



GLARIN 2011 Views and News



HIGHLIGHTS FROM THE ANNUAL SYMPOSIUM

The 2011 Spring GLARIN Symposium was held on May 14, 2011 at the Yarrow Conference Center and Golf Course in Augusta, MI.

The accommodations and facility were beautiful, the food was great. The speakers represented us well and a good time was had by all. The only bad thing was the buckets and buckets of rain that fell that weekend. We had continuing education credits for both RN and Rad Techs and we had between 5-10 Rad Techs at the conference. An email with a link for pictures was sent to most of you that attended and added to the website.

I would like to thank all the vendors for their support and we look to next year's symposium in either Illinois or Indiana. *-Janine Lewandowski RN*

In the first lecture a quote from Dr. Dotter, father of Interventional Radiology, "An angiographic catheter can be more than a tool for passive means for diagnostic observation; used with imagination it can become an important surgical instrument". This quote should inspire us to continue growing in our profession. As many of the lecturers exemplified, we grow in IR by teaching each other what we have learned through our own experiences. Each experience we share is cultivated into a 'pearl' of wisdom, that can be taken home and shared with our colleagues.

Thank you GLARIN for a fabulous symposium! The Chicago team has big shoes to fill in 2012. It is always great to see Nurses and Technologists teaching and learning from each other about our collective profession of Interventional Radiology. *-Anna O'Brien, RT (R) (VI)*

Special Thanks to Janinie Lewandowski, Claire Boyce and Belinda Crider for the coordination and planning of this years symposium.



SUMMER 2011

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SUMMER SPLASH

Join colleagues from around the region for a fun networking event.

- New Buffalo Michigan
- July 16th, 2011
- Lunch, swimming, volleyball,
- Families welcome
- Optional Friday Casino Night on July 15th

BE THERE!!!!

NEWSLETTER NAMING CONTEST WINNER

Congratulations to Laurie Simmons the WINNER of our Newsletter Naming Contest. As the winner of this contest Laurie has won a 2 year membership to GLARIN.

WEBINAR SERIES

Evaluation and management of peripheral arterial disease on June 14, 2011.

Registrations are now available for up to 1000 attendees.

Past Programs have included:

- The straw that fixed the camels back.
- MRguided focused ultrasound ablation
- IVC Filters

Free for GLARIN members!
Not a member? Join today for \$25
Register at www.glarin.org

MEMBERSHIP

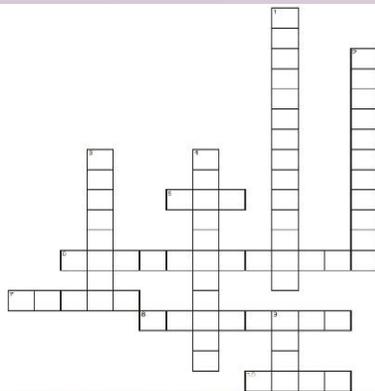
Membership has leveled out to approximately 135 members. We are working on a new database which will be much easier to use. Email addresses are being updated, along with addresses and facilities. Please forward any changes to excutive@glarin.org

2012 ELECTION UPDATES

Fall newsletter issue will include election information and nominations. Join the Glarin leadership team and impact the radiologic and imaging environment regionally.

Nominations can be sent to excutive@glarin.org

RADIOLOGY CROSSWORD



ACROSS

5. The abbreviation _____ stands for the three structures that are being x-rayed: the kidneys, ureters, and bladder.
6. A procedure where contrast dye is injected into a joint is called _____.
7. Radioactive substances that produce _____ rays or positrons are used for nuclear medicine imaging.
8. The combining form "_____" means orientation.
10. _____ aprons are used to shield parts of the body that are not being x-rayed.

DOWN

1. When a CT scan is used to guide the insertion of a needle (for a biopsy), this is known as _____ radiology.
2. _____ is a procedure used to outline the urinary tract to show narrowing, blockage, and the presence of kidney stones in the renal pelvis and elsewhere.
3. An ultrasound image is referred to as a/an _____.
4. _____ uses continuous x-rays to capture the motion of the internal organs as it occurs.
9. The combining form "_____" means _____ movement.

WATCHING FOR PLANES

By Lisa Hartman RN

It finally stopped raining in Indiana! On Sunday, in between rainstorms I potted some flowers in containers and things were looking pretty summery on my sunny back patio. I took to the Adirondack chair in my shorts and tank with a novel, a food mag and a couple of journal articles that I thought I might catch up on. Ahhhhh! Vitamin D!

Warmth! Agghhh! Bugs! I put my reading down and closed my eyes. When was the last time I felt the warmth of the sun? How many days in a row had it rained? 12? How much vitamin D am I absorbing? Am I getting age spots? How much radiation is in an hour of sunshine? Follow along...Then I remembered a recent article I read a few weeks back. It gave a worksheet that you could calculate your own dose of radiation from daily living. I decided to look it up. Using the American Nuclear Society worksheet, this average 49 year-old female living in Fishers, IN who flew several times to NYC, got a mammogram, and had a cardiac CT; this year probably was exposed to 2373.51 mrem. (This is not including my work in the Interventional Lab.) We live in a radioactive world - humans always have. Radiation is part of our natural environment.

We are exposed to radiation from materials in the earth itself, from naturally occurring radon in the air, from outer space, and from inside our own bodies (as a result of the food and water we consume). This radiation is measured in units called millirems (mrems). The average dose per person from all sources is about 620 mrems per year. It is not, however, uncommon for any of us to receive less or more than that in a given year (largely due to medical procedures we may undergo). International Standards allow exposure to as much as 5,000 mrems a year for those who work with and around radioactive material. So, I concluded, I'm within range.....right? I opened my eyes and picked up one of the articles I brought out to the patio. It was a NPR blog article about the protests mounted over safety and privacy of airport scanners. According to the article, the government is not doing very well at persuading critics in the scientific community that X-ray scanners are safe. Back and forth the article went between the FDA, the US Airline Pilots Association and four scientists from UCSF.

What struck me over the head is that there are two different types of scanners in airports at this time. The controversial one uses very low doses of X-rays to scan travelers front and back and create a "boney" image. Currently there are 206 of these machines at 38 airports in the US. The other type of scanner doesn't use X-rays but instead a technology called millimeter-wave scanning: also called backscatter imaging. Millimeter-wave scanners themselves come in two varieties: active and passive. Active scanners direct millimeter wave energy at the subject and then interpret the reflected energy. Passive systems read only the raw energy that is naturally emitted from the human body or objects concealed on the body. The key difference is that passive systems direct no energy at the subject being screened and are as safe as a digital camera for both the screener and the subject. There are 167 of these in 30 airports. So what's the big question? Not whether or not we use X-ray! Rather; why use X-ray when there is a safer alternative? There is a privacy issue. The "picture" is nothing short of standing there naked. (Mom, I've always felt the illusion is so much better than reality. Can one imagine that job? UGH!) The TSA says that the AIT cannot store, print, transmit or save the image, and the image is automatically deleted from the system after it is cleared by the remotely located security officer. Also, the image has blurred faces—thank God! Sigh! Technology vs. Humanity! It's an old theme. Movies have been made with this theme...oh, there goes a plane! It casts its shadow across my patio. Sun!...Vitamin D!...