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DRAFT

January 12, 2009

USE OF GADOLINIUM CONTRAST AGENTS IN PATIENTS WITH RENAL IMPAIRMENT

Because of the recent concern regarding the possible relationship between the use of gadolinium contrast agents in patients with (generally) severe renal impairment, and the subsequent development of nephrogenic systemic fibrosis (NSF), the following policy is being enacted throughout Vancouver Coastal Health:

1.1 All patients being scheduled for contrast enhanced MRI are to be screened for the possibility of renal impairment or family history of such, dialysis, type I or II diabetes, liver transplant, stroke, peripheral vascular or ischemic cardiac disease and age over 60 years. For all Out patients who reply that they have, or may have any of the aforementioned, a recent (within 3 months) serum creatinine and eGFR must be available. For In patients, an eGFR is required within 48 hours of the Gadolinium enhanced MR exam.

1.2 Serum creatinine and eGFR must be available for any patients scheduled for contrast enhanced MR angiography and /or double dose exam

2.0 If patients have an eGFR of 30–60 ml/min, consideration should be given to alternative imaging methods. If Gadolinium is deemed necessary, it should be given at the lowest dose to achieve a diagnostic examination and one of the more tightly complexed agents (currently, Gadovist or Multihance) should be used. No patient informed consent is required.

3.0 If patients have an eGFR of under 30 ml/min, consideration should be given to alternative imaging methods. If Gadolinium is deemed necessary, it should be given at the lowest possible dose to achieve a diagnostic examination and one of the more tightly complexed agents (currently, Gadovist or Multihance) should be used. Informed consent must be obtained from the patient, using the VCH NSF-specific consent form. If the patient is on dialysis, hemodialysis should be scheduled immediately after the MR examination, with another session to follow within 24 hours if clinically safe to do so.

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