الآية

بسو الله الرحمن الرحيو

قال الله تعالى: (قَرْأَبِ اسْمِ رَبِّكَ الَّذِي خَلَقَ \*خَلَقَ الإِنسَانَ مِنْ عَلَق \* اقْرْأُوَرَبُكَ قَال الله تعالى: (قَرْأَبِ اسْمِ رَبِّكَ الَّذِي خَلَقَ \* حَلَّمَ الإِنسَانَ مَا لَمْ يَعْلَمُ) الأَكْرَمُ \*لاَذِي عَلَّمَ بِالْقَامِ \*عَلَّمَ الإِنسَانَ مَا لَمْ يَعْلَمُ)

الآيات من (1 - 5)

سورة العلق

صدق الله العظيم

Dedication

I dedicate this work to the soul of my parents,

To my wonderful and lovely wife for her patience, encouragement

and continues support,

To my children; Mohamed, Abdulla and Fatima for dreaming proudly.

About their father holding a PhD degree

To my brothers and sisters

To my best friends for their

Cheers.

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#### ABSTRACT

Cardiac catheterization is an interventional procedure used for the diagnosis and treatment of coronary arteries diseases. Patients are exposed to prolong radiation exposure during the procedure. Tissue reaction (erythema) effects are now well documented as one of the serious complications of extended radiation exposure procedures. Radiation dose up to 479.88Gy.cm<sup>2</sup> were reported. Therefore, accurate dose optimization is recommended to keep the radiation dose as low as reasonably achievable. This study aimed to measure radiation and effective doses of the patients during three types of cardiac catheterization. A total of 346 patients were examined for different clinical indication in this study including [(187 Diagnostic Coronary Angiographic (DCA) (54%), 118 Percutaneous Coronary Intervention (PCI) (34.1%), and 41 Pacemaker (PM) (11.9%)]. WMHC: 188 patients; compromise 54.3% from the total number of patients, its distribution as: 97 DCA (51.6 %), 59 PCI (31.4%), and 32 PM (17%), SHC: 110 patients; compromise 31.8% from the total number of patients, its distribution as: 63 DCA (57.3%), 42 PCI (38.2%), and 5 PM (4.5%), FSH: 48 patients; compromise 13.9% from the total number of patients, its distribution as: 27 DCA (56.3%), 17 PCI (35.4%), and 4 PM (8.3%). Calibrated Xray machines were used to perform all the procedures. Patient dose measurements were performed using Dose Area Product (DAP) meter. The mean and range of patient age (year), weight (kg), and height were 49.2 (0.04-85) and 88.1(1-179), and 109.9 (46-183) respectively. While the mean and range exposure parameters were 81.5(53-125) kVp, 444.2 (61.6-898) mA and 4.3 (0.016-8) s for tube potential, tube current and time, respectively. The mean and range of the number of films per procedure is 8.3 (1-47) and the mean and range of the mean fluoroscopic time was 6.6 (0.33-57.03) min. The mean and range of the number of frames per procedure was 475.78(5-2434). The mean cumulative average dose (CAD) was 36.94 (0.1225-479.88) Gy.cm<sup>2</sup>. Patients exposed to different dose values based on their clinical indications. Although, no patients developed tissue reaction effect, optimization of patient doses in important especially for young patients.

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#### ملخص البحث

قسطرة القلب هي إجراء تداخلي يستخدم لتشخيص وعلاج أمراض الشرايين التاجية للقلب. يتعرض فيها المرضى أثناء العملية للإشعاع لفترات طويلة. وقد تم توثيق تأثيرات تفاعل الأنسجة مع الإشعاع (إحمرار الجلد) باعتبارها واحدة من المضاعفات الخطيرة للتعرض الإشعاعي المستمر أثناء العملية. وقد تم تسجيل جرعات إشعاعية وصلت حتى 67.38 قراي/سم<sup>2</sup>، ولذلك، يوصى بأمثلة الجرعات الإشعاعية للحفاظ عليها منخفضة بقدر ما يمكن تحقيقه بشكل معقول.

