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Internal Affairs

Wary of that MRI tunnel? Advances in imaging technology are taking the pain out of the diagnostic process.

BY DANIELLE BURROWS

Martha Crawford sleeps upright in a chair every night.

She suffers from retroperitoneal fibrosis, a rare condition that forms excess tissue in her abdomen, shooting pain through her spine any time she lies down—including when she undergoes the crucial, semiannual Magnetic Resonance Imaging (MRI) that shows how the disorder is affecting her organs. A traditional MRI requires that a patient lay still for an average of around 40 minutes.

"I can't do it. I can't lie on my back long enough for an MRI to get the images," Crawford says.

A year ago, the Burlington resident was riffling desperately through the phone book for options when she came across Upright MRI of Cherry Hill, which administers scans in a sitting or standing position. "I told my doctor, 'I want to go there,'" Crawford says.

At the facility, an open MRI system positions patients between two massive magnets for the duration of the scan. As is the case with traditional MRIs, patients must remain as still as possible, but a 42-inch wall-mounted television helps pass the time.

The ability to capture images of our bones, organs and tissue is a cornerstone of modern medicine, and the variety of radiological techniques has grown exponentially

in recent decades. Among the most valuable tools is the MRI, an extremely detailed scan useful in diagnosing cancer, neurological issues and cardiovascular problems. Yet, adding patient comfort to the mix has been a relatively new phenomenon.

After all, the traditional MRI still takes place inside a narrow tube that, for many, causes anxiety and claustrophobia.

For patients who are overweight or obese, fitting inside these compact spaces is uncomfortable and may not even be possible; such patients have typically been relegated to open MRIs, which utilize lower magnetic field strengths and, therefore, offer diminished accuracy.

With the advent of more advanced machinery, though, there's the option of avoiding and minimizing the restrictive conditions associated with the procedure. "Our machine has been very successful in alleviating claustrophobia and in comfortably accommodating larger patients," says Dr. William Muhr of South Jersey Radiology Associates. The practice's 3-Tesla Open Bore Verio, while still requiring that patients enter a tube, has a shorter tunnel and larger circumference than previous generations of machines. The Verio's tunnel is almost 2.3 feet in diameter, and its ultra-high magnetic field allows

for shorter scan times, without sacrificing accuracy. For many procedures, a patient's head can extend outside of the opening.

Upright MRI machines offer a lower magnetic field, and there are other benefits to using this version of the machine, according to Dr. G. Tom Morea, chief radiologist at Upright MRI of Cherry Hill.

"When a patient lies down for a traditional MRI, the spine's alignment changes, and often the cause of the ailment is no longer apparent," Morea explains. "By sitting or standing in a weight-bearing position during an upright MRI, we capture the problem as it exists. For spine and back imaging, the upright option is the most advantageous."

Another unconventional option is a horizontal open MRI, like the Hitachi Airis Elite machine used at Larchmont Imaging. Rather than entering a tube, patients lie beneath a magnet while the space on either side of them remains wide open.

"Open MRI scanners are a great option for larger or claustrophobic patients," says Dr. Andrew Zeiberg of Larchmont.

Now, part of the challenge is getting the word out.

Martha Crawford's primary-care physician was previously unaware of the availability of vertical MRIs, something Morea encounters frequently. "Many physicians either don't know about us, or continue to send their patients to traditional imaging centers out of habit," Morea says.

Even though such systems can benefit many patients, it's essential that patients communicate with their physician about the tradeoffs. Open MRIs may be more comfortable, Zeiberg notes, "however, they can't perform some of the more complex MRI exams such as breast MRI, cardiac MRI and some complex angioplasty exams."

It's a case-by-case decision, as Fred and Theresa Carbone of Moorestown learned, after surviving a car crash. Fred was thrilled when his physician gave him the go-ahead to have an open MRI, but Theresa, who sustained greater injuries, wasn't a candidate for open imaging.

"She's a tough lady, but I still felt badly that she had to go into the tunnel," Fred Carbone says. "For me, though, the open MRI was terrific, and much more comfortable than the closed MRIs." ■

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