Safe MRI for pacemakers and defibrillators

OHSU OFFERS UNIQUE RESEARCH PROTOCOL FOR PPM AND ICD

Indications for referral
Any PPM patient, and any non-pacemaker-dependent patient with ICD who needs a clinically indicated MRI for any part of the body (including the chest region) is a candidate for this protocol. Patients must also have received a chest X-ray and had their pacemakers interrogated prior to scheduling a MRI.

Process
Immediately before undergoing the MRI, one of our EP team members will interrogate the device. If necessary, the device will be set to a non-sensing mode for the MRI. EP will monitor the patient throughout the scan. EP will also interrogate the PPM or ICD immediately after and reprogram as necessary. MRI is limited to 1.5 tesla.

Contraindications
• Pacemaker dependent patients with an ICD
• Epicardial leads
• Older (manufactured prior to 2000) PPM or ICD device
• Pediatric patients younger than 8 years
• Patients < 80 lbs.

OHSU follow-up
Each patient is evaluated in our clinic one to six weeks after scan for post-MRI interrogation. Referring physicians receive a complete report.

About us
The clinical cardiac electrophysiology (EP) service at OHSU is dedicated to the diagnosis and management of all types of heart rhythm disorders. We offer a complete range of noninvasive and invasive EP services, as well as a vigorous research program. Charles Henrikson, M.D. is the director of the electrophysiology service at OHSU. Dr. Henrikson and his staff perform the full range of EP procedures including pacemaker and defibrillator implantation; EP study and ablation of supraventricular tachycardia, atrial fibrillation, and ventricular tachycardia; laser lead extraction; and epicardial access and ablation. He has an active research program with more than 70 peer-reviewed publications.