

## Relationship between Patient Radiation Dose and Procedural Factors in Anterior Cervical Discectomy and Fusion utilising VirtualDose-IR Software

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### Purpose

This study aimed to evaluate **the effect of procedure's type (single-level, multi-level)** and **cervical levels (C3/C4, C4/C5, C5/C6, C6/C7)** on the **organs' dose (OD), peak-skin dose (PSD)** and **effective dose (ED)** received by patients undergoing **anterior cervical discectomy and fusion (ACDF)** procedures utilising **Monte Carlo software**.

### Materials and Methods

- **Patient-related (age, sex, weight, height, and BMI)** and **procedure-related data (x-ray projection, field-of-view, tube voltage, additional copper filtration, source-to-detector distance, and source-to-skin distance)** were obtained from 50 ACDF procedures conducted at the **University Hospital of Patras**.
- **Fluoroscopy time (FT), kerma-area product (KAP)** and **cumulative air-kerma ( $K_{air}$ )** (at interventional reference point) were also recorded from the dosimetric report of the fluoroscopy system (**Philips BV Endura**). Additionally, the **incident  $K_{air}$**  was calculated.
- The intra-operative data were inserted into the **VirtualDose-IR software [Figure 1]** implementing **sex-specific and BMI-adjustable anthropomorphic phantoms** to calculate **OD, PSD and ED [Figure 2]**.

