

# High power light sources used in medicine

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# Clinical and Lab Lasers



CE marked medical lasers

- Designed to be safe
- Interlocks etc.
- Aiming beam
- Almost always diverging beam



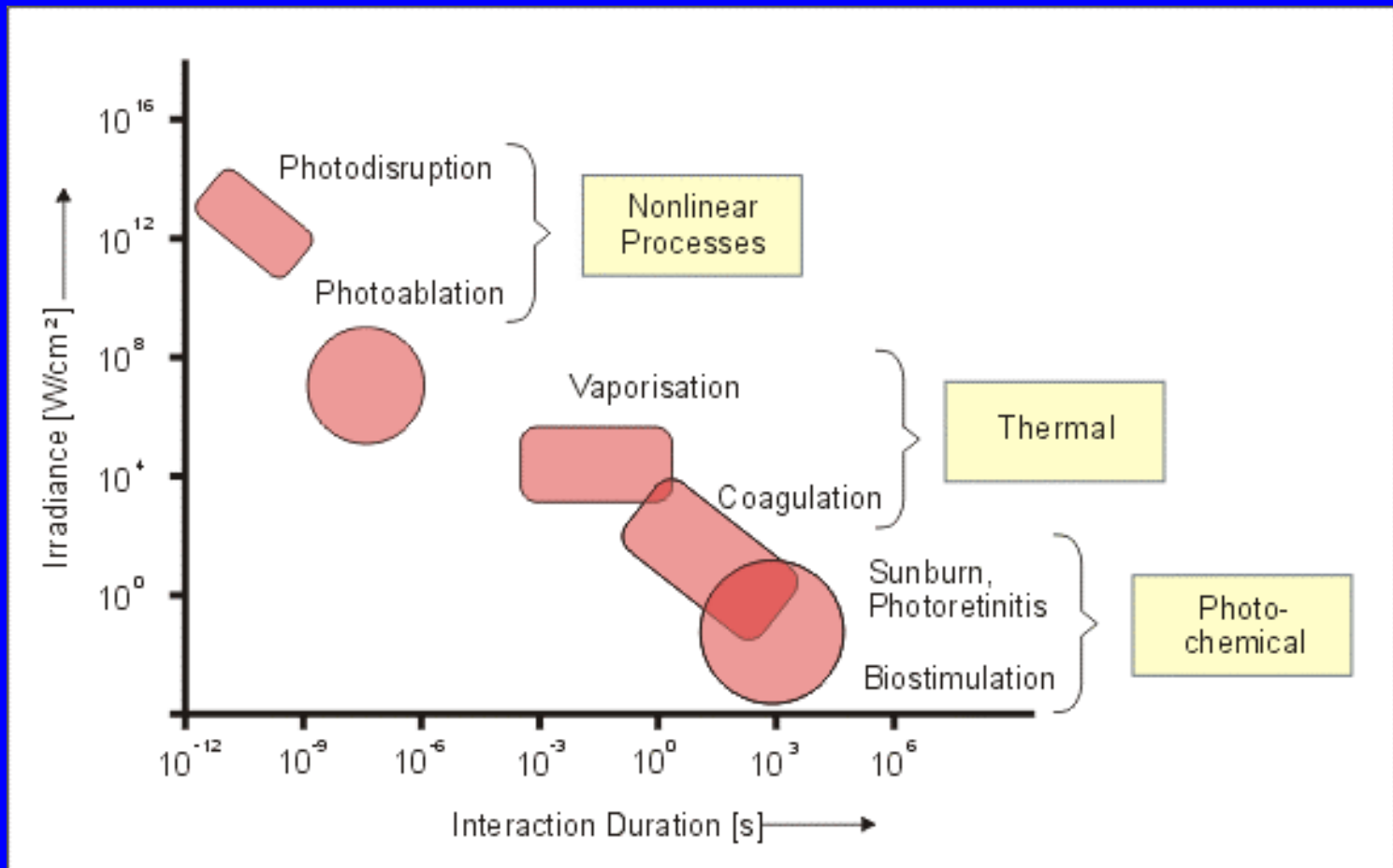
Lab lasers

- Not designed for safety
- Designed for “expert” users
- Parallel, pencil beam
- Much more dangerous

# Photo hazards

- **Skin**
  - **Fire** - In particular down endoscope
  - **Eye** - Retinal or corneal burns
  - **Internal organs**
- 
- **Medical lasers** – just need wavelength, power, power density, total energy, easy delivery