هدفت هذه الدراسة لقياس الجرعات الإشعاعية والفعالة للمرضى خلال ثلاثة أنواع من قسطرة القلب. في هذه الدراسة تم فحص 346 مريضا لأسباب مرضية مختلفة وكانت النتائج كالآتي: [187 قسطرة تشخيصية بنسبة (45%)، 187 قسطرة علاجية تداخلية بنسبة (34.%)، و 4 جهاز تنظيم ضربات القلب بنسبة (54.%)، و 11.%)، و 54 جهاز تنظيم ضربات القلب بنسبة (11.%)، و 54.%)، و 54.%)، و 51.%)، و 54.% بنسبة (54.%)، و 11.%)، و 54.% مريضا أويشكلون نسبة 54.% من العدد الكلي للمرضى بلمستشفيات كالآتي: مركز القلب مدني: 188 مريضا أويشكلون نسبة 54.% من العدد الكلي للمرضى، وتوزيعهم كالآتي: مركز القلب مدني: 188 مريضا أويشكلون نسبة 54.% من العدد الكلي للمرضى، وتوزيعهم كالآتي: مركز القلب مدني: 188 مريضا أويشكلون نسبة 54.% من العدد الكلي للمرضى، وتوزيعهم كالآتي: 79 قسطرة تشخيصية بنسبة (51.%)، و55 قسطرة علاجية تداخلية بنسبة (51.%)، مركز السودان للقلب: 110 مريضا أويشكلون نسبة 31.8% من العدد الكلي للمرضى، وتوزيعهم كالآتي: 63 قسطرة تشخيصية بنسبة 31.5% مريضا أويشكلون نسبة 31.8% من العدد الكلي للمرضى، وتوزيعهم كالآتي: 53 قسطرة تشخيصية بنسبة 31.5% مريضا أويشكلون نسبة 31.8% مريضا أويشكلون نسبة 31.5% من العدد الكلي للمرضى، وتوزيعهم كالآتي: (27 قسطرة علاجية تداخلية بنسبة 31.5% من العدد الكلي للمرضى، وتوزيعهم كالآتي: (27 قسطرة تشخيصية بنسبة 31.5% مريضا أويشكلون نسبة 31.5% من العدد الكلي للمرضى، وتوزيعهم كالآتي: 31.5% مريضا أويشكلون نسبة 31.5% من العدد الكلي للمرضى، وتوزيعهم كالآتي: 31.5% من العدد الكلي المرضى خلاية مناية 31.5% من العدد الكلي للمرضى، وتوزيعهم كالآتي: (27 قسطرة تشخيصية بنسبة 31.5% من العدد الكلي قربيات 31.5% مريضا أويشكين مريضا أويشكلون نسبة 31.5% من العدد الكلي المرضى، وتوزيعهم كالآتي: 31.5% مريضا أويشكلون نسبة 31.5% من العدد الكلي أويشكلون نسبة 31.5% من العد الكلي أويشكلون نسبة 31.5% من العد الكلي أويشكلون مال مريضا 31.5% مريضا أويشكلي مريضا 31.5% مريا أويشكلي مرضى 31.5% مريا أويشكلي مال مرضى 31.5% مريا أو

وقد تمت معايرة جميع أجهزة الأشعة السينية التي استخدمت لإجراء هذه الفحوصات من قبل معهد السلامة الإشعاعية بهيئة الطاقة الذرية السودانية. وقد تم قياس الجرعة الإشعاعية للمرضى باستخدام مقياش مضروب الجرعة في وحدة المساحة. وكان متوسط ومدى عمر المريض (سنة) والوزن (كجم) والارتفاع (سم): 9.24 (4.00-85) و 1.88 (1-179)، و 109.9 (64-183) على التوالي. في حين كان متوسط ومدى عوامل التعريض الإشعاعي: 1.58 (5-125)، و 109.9 (64-183) على التوالي. في حين كان متوسط ومدى عوامل التعريض التعريض الإشعاعي: وقد تم قدى وحدة المساحة. وكان متوسط ومدى عمر المريض (سنة) والوزن (كجم) والارتفاع (سم): 9.24 (4.00-85) و 1.88 (1-179)، و 109.9 (64-183) على التوالي. في حين كان متوسط ومدى عوامل التعريض الإشعاعي: 1.58 (52-125) كيلوفولت، 144.2 (61.6 (616-898) مللي أمبير و 3.3 ومدى عوامل التعريض الإشعاعي: 1.58 (52-125) كيلوفولت، 144.2 (51.6 (61.6 (64-105)) مللي أمبير و 3.4 ومدى عوامل التعريض الإشعاعي: 1.58 (52-125) كيلوفولت، 144.2 (61.6 (61.6 (64.201)) مللي أمبير و 3.4 ومدى عوامل التعريض الإشعاعي: 1.58 (52-125) كيلوفولت، 144.2 (61.6 (61.6 (64.201)) مللي أمبير و 3.4 ومدى عوامل التعريض الإشعاعي: 1.58 (52-125) كيلوفولت، 144.2 (61.6 (64.201)) مللي أمبير و 3.5 فحص هو 3.5 (14.5 (62-243)) مللي أمبير و 3.5 وكان متوسط ومدى وقت التعريض الفلوري 6.6 (3.5 (57.03-65)) دقيقة. وكان متوسط ومدى عدد الإفلام لكل فحص هو 3.5 (47.5 (2434.5)), كما أن متوسط ومدى الجرعة التراكمية متوسط ومدى عدد الإطارات لكل فحص هو 47.5 (2434.5), كما أن متوسط ومدى الجرعة التراكمية متوسط ومدى الحرعة التراكمية متوسط ومدى عدد الإطارات لكل فحص هو 47.5 (2434.5), كما أن متوسط ومدى الجرعة التراكمية متوسط ومدى الحرعة التراكمية متوسط ومدى المراكمية المراكمية متوسط ومدى عدد الإطارات لكل فحص هو 47.5 (2434.5), كما أن متوسط ومدى الجرعة التراكمية متوسط ومدى عدد الإطارات لكل فحص هو 47.5 (2434.5), كما أن متوسط ومدى الجرعة التراكمية متوسط ومدى الحرمي (47.5 (2434.5)), 20 أن متوسط ومدى ال

تم تعريض المرضى لجرعات إشعاعية مختلفة بناء على دواعي الفحص المطلوب. على الرغم من أن المرضى الذين تعرضوا لهذه الجرعات الإشعاعية لم تظهر عليهم تأثير أو رد فعل في الأنسجة (إحمرار الجلد مثلاً)، تظل أمثلة الجرعات الإشعاعية للمرضى ضرورة قصوى خاصة للمرضى صغار السن.

