[From]Medical News Today NOv 14 - Traveling during the holidays--especially
for the nearly 60,000 individuals who daily undergo a nuclear medicine treatment or test in this country--will go smoother if medical professionals advise their patients to follow some simple tips from SNM, the leading international molecular imaging and nuclear medicine society.

"Due to heightened concerns about terrorism, sensitive radiation detectors are used in some major cities and in public transportation facilities," explained SNM President Martin P. Sandler.

Preplan.
To avoid any difficulties, patients should choose to schedule travel after nuclear medicine procedures, based on the specific radioisotope received and the length of time it remains detectable.

Know what radioisotope has been used in the treatment or study.
Commonly used radioisotopes that could set off radiation monitors, each with its own "half-life" or period of continuing radioactivity, include technetium-99m (Tc-99m), fluorine-18 (FDG) and thallium-201 (Tl-201). Most recent problems with radiation monitors have been with the use of iodine-131 (I-131), which is used to treat hyperthyroidism, thyroid cancer and lymphoma.

Most nuclear medicine studies are performed with Tc-99m, which should not be detectable by sensitive radiation monitors three or four days after a test.

FDG is the most common radioisotope used with PET imaging, and it should be undetectable one day after a test.

Myocardial perfusion (blood flow) imaging can be performed with TC-99m or Tl-201 or a combination of both. Be sure to confirm which radioisotope has been used in your study. Tl-201 may remain detectable for 30 days.

A majority of security incidents with radiation monitors have involved treatment doses of I-131. This radioisotope may be detectable for as long as three months after treatment.

Patients and health care providers should discuss how long patients may emit detectable radiation following treatment.

Patients should obtain a letter from their doctors that contains the following information: the patient's name, contact information for the testing facility, the name of nuclear medicine procedure, the date of the treatment or test, the radionuclide that was used, its half-life, its administered activity and 24-hour contact information.

Patients should let their doctors know if security personnel stop them after triggering radiation devices. SNM asks that doctors report such incidents so the society may be able to identify and help educate specific authorities.

More Americans are receiving nuclear medicine treatments and tests. Every major hospital in this country has a nuclear medicine department, and last year, 19.7 million nuclear medicine procedures were performed on 17.2 million women, men and children in more than 7,200 medical sites in the United States--a 15 percent increase from four years ago. For more information about nuclear medicine, please visit SNM's Web site at http://www.snm.org/.