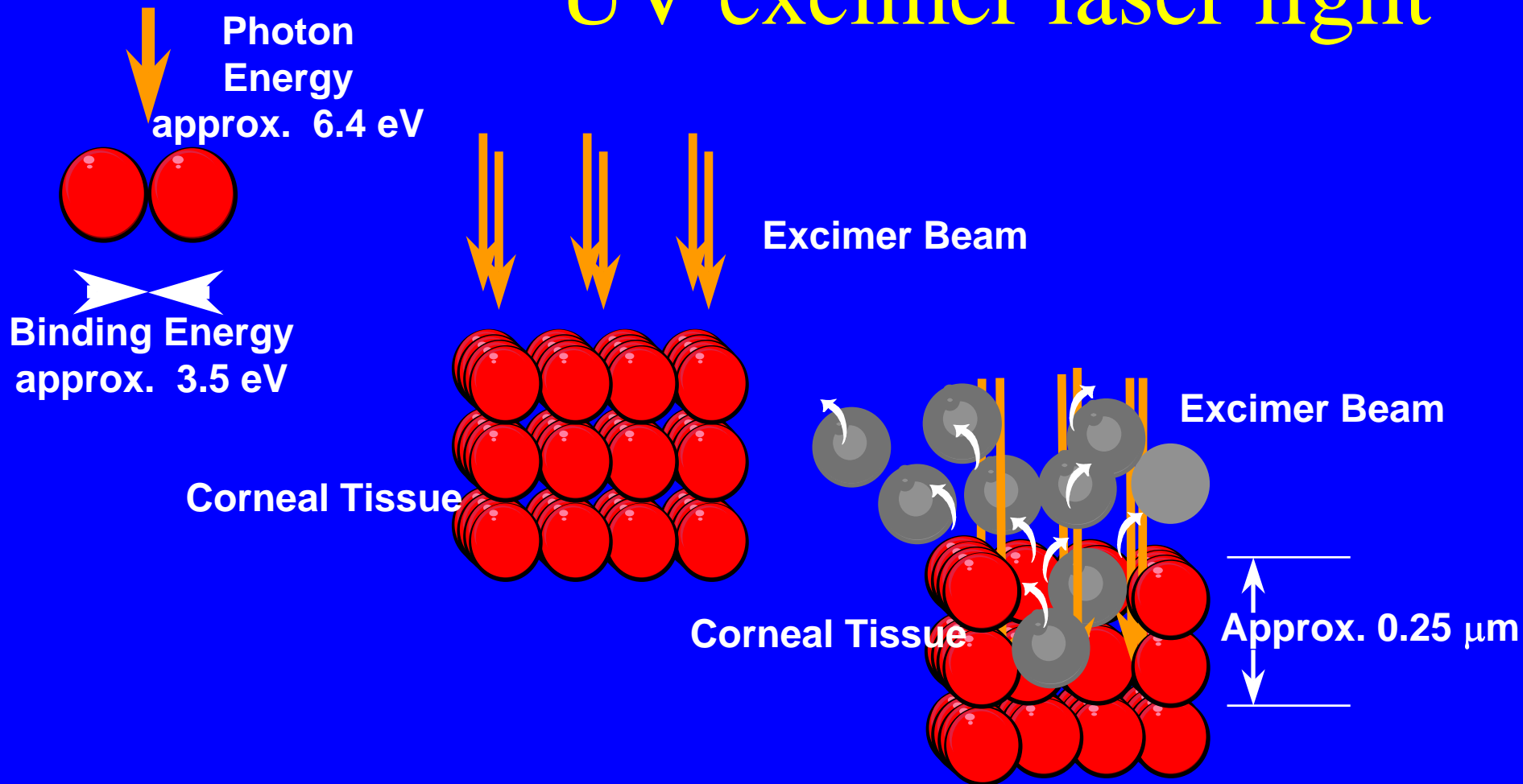
# Time and Power



# Some lasers in medical use

CO <sub>2</sub>	10.6 micron
Er:YAG	2.94 micron
Ho:YAG	2.1 micron
Nd:YAG	1064 nm
Cu vapour	511/578 nm
Dye	eg 630/675 nm
Diode	eg 532 / 905 nm
Excimer	< 350 nm

