



## Magnetic Resonance Imaging (MRI) - Knee

Magnetic resonance imaging (MRI) of the knee uses a powerful magnetic field, radio waves and a computer to produce detailed pictures of the structures within the knee joint. It is typically used to help diagnose or evaluate pain, weakness, swelling or bleeding in and around the joint. Knee MRI does not use ionizing radiation, and it can help determine whether you require surgery.



Tell your doctor about any health problems, recent surgeries or allergies and whether there's a possibility you are pregnant. The magnetic field is not harmful, but it may cause some medical devices to malfunction. Most orthopedic implants pose no risk, but you should always tell the technologist if you have any devices or metal such as shrapnel in your body, especially in or near your brain, spinal cord, heart or eyes. Guidelines about eating and drinking before your exam vary between facilities. Unless you are told otherwise, take your regular medications as usual. Leave jewelry at home and remove any metal piercings. Wear loose, comfortable clothing. You may be asked to wear a gown. If you have claustrophobia or anxiety, you may want to ask your doctor for a mild sedative prior to the exam.

### What is a Knee MRI?

MRI of the knee provides detailed images of structures within the knee joint, including bones, cartilage, tendons, ligaments, muscles and blood vessels, from many angles.

Magnetic resonance imaging (MRI) is a noninvasive medical test that physicians use to diagnose medical conditions.

MRI uses a powerful magnetic field, radio frequency pulses and a computer to produce detailed pictures of organs, soft tissues, bone and virtually all other internal body structures. MRI does not use ionizing radiation (x-rays).

Detailed MR images allow physicians to evaluate various parts of the body and determine the presence of certain diseases. The images can then be examined on a computer monitor, transmitted electronically,

printed or copied to a CD or uploaded to a digital cloud server.

## What are some common uses of the procedure?

In combination with conventional x-rays, MRI is usually the best choice for examining the body's major joints like the knee.

The examination is typically performed to diagnose or evaluate:

- knee pain, weakness, swelling or bleeding in the tissues in and around the joint
- damaged cartilage, meniscus, ligaments or tendons
- sports-related knee injuries, such as sprains and torn ligaments, cartilage, or tendons
- bone fractures that may not be visible on x-rays and other imaging tests
- damage from arthritis
- build-up of fluid in the knee joint
- infections (such as osteomyelitis)
- tumors (primary tumors and metastases) involving bones and joints
- dead bone
- a feeling that your knee is giving away at the joint
- decreased motion of the knee joint
- knee cap injury or pain
- complications related to implanted surgical devices
- pain or trauma following knee surgery

Your doctor may also order an MRI to determine if knee arthroscopy or another surgical procedure is needed, and to monitor your progress after knee surgery.

A special form of MRI called an MR arthrogram injects contrast material into the joint so that the radiologist can get a better look at the knee's structures.

## How should I prepare?

You may be asked to wear a gown during the exam or you may be allowed to wear your own clothing if it is loose-fitting and has no metal fasteners.

Guidelines about eating and drinking before an MRI exam vary with the specific exam and with the imaging facility. Unless you are told otherwise, you may follow your regular daily routine and take food and medications as usual.

Some MRI examinations may require you to receive an injection of contrast material into the bloodstream. The radiologist, technologist or a nurse may ask if you have allergies of any kind, such as an allergy to iodine or x-ray contrast material, drugs, food, or the environment, or if you have asthma. The contrast material most commonly used for an MRI exam contains a metal called gadolinium. Gadolinium can be used in patients with iodine contrast allergy. It is far less common for a patient to have an allergy to a gadolinium-based contrast agent used for MRI than the iodine-containing contrast for CT. However,

even if it is known that the patient has an allergy to the gadolinium contrast, it may still be possible to use it after appropriate pre-medication. Patient consent will be requested in this instance. For more information on adverse reactions to gadolinium-based contrast agents, please consult the ACR Manual on Contrast Media.

You should also let the radiologist know if you have any serious health problems, or if you have had any recent surgeries. Some conditions, such as severe kidney disease, may prevent you from being given gadolinium contrast for an MRI. If you have a history of kidney disease or liver transplant, it will be necessary to perform a blood test to determine whether the kidneys are functioning adequately.

