been a member of the European Society of Radiology, and the Programme Planning Committee member of the Balkan Society of Radiology, and a new member of the European Society of Emergency Radiology. She has been invited speaker at the Balkan Congresses of Radiology since 2009, and almost always speaks on topics in the field of emergency radiology.