# Photoablative effect of UV excimer laser light

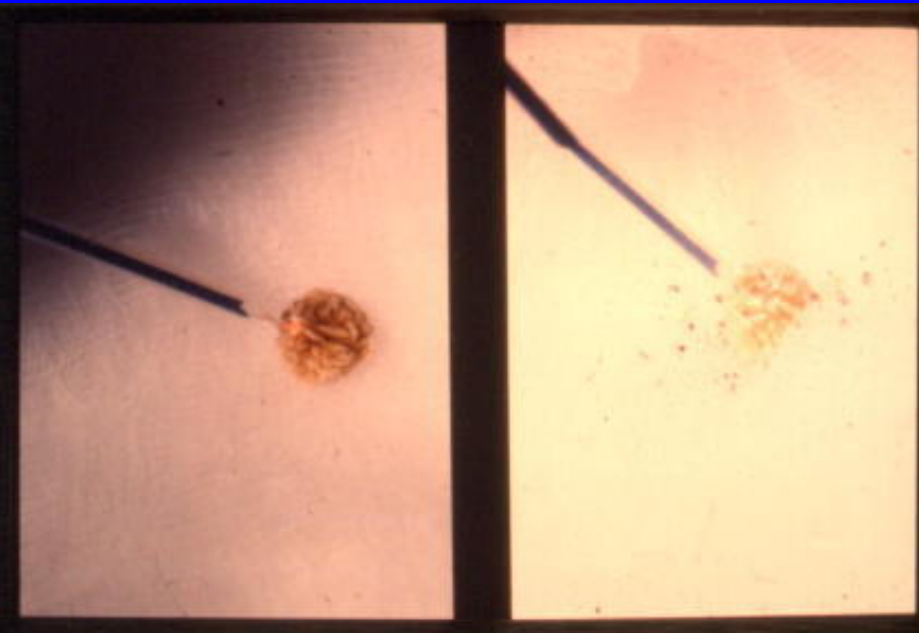


Impact of  
pulsed lasers  
on biological  
tissue



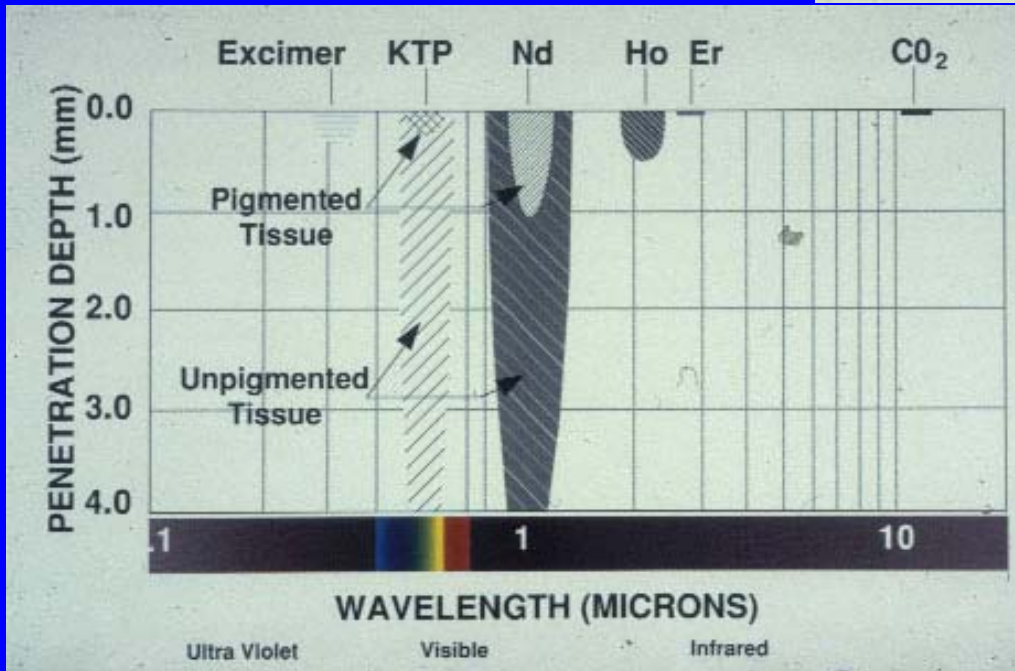
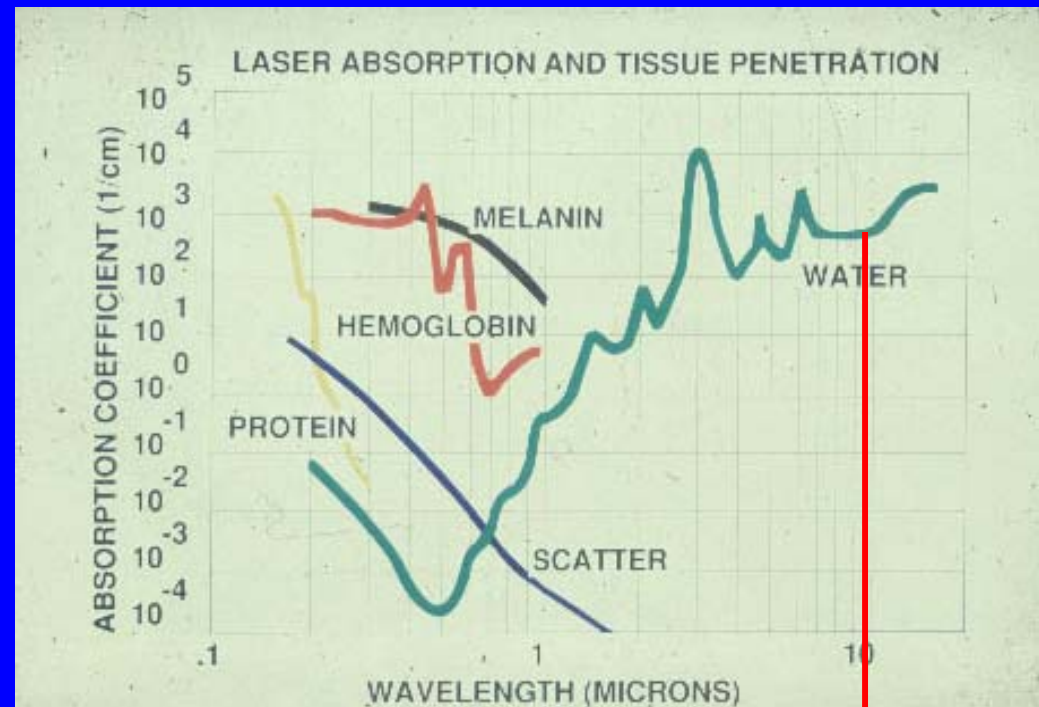
Shattering a kidney stone