Women should always inform their physician or technologist if there is any possibility that they are pregnant. MRI has been used for scanning patients since the 1980s with no reports of any ill effects on pregnant women or their unborn babies. However, because the unborn baby will be in a strong magnetic field, pregnant women should not have this exam in the first three to four months of pregnancy unless the potential benefit from the MRI exam is assumed to outweigh the potential risks. Pregnant women should not receive injections of gadolinium contrast material except when absolutely necessary for medical treatment. See the MRI Safety page for more information about pregnancy and MRI.

If you have claustrophobia (fear of enclosed spaces) or anxiety, you may want to ask your physician for a prescription for a mild sedative prior to your scheduled examination.

Infants and young children usually require sedation or anesthesia to complete an MRI exam without moving. Whether a child requires sedation depends on the child's age, intellectual development and the type of exam. Moderate and conscious sedation can be provided at many facilities. A physician or nurse specializing in sedation or anesthesia for children should be available during the exam for your child's safety. You will be given special instructions for how to prepare your child for the sedation or anesthesia. Alternatively, certain pediatric facilities have child life personnel who can work with younger children to help avoid the need for sedation or anesthesia. They prepare the children for MRI by showing them a dummy scanner, play the noises that the child might hear during the MRI exam, answer any questions and explain the procedure to relieve their anxiety. Some pediatric facilities also provide goggles or headsets so that the child can watch a movie while the scan is being performed. Thus, the child remains motionless allowing for good quality images.

Jewelry and other accessories should be left at home, if possible, or removed prior to the MRI scan. Because they can interfere with the magnetic field of the MRI unit, metal and electronic items are not allowed in the exam room. In addition to affecting the MRI images, these objects can become projectiles within the MRI scanner room and may cause you and/or others nearby harm. These items include:

- jewelry, watches, credit cards and hearing aids, all of which can be damaged
- pins, hairpins, metal zippers and similar metallic items, which can distort MRI images
- removable dental work
- pens, pocket knives and eyeglasses
- body piercings

In most cases, an MRI exam is safe for patients with metal implants, except for a few types. People with the following implants cannot be scanned and should not enter the MRI scanning area:

- cochlear (ear) implant

- some types of clips used for brain aneurysms
- some types of metal coils placed within blood vessels
- nearly all cardiac defibrillators and pacemakers

You should tell the technologist if you have medical or electronic devices in your body. These objects may interfere with the exam or potentially pose a risk, depending on their nature and the strength of the MRI magnet. Many implanted devices will have a pamphlet explaining the MRI risks for that particular device. If you have the pamphlet, it is useful to bring that to the attention of the scheduler before the exam and bring it to your exam in case the radiologist or technologist has any questions. Some implanted devices require a short period of time after placement (usually six weeks) before being safe for MRI examinations. Examples include but are not limited to:

- artificial heart valves
- implanted drug infusion ports
- artificial limbs or metallic joint prostheses
- implanted nerve stimulators
- metal pins, screws, plates, stents or surgical staples

If there is any question of their presence, an x-ray may be taken to detect and identify any metal objects. In general, metal objects used in orthopedic surgery pose no risk during MRI. However, a recently placed artificial joint may require the use of another imaging procedure.

Patients who might have metal objects in certain parts of their bodies may also require an x-ray prior to an MRI. You should notify the technologist or radiologist of any shrapnel, bullets, or other pieces of metal that may be present in your body due to prior accidents. Foreign bodies near and especially lodged in the eyes are particularly important because they may move during the scan, possibly causing blindness. Dyes used in tattoos may contain iron and could heat up during an MRI scan, but this is rare. Tooth fillings and braces usually are not affected by the magnetic field, but they may distort images of the facial area or brain, so you should let the radiologist know about them.

Parents or family members who accompany patients into the scanning room also need to remove metal objects and notify the technologist of any medical or electronic devices they may have.

## What does the equipment look like?

The traditional MRI unit is a large cylinder-shaped tube surrounded by a circular magnet. You will lie on a moveable examination table that slides into the center of the magnet.

Some MRI units, called short-bore systems, are designed so that the magnet does not completely surround you. Some newer MRI machines have a larger diameter bore which can be more comfortable for larger size patients or patients with claustrophobia. Other MRI machines are open on the sides (open MRI). Open units are especially helpful for examining larger patients or those with claustrophobia. Newer open MRI units provide very high quality images for many types of exams. Older open MRI units may not provide this same image quality. Certain types of exams cannot be performed using open MRI. For more information, consult your radiologist.

