

Letter to the Editor

Ultrasonography in primary care

AUTHORS



Dimitrios Athanasopoulos¹ MD, Family Physician *



Dimitrios Manifavas² MD, Family Physician

CORRESPONDENCE

*Dr Dimitrios Athanasopoulos dim35mk@gmail.com

AFFILIATIONS

¹ Academic Primary Care Centre 'Samariterhemmet', Academic Hospital, Uppsala, Sweden

² Health Department, Hellenic Fire Service, Kato Kifissia, Greece

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Dear Editor

The recent article on the introduction of ultrasound in family medicine training is very interesting. The authors highlight the role of structured training in ultrasound¹.

In Greece, ultrasonography training for specialists in family medicine has been available since 2000. Nowadays, there are two centers where this training can be provided: the university radiology departments of both Patras and Ioannina. This training focuses only on abdominal ultrasound. The training is full time and daily and lasts 6 months, with the help of a trainer. During the training, a minimum number of examinations is required, which the trainees have to perform on their own².

The authors have successfully completed this training and have been using ultrasound in daily clinical practice for the last 10 years, and we would like to share our experience. Undoubtedly, ultrasound is a great tool, but it is user-dependent³ like other tools in medicine, such as the stethoscope. Training never ends and daily use is required to maintain a high level of skill⁴. There are also some challenges that a family physician has to face:

- Ultrasound examination can extend the examination time. An ultrasound examination takes time: 3–9 minutes for focused examinations⁵ and up to 12 minutes for extended examinations such as of the upper abdomen⁶. Additional time is needed for preparation (2.9 minutes) and documentation (3.6 minutes)⁶.
- Patients in primary care are not as prepared as patients who will undergo an ultrasound examination in a hospital. An optimal abdominal ultrasound requires at least 6 hours of fasting⁷.
- The quality of the ultrasound machines used in family medicine can present some differences in comparison with the modern machines used in hospitals⁸.
- When a radiologist evaluates a lesion, the question for further evaluation is sent to the clinical doctor. In our case, we have to detect and decide at the same time.
- There is a risk of performing unnecessary examinations, which may reveal harmless findings that may cause patients to suffer⁹.

For these reasons, there is a need for structured and continual ultrasound training in family medicine.

Conflicts of interest

The authors declare no conflicts of interest.

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Dimitrios Athanasopoulos, MD, MSc, Family Physician,
Academic Primary Care Centre 'Samariterhemmet', Academic
Hospital, Uppsala, Sweden
Dimitrios Manifavas, MD, MSc, Family Physician, Health
Department of the Hellenic Fire Service, Kato Kifissia, Greece

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