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## List of Abbreviations

I.I	Image Intensifier
TV	Television
СТ	Computed Tomography
IR	Interventional radiology
MRI	Magnetic Resonance Imaging
РТА	Percutaneous Transluminal Angioplasty
RFA	Radiofrequency Ablation
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TDCs	Tunneled Dialysis Catheters
UNSCEAR	United Nations Scientific Committee on the Effects of Atomic Radiation
ICRP	International Commission on Radiological Protection
IAEA	International Atomic Energy Agency
DAP	dose area product
IC	interventional cardiology, Ionization Chambers
CNSC	Canadian Nuclear Safety Commission
TFT	Thin Film Transistor
FOV	Field-of-View
CsI	Cesium Iodide
ZnCdS	Ag Zinc Cadmium Sulfide doped with Silver
GI	Gastrointestinal
GU	Genitourinary

QDE	Quantum Detection Efficiency
kVp	Kilovoltage peak
CCD	Charge Coupled Device
mA	Milliampere
ABC	Automatic Brightness Control
MTF	Modulation Transfer Function
DSA	Digital Subtraction Angiography
SNR	Signal-to-Noise Ratio
PA	Postero-Anterior
ESAK	Entrance Surface Air Kerma
KERMA	Kinetic Energy Released in a Material
IAK	Incident Air Kerma
R/F	radiographic/fluoroscopic
Gy	gray
J/kg	joule per kilogram
BS	Back Scattered
КАР	Kerma-Area Product
SDs	Semiconductor Detectors
FFD	Focuses Film Distance
FDD	Focus Detector Distance
BSF	Backscatter Factor

HVL	Half Value Layer
IEC	International Electrotechnical Commission
FDA	Food and Drug Administration
DICOM	Digital Imaging and Communications in Medicine
UK	United Kingdom
CD	Cumulative Dose
IPEM	Institute of Physics and Engineering in Medicine
РТСА	percutaneous transluminal coronary angioplasty
DRLs	Diagnostic Reference Levels
TLDs	Thermoluminescent dosimeters
EDR	Extended Dose Range
FPDs	Flat Panel Detectors
KCARE	King's Centre for the Assessment of Radiological Equipment
ESD	entrance skin dose
RPS	Radiation Protection Supervisor
EAP	exposure-area product
CRCPD's	Committee of Radiation Control Protection Director's
NRPB	National Radiological Protection Board
ALARA	As Low As Reasonably Achievable
СК	Cumulative Kerma
FD	Flat Detector

CA	Coronary Angiography
LAO	Left Anterior Oblique
FGIs	Fluoroscopically Guided Interventions
SD	Standard Deviation
AP	Anteroposterior
CRA	Cranial
CAU	Caudal
LAT	Lateral
FT	Fluoroscopic Time
PCI	Percutaneous Coronary Intervention
BMI	Body Mass Index
IRP	Interventional Reference Point
РТМС	Percutaneous Trans-Mitral Commissurotomy
PSD	Peak Skin Dose
FPS	Frames per Second
RRP	Radiation Reduction Protocol
SAEC	Sudan Atomic Energy Commission
DCA	Diagnostic Coronary Angiography
TRA	Trans-radial
LLA	Lower Limb Arteriography

PMMA	Polymethylmethacrylate
CNR	Contrast-to-Noise Ratio
IRP	interventional reference point
EVAR	Endovascular Aneurysm Repair
ED	effective dose
CSD	Cumulative skin dose
AEC	Automatic exposure control
CESD	Cumulative Entrance Skin Dose
KIRP	Kerma in International Reference Point
KIRP	KIRP Tissue -Weighting Factor for Breast
EFD	Entrance dose in the patient plane measured at the distance
CRT	Cardiac resynchronization therapy
DDD	Dual pacing for both chambers
VDD	The pacemaker senses atrial and ventricular events
VVI	Single Chamber Ventricular Pacemaker
CC/LV	Cardiac Catheterization/Left Ventricular
RHC	Right Heart Catheterization
WMHC	Wad Madani Heart Center
SHC	Sudan Heart Center
FSH	Al-Faisal Specialized Hospital
DCA	Diagnostic Coronary Angiography

TRA	Trans-radial
LLA	Lower Limb Arteriography
PMMA	Polymethylmethacrylate
CNR	Contrast-to-Noise Ratio
IRP	interventional reference point
PDA	Patent ductus arteriosus
PS	Pulmonary stenosis
ASD	Atrial septal defect
VSD	Ventricular septal defect
COA	Co-arcetation of aorta
CAK	Cumulative Air Kerma
CDAP	Cumulative DAP