The computer workstation that processes the imaging information is located in a separate room from the scanner.

Some facilities use smaller extremity scanners to image the joints of the arms or legs. With this type of system, you may recline or sit next to the MRI unit, while only the body part being scanned is placed inside the machine. Although these are smaller systems, they usually produce high quality images due to the unit's powerful magnet.

## How does the procedure work?

Unlike conventional x-ray examinations and computed tomography (CT) scans, MRI does not utilize ionizing radiation. Instead, radiofrequency pulses re-align hydrogen atoms that naturally exist within the body. This does not cause any chemical changes in the tissues. As the hydrogen atoms return to their usual alignment, they emit different amounts of energy depending on the type of body tissue they are in. The MR scanner captures this energy and creates a picture of the tissues scanned based on this information.

The magnetic field is produced by passing an electric current through wire coils in most MRI units. Other coils, located in the machine and in some cases, placed around the part of the body being imaged, send and receive radio waves, producing signals that are detected by the coils. The electric current does not come in contact with the patient.

A computer then processes the signals and generates a series of images, each of which shows a thin slice of the body. The images can then be studied from different angles by the interpreting radiologist.

Frequently, the differentiation of abnormal (diseased) tissue from normal tissues is better with MRI than with other imaging modalities such as x-ray, CT and ultrasound.

## How is the procedure performed?

MRI examinations may be performed on outpatients or inpatients.

You will be positioned on the moveable examination table. Straps and bolsters may be used to help you stay still and maintain the correct position during imaging.

Small devices that contain coils that send and receive radiofrequency pulses may be placed around your knee to help improve image quality.

If a contrast material will be used in the MRI exam, a physician, nurse or technologist will insert an intravenous (IV) catheter, also known as an IV line, into a vein in your hand or arm. A saline solution may be used to inject the contrast material. The solution will drip through the IV to prevent blockage of the IV catheter until the contrast material is injected.

You will be placed into the magnet of the MRI unit and the radiologist and technologist will perform the examination while working at a computer outside of the room.

If a contrast material is used during the examination, it will be injected into the intravenous line (IV) after an initial series of scans. Additional series of images will be taken during or following the injection.

When the examination is complete, you may be asked to wait until the technologist or radiologist checks the images in case additional images are needed.

Your intravenous line will be removed.

MRI exams generally include multiple runs (sequences), some of which may last several minutes.

The entire exam is usually completed in 45 minutes.

If your child requires sedation to complete the MRI, you may be asked to come early for the exam in order for your child to be evaluated prior to sedation. Sedation may add 15 to 30 minutes to the procedure. Your child may need to stay additional time to be monitored as the sedation wears off.

In selected patients, arthrography will be performed first. During that procedure, contrast material may be injected into the knee joint space before MRI in order to image the joint structures in more detail. Arthrography may require imaging guidance to place a needle into the knee joint. For MR arthrographic examinations, you will experience a slight pinprick and may feel a momentary burning if a local anesthesia is used to numb the skin over the joint area before the contrast is injected. When the contrast material is injected, it is normal to feel coolness and a flushing sensation for a moment. You may hear gurgling when the joint is moved.

The needle may cause you some discomfort when it is inserted and you may experience some bruising once it is removed. There is also a very small chance of irritation of your skin at the site of the needle insertion. You may experience some mild discomfort and swelling that should last not more than a few days following the procedure. If you develop a fever, which may indicate an infection, contact your doctor or seek medical attention. Arrange for someone to drive you home after the procedure.

See the Conventional Arthrography page for more information.

## **What will I experience during and after the procedure?**

Most MRI exams are painless. However, some patients find it uncomfortable to remain still during MR imaging. Others experience a sense of being closed-in (claustrophobia) while in the MRI scanner. Therefore, sedation can be arranged for those patients who anticipate anxiety, but fewer than one in 20 require medication.

It is normal for the area of your body being imaged to feel slightly warm, but if it bothers you, notify the radiologist or technologist. It is important that you remain perfectly still while the images are being recorded, which is typically only a few seconds to a few minutes at a time. You will know when images are being recorded because you will hear tapping or thumping sounds when the coils that generate the radiofrequency pulses are activated. You will be able to relax between imaging sequences, but will be asked to maintain your position as much as possible.