Splitting a membrane in the eye



Tissue absorption

Tissue penetration



CO<sub>2</sub> Laser



# Carbon Dioxide Laser Surgery

Wavelength 10,600nm

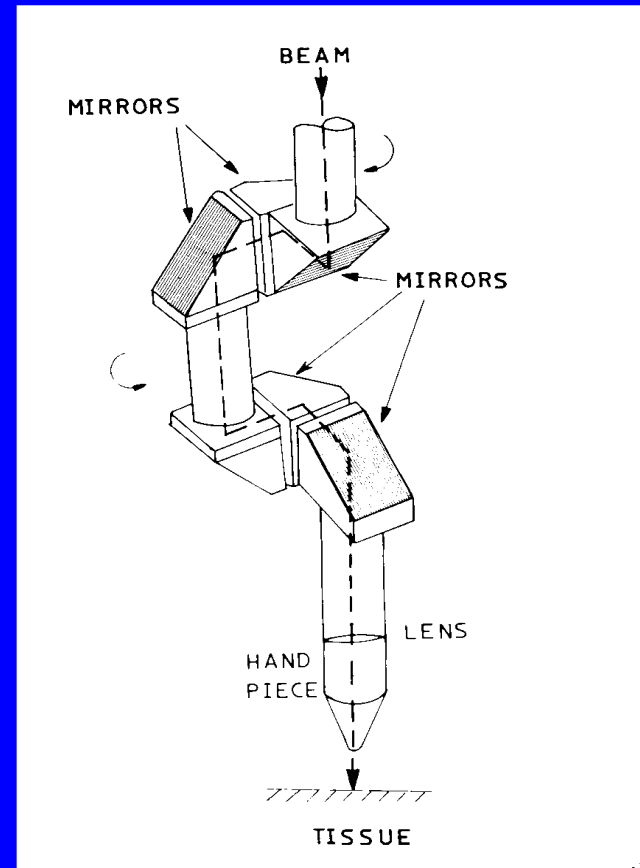
Strong absorption by water

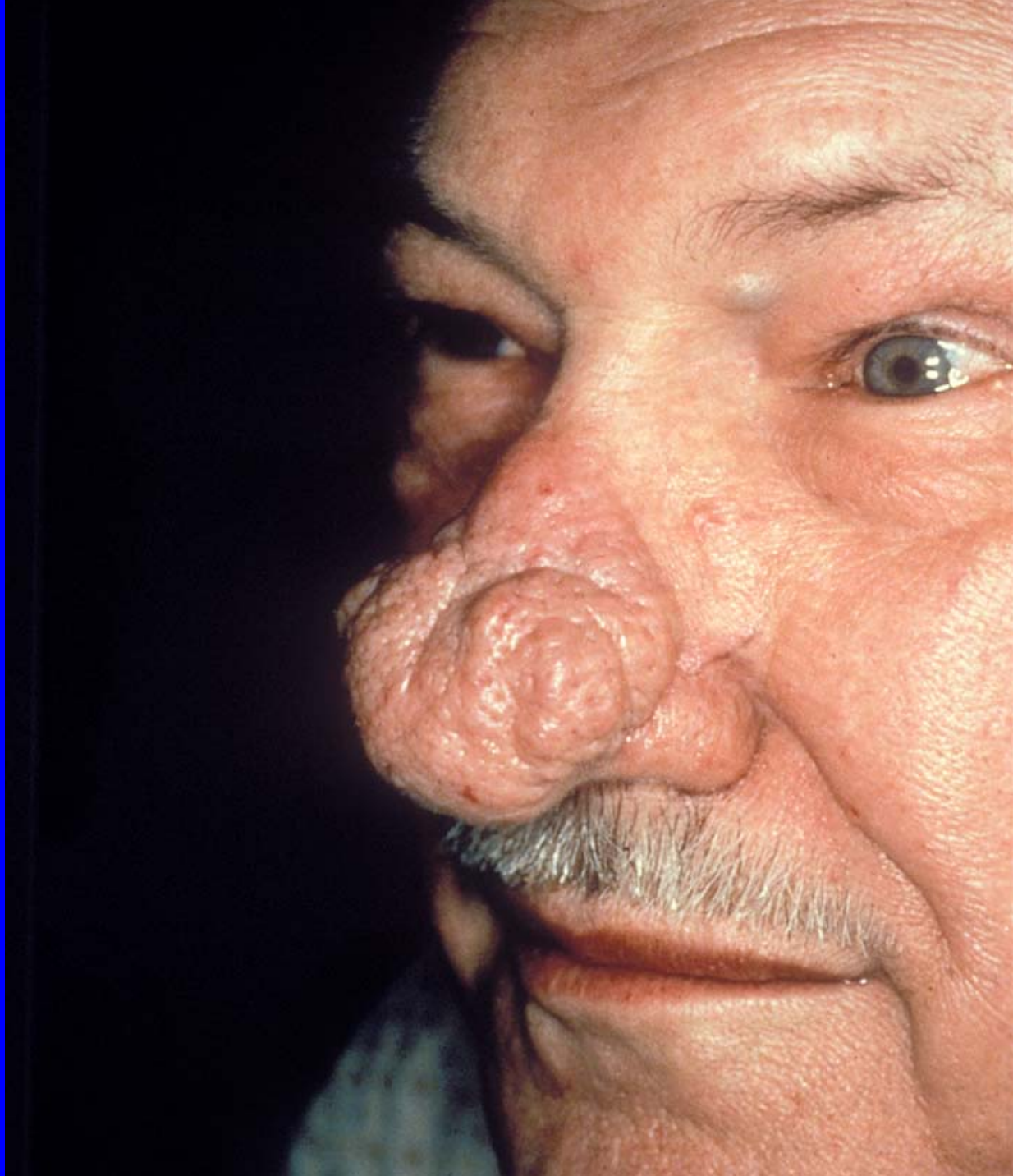
Non-contact laser knife

No suitable fibre for clinical use

