

## Commentary

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In their article, "Imaging for spinal surgery,"<sup>1</sup> Splawinski and colleagues list most of the issues associated with the implementation of picture archiving and communication systems (PACS) into a radiology department and, consequently, access to those images by our consultants.

PACS systems have been an incredible development in the practice of radiology. They have enabled the elimination of photo chemicals and processors and have allowed for deeper archiving and, most importantly, simultaneous access to image viewing at different locations.

It is well recognized that the absence of film handling has improved radiologist film reading efficiency, decreased the loss of images and, consequently, reduced repeat examination rates.

Splawinski and colleagues outline the major limitation concerning PACS: individual users must have the PACS hardware and software knowledge in order to enjoy the system benefits. If the equipment and the learning does not occur simultaneously, then PACS becomes one of those new changes that complicate

life and act as a daily annoyance.

As to the demise of film, it must be admitted that there were some advantages to film. Radiologists have been heard to say that, "If a company came along after PACS and showed us the advantages of the grey scale and bit storage depth of an x-ray film image that you could carry in an envelope under your arm and read against a desk lamp, we would think the company was really onto something big!"

The bottom line is that x-ray film will become extinct. Standardization locally, by health districts or regions, and nationally, under the direction of Infoway and others, will eventually solve most of the present image transfer problems and will ensure that appropriate stations are in the appropriate locations for clinical work to flow better than it did in the x-ray film era.

The Canadian Association of Radiologists would be very interested in maintaining an ongoing dialogue with any user groups concerning recommendations such as those mentioned about the clinical format of spinal images.

To that end, we support our

spinal surgical colleagues by agreeing that their imaging needs must be considered during PACS implementation. Particularly in the operating rooms, which anecdotally, seem to be uniformly underserved by many institutions during PACS installation.

We also encourage our surgical colleagues to continue to communicate their need to have image access in the formats and the locations best suited to optimal work. This will mean participating in the "bureaucracy" and attending the health district/health region meetings where these issues are decided. It will also mean making the time available to partake in the PACS training to ensure their concerns are being properly addressed.

**Competing interests:** This commentary was written at the request of the editors and represents the position of the Executive of the Canadian Association of Radiologists on the "Imaging for spinal surgery" paper at this time. Dr. Miller has received a travel grant from Siemens Company.

### References

1. Splawinski J, Fox R, Hall H, et al. Imaging for spinal surgery. *Can J Surgery* 2006; 49(2):311-12.

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