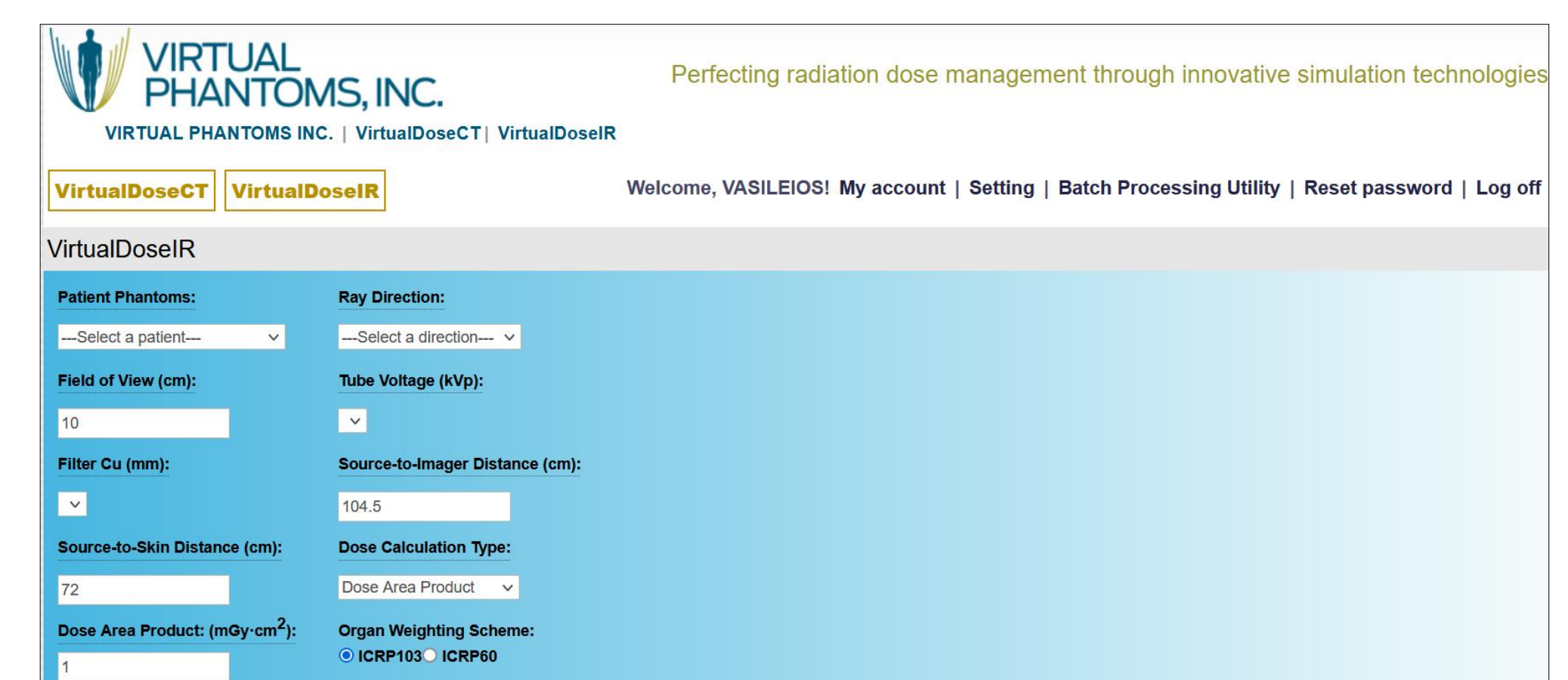


Figure 1. VirtualDose-IR interface.

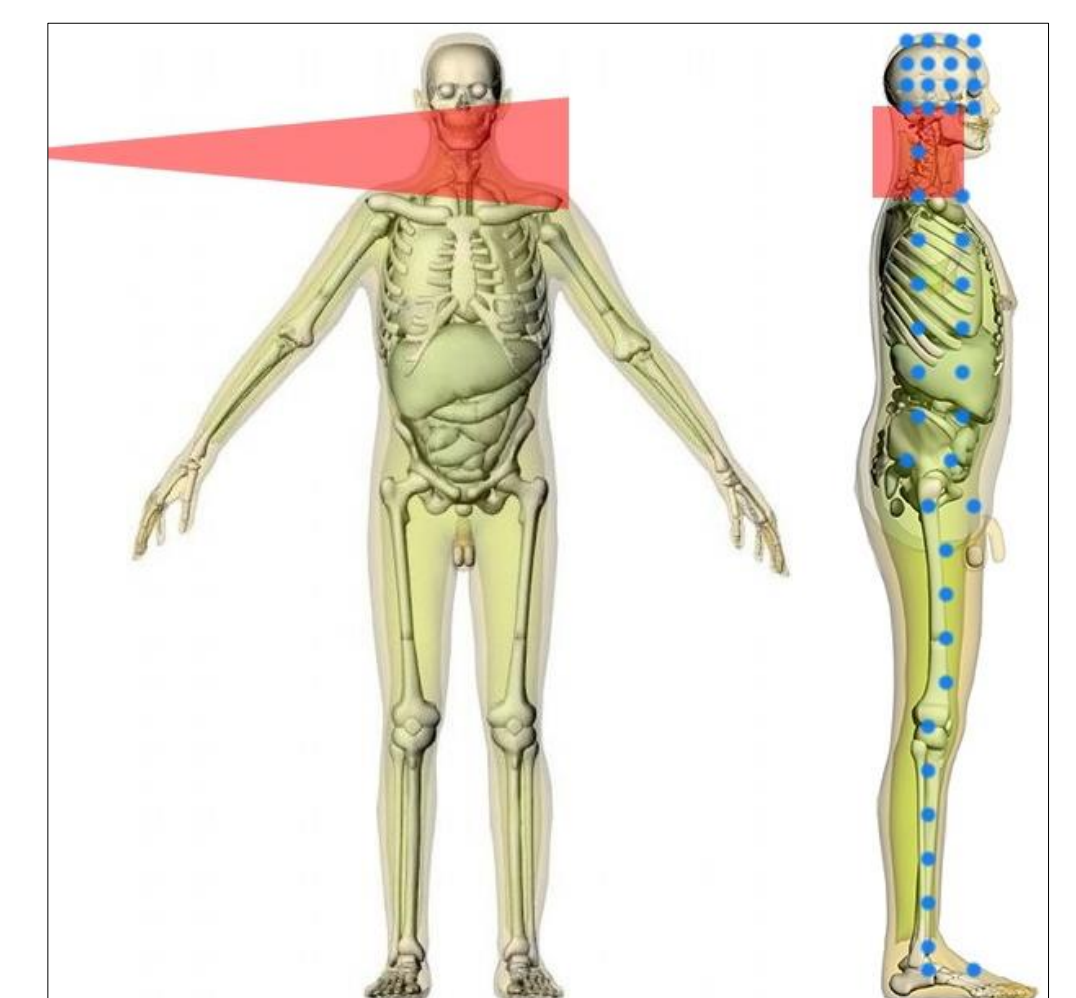


Figure 2. Anthropomorphic phantom.

