

PRINCESS MARGARET HOSPITAL FOR CHILDREN — COMPUTED TOMOGRAPHY SCANNER

125. Mrs L.M. HARVEY to the Minister for Health:

It is appropriate today that we hear the news that the minister unveiled a new CT scanner at Princess Margaret Hospital for Children, which I understand is the first of its kind in the state. Can the minister please update the house on the additional benefits that will be available to Western Australian children as a result of this new piece of equipment?

Dr K.D. HAMES replied:

It is very interesting that on this day when we honour Jaye Radisich that we unveil this new CT scanner at Princess Margaret Hospital. While I was at the unveiling, I was talking to a young boy called Blake who had cancer and had had significant radiotherapy and chemotherapy. He had had a number of CT scans and he was quite bravely there to talk to people about CT scans and his illness. This is a first in the world. This CT scanner is the first of this capacity to go into a children's hospital anywhere in the world. It is one of the latest in CT scanners available. It cost \$1.9 million, \$1.2 million of which came from the state government as part of a \$40 million-a-year package we are pumping into equipment replacement in this state. The other \$700 000 came from Telethon. As we know, Telethon makes a fantastic contribution to health services for children in this state and this \$700 000 is a great step forward.

Two critical components on the new CT scanner are really important. The first is the radiation dose that the children get: radiation from a normal scanner is about seven or eight times that of a normal X-ray; this scanner is about the same as a normal X-ray, and, therefore, there is seven to eight times less radiation. The second is the speed. When I was talking to Blake and his dad, they were saying that the scans that Blake had had taken 0.6 of a second. To do a chest, abdomen and pelvis scan with the new scanner takes one second. Previously, it took eight or nine seconds. That may not seem to be a big difference, but it is an extraordinary difference in terms of the way children are able to be managed, because they have to keep still while they are having that scan done. In so many cases, children have to have a general anaesthetic in order for them to stay still enough for the scan to be done, and the manager of the scanner in the hospital was saying that just in the couple of weeks since initial trials have started to get the machine installed, four children have been able to have their scans done without needing general anaesthetic. Any general anaesthetic has risks. People can die from a general anaesthetic; there is a risk—albeit low. One of the critical problems is that people have to wait to be able to have a general anaesthetic, particularly if they have a full stomach. Therefore, if they had eaten and then been injured, they have to wait until their stomach is empty. Children often wait five, six, seven and eight hours, either in the emergency department or elsewhere in the hospital, to be allowed to have a scan to see whether they need to be admitted or whatever treatment they need. Therefore, if there is a parent with a child who has a suspected head injury, how good is it to be able to get that child in straight away, to have the scan and to make a diagnosis without having to go through that? It is a fantastic step forward. I want to say a special thanks to Telethon for its \$700 000 contribution, and to Blake and his family for being there with us today.