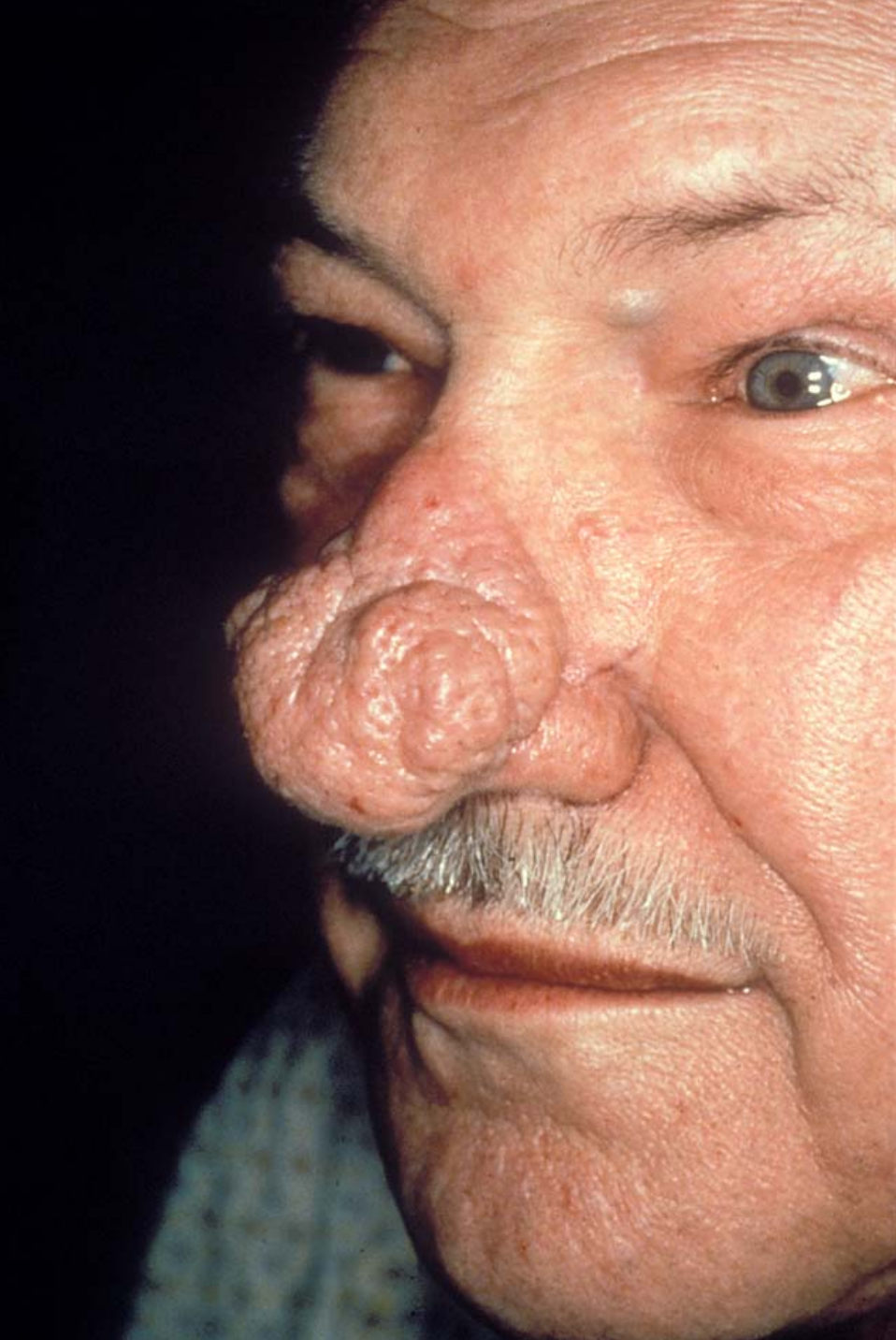
Collimated beam

Typical power 15-60W





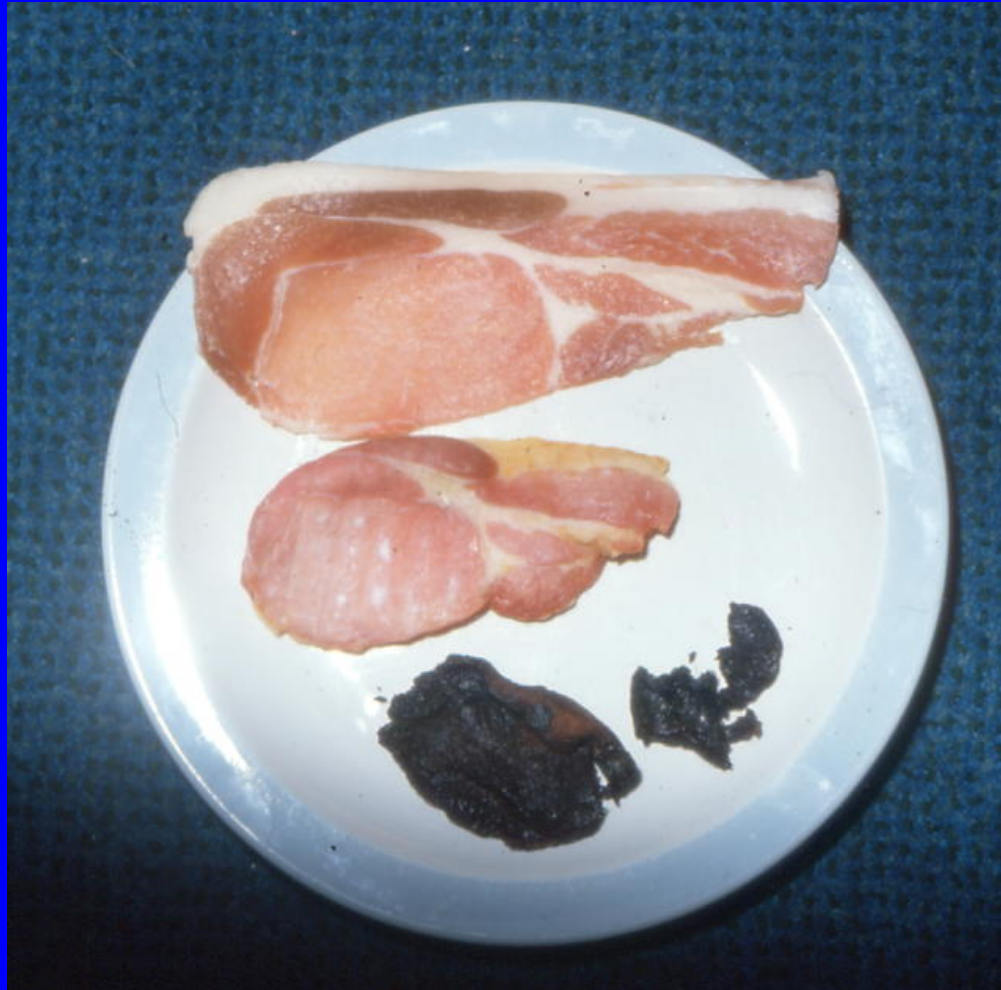




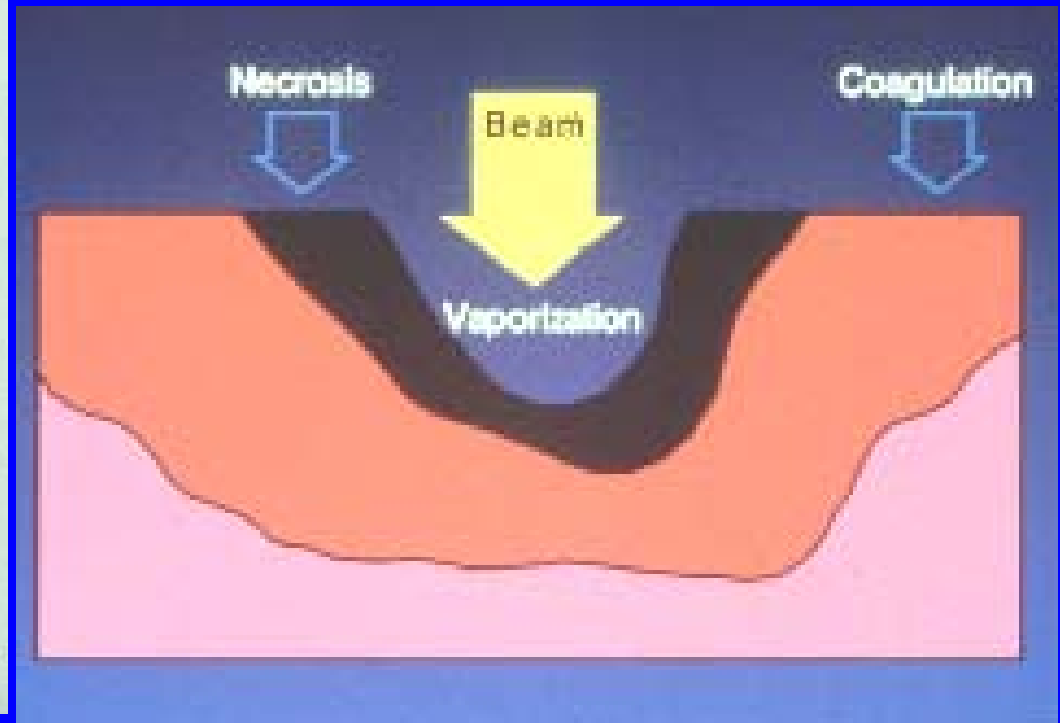
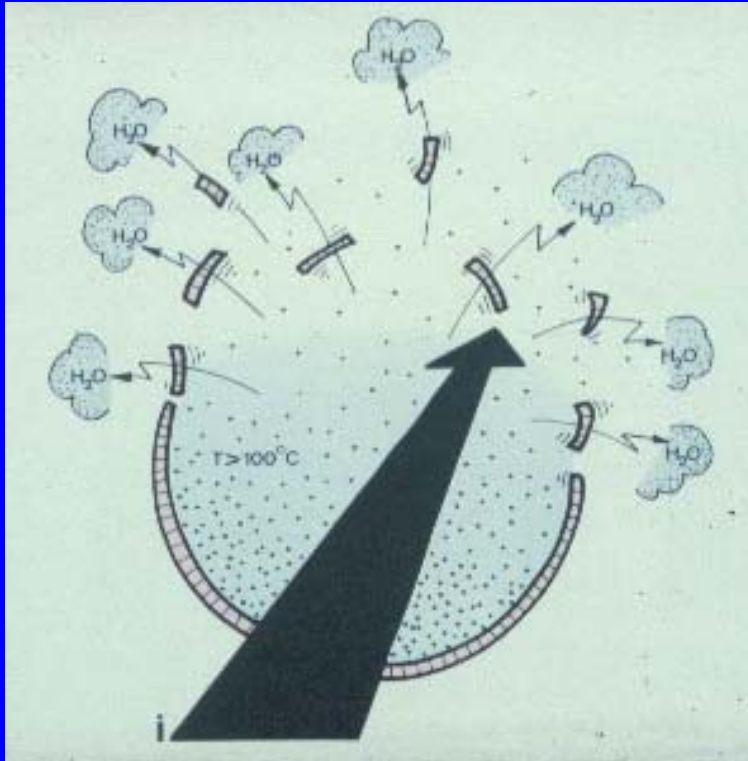
I said "pass the laser, nurse".  
Had I wanted you to switch on  
the laser, I would have said  
"switch on the laser, nurse."