### Results

**Table 1.** Patient doses [mean (range)] categorised per procedure' type and cervical level.

Procedures	FT (s)	KAP (Gycm <sup>2</sup> )	Cumulative $K_{air}$ (mGy)	Incident $K_{air}$ (mGy)	PSD (mGy)	ED (mSv)
<b>Single-level</b>	6.5 (1.0-29.0)	0.14 (0.002-1.13)	0.62 (0.009-5.08)	0.95 (0.02-7.83)	2.30 (0.05-16.69)	0.016 (0-0.150)
<b>Multi-level</b>	7.1 (1.0-18.0)	0.18 (0.009-1.46)	0.81 (0.04-6.58)	1.24 (0.06-10.10)	5.29 (0.28-31.16)	0.037 (0-0.200)
<b>C3/C4</b>	4.5 (2.0-14.0)	0.05 (0.01-0.13)	0.24 (0.05-0.59)	0.38 (0.08-0.91)	0.91 (0.24-2.90)	0.005 (0-0.020)
<b>C4/C5</b>	5.1 (1.0-12.0)	0.05 (0.002-0.11)	0.22 (0.009-0.51)	0.33 (0.02-0.78)	0.92 (0.17-2.17)	0.005 (0-0.010)
<b>C5/C6</b>	6.9 (1.0-21.0)	0.22 (0.009-1.11)	0.96 (0.04-5.00)	1.48 (0.06-7.70)	3.52 (0.05-23.70)	0.028 (0-0.150)
<b>C6/C7</b>	12.5 (5.0-29.0)	0.33 (0.04-1.13)	1.47 (0.18-5.08)	2.26 (0.29-7.83)	5.21 (1.20-14.70)	0.038 (0.010-0.100)

- The **ED** values significantly differed regarding the procedure type (Mann-Whitney test,  $p=0.037$ ) and cervical levels (Kruskal-Wallis test,  $p=0.007$ ).
- The procedures in **C5/C6** resulted in significantly higher **KAP, incident  $K_{air}$** , and **ED** than **C4/C5** levels, while those performed in **C6/C7** resulted in significantly higher **ED** and **PSD** than in **C4/C5** levels (Mann-Whitney test,  $p<0.05$ ).
- In all groups, **the thyroid, oesophagus and salivary glands** received the highest doses.

- The **salivary glands** absorbed significantly higher doses in **males (0.170 mGy)** than **females (0.014 mGy)**, while the **extrathoracic region's** dose significantly increased for **multi-level than single-level** procedures.
- The procedures in **C6/C7** resulted in significantly higher oesophagus and thyroid doses than **C3/C4** and **C4/C5** levels, as well as procedures in **C5/C6** compared to **C4/C5** levels.

**Table 2.** ODs [mean (range)] categorised per procedure' type and cervical level.

Organ	ODs (mGy)					
	Single-level	Multi-level	C3/C4	C4/C5	C5/C6	C6/C7
<b>Thyroid</b>	0.220 (0-1.910)	0.460 (0-2.510)	0.088 (0-0.030)	0.081 (0.020-0.180)	0.360 (0-1.910)	0.450 (0.110-1.180)
<b>Oesophagus</b>	0.100 (0-0.920)	0.220 (0.010-1.210)	0.042 (0.010-0.110)	0.037 (0.010-0.090)	0.170 (0-0.920)	0.210 (0.050-0.570)
<b>Salivary glands</b>	0.080 (0-0.940)	0.200 (0-1.240)	0.022 (0-0.040)	0.032 (0-0.090)	0.130 (0-0.940)	0.190 (0.030-0.580)
<b>Extrathoracic region</b>	0.016 (0-0.140)	0.036 (0-0.190)	0.007 (0-0.020)	0.005 (0-0.010)	0.027 (0-0.140)	0.033 (0.010-0.080)

**Conclusion:** The dosimetric data could be used in optimising radiation protection during ACDF procedures by keeping the ODs and ED as low as reasonably practicable.