You will usually be alone in the exam room during the MRI procedure. However, the technologist will be able to see, hear and speak with you at all times using a two-way intercom. Many MRI centers allow a

friend or parent to stay in the room as long as they are also screened for safety in the magnetic environment.

You may be offered or you may request earplugs to reduce the noise of the MRI scanner, which produces loud thumping and humming noises during imaging. Children will be given appropriately sized earplugs or headphones during the exam. MRI scanners are air-conditioned and well-lit. Some scanners have music to help you pass the time.

If you have an exam that requires an injection of intravenous contrast material, it is normal to feel coolness and a flushing sensation for a minute or two following the injection. The intravenous needle may cause you some discomfort when it is inserted and once it is removed, you may experience some bruising. There is also a very small chance of irritation of your skin at the site of the IV tube insertion.

If you have not been sedated, no recovery period is necessary. You may resume your usual activities and normal diet immediately after the exam. A few patients experience side effects from the contrast material, including nausea and local pain. Very rarely, patients are allergic to the contrast material and experience hives, itchy eyes or other reactions. If you experience allergic symptoms, a radiologist or other physician will be available for immediate assistance.

There is no recovery time from an MRI scan, unless you need sedation. After the scan, you can resume your normal diet, activity and medications.

## Who interprets the results and how do I get them?

A radiologist, a physician specifically trained to supervise and interpret radiology examinations, will analyze the images and send a signed report to your primary care or referring physician, who will share the results with you.

## What are the benefits vs. risks?

### Benefits

- MRI is a noninvasive imaging technique that does not involve exposure to ionizing radiation.
- MRI has proven valuable in diagnosing a broad range of conditions, including tendon, ligament, muscle, cartilage and bone abnormalities that are not as visible on x-rays or CT scans.
- MRI can help determine which patients with knee injuries require surgery.
- MRI may help diagnose a bone fracture when x-rays and other tests are inconclusive.
- MRI enables the discovery of abnormalities that might be obscured by bone with other imaging methods.
- MRI provides a noninvasive alternative to x-ray, angiography and CT for diagnosing problems of the blood vessels.

### Risks

- The MRI examination poses almost no risk to the average patient when appropriate safety

guidelines are followed.

- If sedation is used, there are risks of excessive sedation. However, the technologist or nurse will monitor your vital signs to minimize this risk.
- Although the strong magnetic field is not harmful in itself, implanted medical devices that contain metal may malfunction or cause problems during an MRI exam.
- Nephrogenic systemic fibrosis is currently a recognized, but rare, complication of MRI believed to be caused by the injection of high doses of gadolinium-based contrast material in patients with very poor kidney function. Careful assessment of kidney function before considering a contrast injection minimizes the risk of this very rare complication.
- There is a very slight risk of an allergic reaction if contrast material is injected. Such reactions are usually mild and easily controlled by medication. If you experience allergic symptoms, a radiologist or other physician will be available for immediate assistance.
- Manufacturers of intravenous contrast indicate mothers should not breastfeed their babies for 24-48 hours after contrast medium is given. However, both the American College of Radiology (ACR) and the European Society of Urogenital Radiology note that the available data suggest that it is safe to continue breastfeeding after receiving intravenous contrast. For further information please consult the ACR Manual on Contrast Media and its references.

## What are the limitations of a knee MRI?

High-quality images are assured only if you are able to remain perfectly still while the images are being recorded. If you are anxious, confused or in severe pain, you may find it difficult to lie still during imaging. Constant coughing and shaking might also interfere with the scan. A bent knee that cannot be extended is also difficult to image.

A person who is very large may not fit into the opening of a conventional MRI machine.

The presence of an implant or other metallic object sometimes makes it difficult to obtain clear images and patient movement can have the same effect. In some cases, metal artifact reduction imaging is performed in patients who have metallic surgical implants at the knee and require MR imaging.

Although there is no reason to believe that magnetic resonance imaging harms the fetus, pregnant women usually are advised not to have an MRI exam during the first trimester unless medically necessary.

MRI typically costs more and may take more time to perform than other imaging modalities.

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