Reply

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Sir,

I thank Dr. Bryan for the thought-provoking comments. First of all, I would like to clarify the purpose of the abstract and meeting presentation: to highlight some of the newer distraction techniques that help children undergo imaging without the need for sedation or anesthesia. Goals of reducing sedation include decreased medication risks, decreased cost and decreased time away from work, home or school. This presentation by no means ever intended to “give the impression that transitioning from no sedation to anesthesia or sedation is easy.” In fact, the process of transitioning was never discussed. Furthermore, even if it had been, there is no literature to support the notion that converting from a “failed attempt” to sedation/anesthesia actually requires more medication. Nor are there any controlled trials to prove that anesthesia for imaging is any less safe than sedation for imaging.

Most of the literature regarding technical advances that have allowed radiologists to image younger and younger children without sedation or anesthesia centers on the faster

acquisition times that are now employed in CT imaging. A couple of more recent articles have discussed the impact of MRI-compatible video viewing systems on significantly decreasing the need for sedation or anesthesia for MR imaging in children [1, 2]. The role of the child life specialists in radiology has primarily focused on their utility in fluoroscopy, whereas we have found a significant advantage to adding them to our imaging team in CT and MRI. In addition, older children who can be imaged awake have an improved patient experience when using the video goggles and when child life specialists are added to the imaging team [1].

References

1. Khan JJ, Donnelly LF, Koch BL et al (2007) A program to decrease the need for pediatric sedation for CT and MRI. *Appl Radiol* 4:30–33
2. Hamed RK, Strain JD (2001) MRI-compatible audio/visual system: impact on pediatric sedation. *Pediatr Radiol* 31:247–250

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