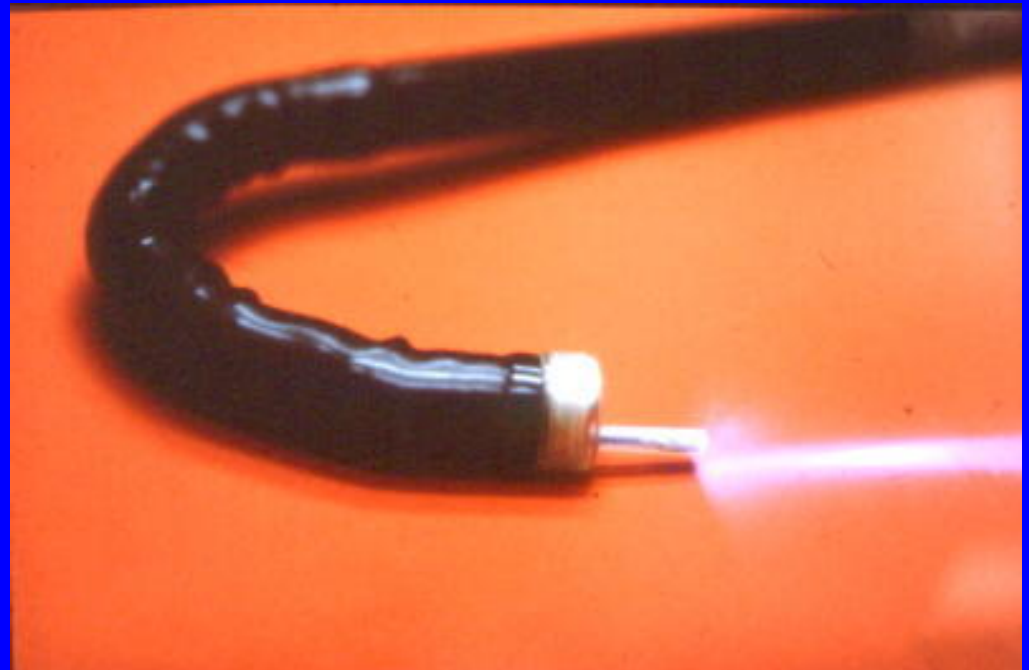
# Effects of heat on tissue



# Photothermal - high power density. Ablation

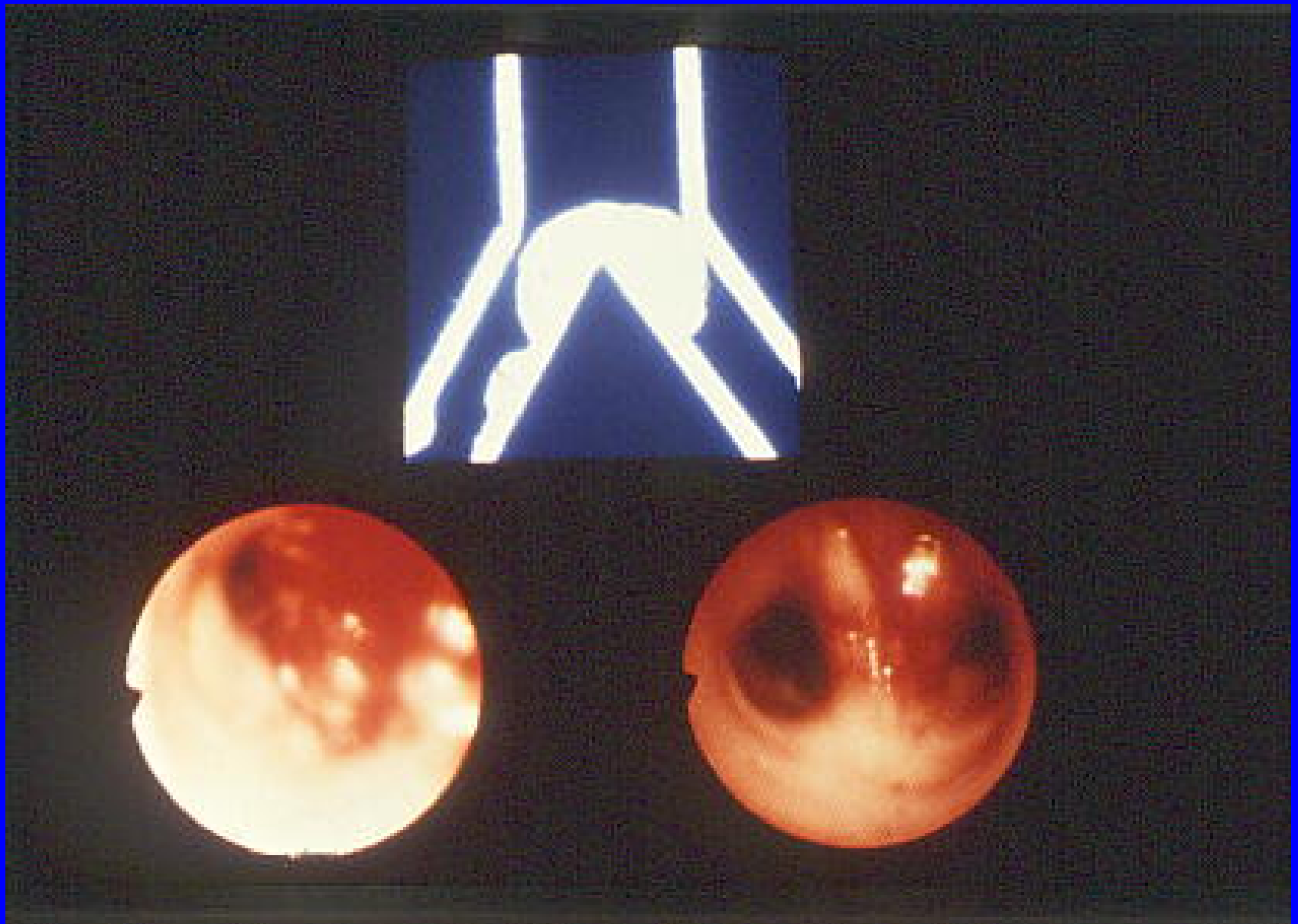


# Endoscopic use of lasers









# Lasers and Cancer Therapy

- High power thermal – blasting a passage through advanced cancers. *Typically 30-70W*
- Low power thermal – gentle cooking of tumours in solid organs. *Typically 1-5W*
- Photodynamic therapy – photosensitising drugs activated by laser light. *Typically 0.2-3W*

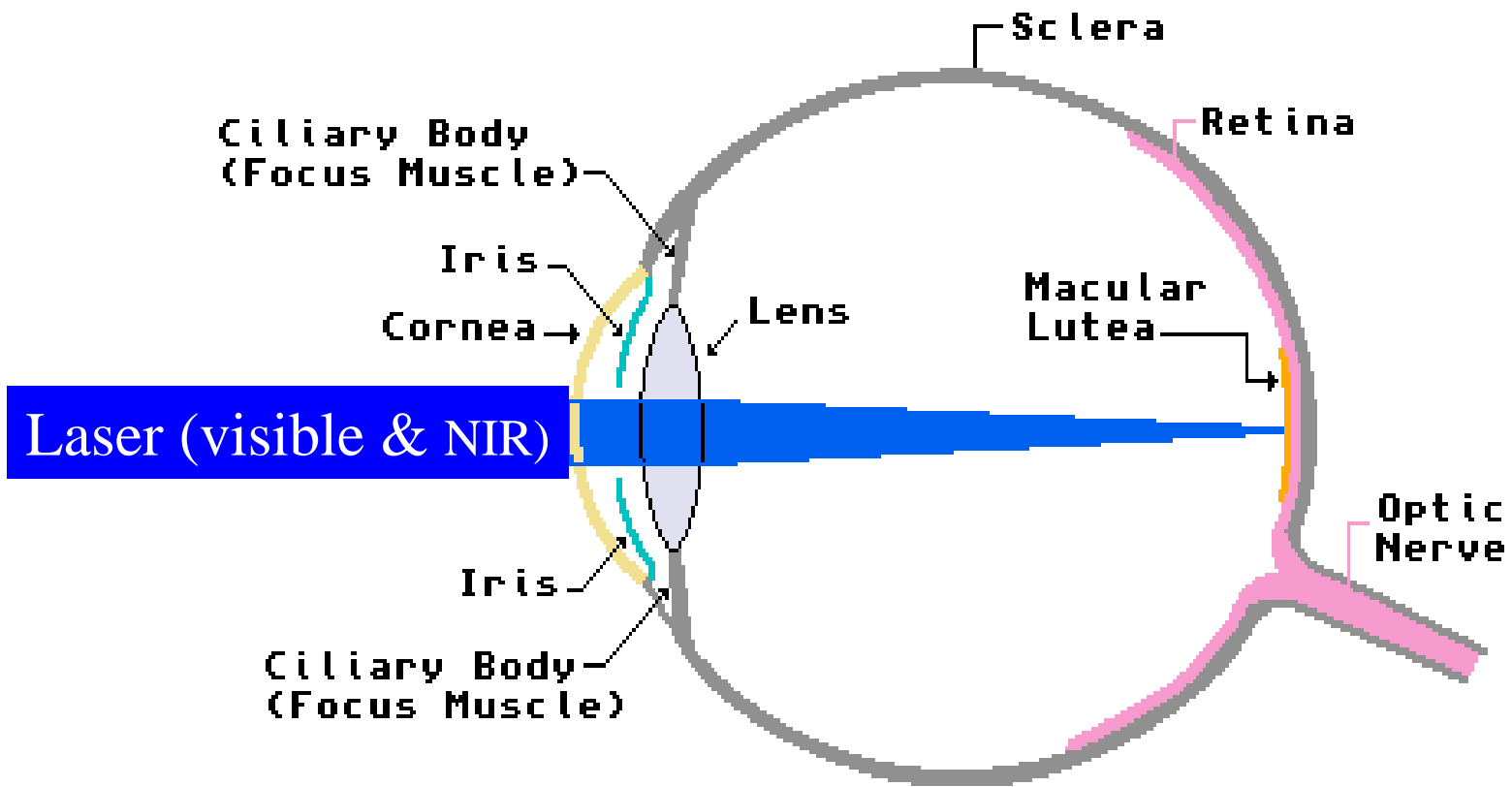




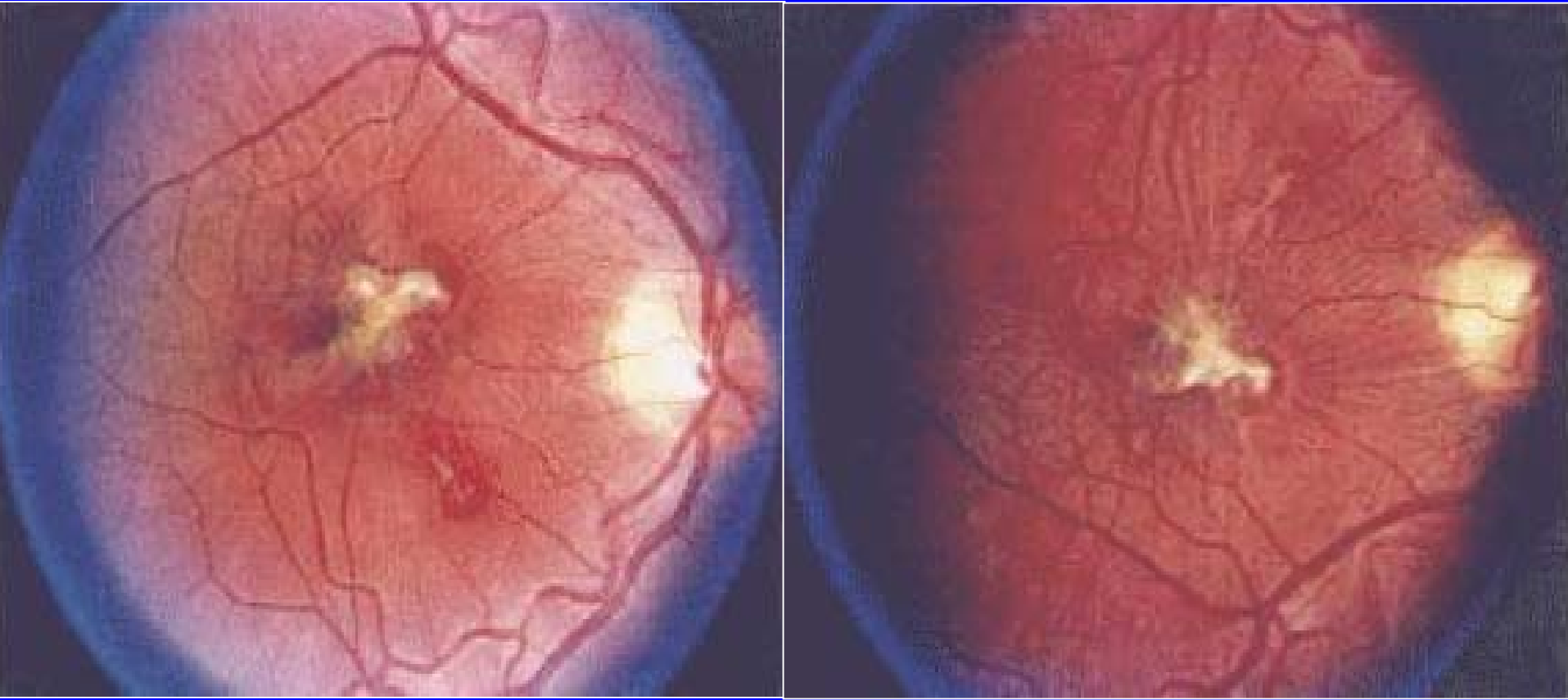


# Eye

## SIMPLIFIED CROSS SECTION OF THE EYE WITH LASER BEAM



# True stories - Eye Injury



Nd:YAG (1064 nm) - permanent damage.

Victim saw white flash, heard a click, then immediately a dark spot in visual field



# Sample calculation

**Safe distance for intrabeam viewing  
60W, 1064 nm, CW Nd:YAG laser.**

Using the aiming beam, we find the angle of light from a fibre =  $18^\circ$

No blink response

Taking  $t = 1$  s,  $MPE = 90 \text{ J m}^{-2}$

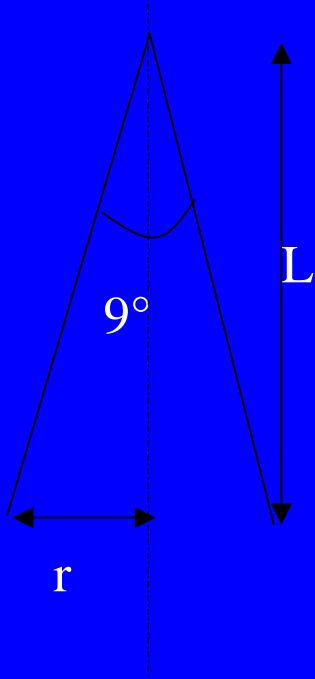
Max energy per unit area =  $(60 \times t)/A$

Therefore  $A = 60/90 \text{ m}^2$

$L = 5.7 \text{ m}$

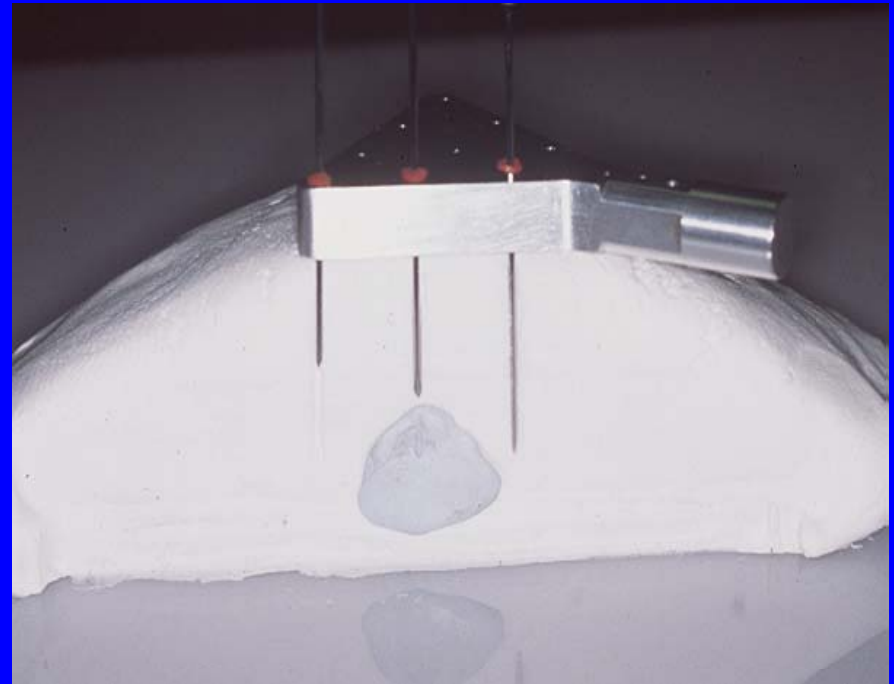
For  $t = 10$ s,  $L = 7.7 \text{ m}$

**Room windows will need screening.**



# Interstitial laser therapy

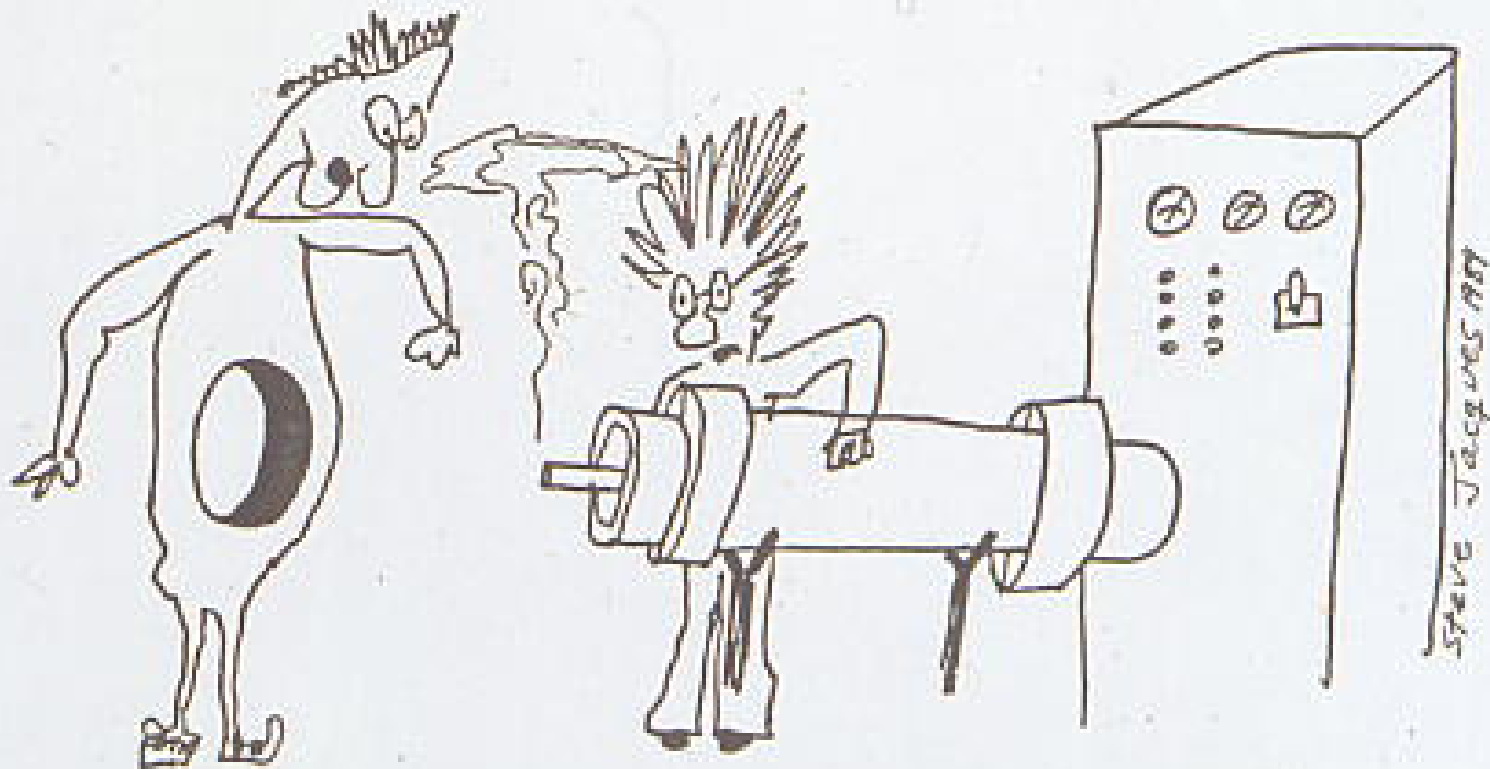
- Needles inserted through the skin under image guidance
- Laser fibres passed through the needles to deliver light into the diseased tissue
- No effect on overlying tissues





# True stories - Fire Blouse Set Alight

- A radiologist was using a NIR diode laser applied through 4 light fibres for ILP (heating a tumour to kill it).
- She was holding one fibre and inadvertently pointed it at her blouse.
- Others present enjoyed extinguishing her!
- Fortunately no burn to the Doctor.



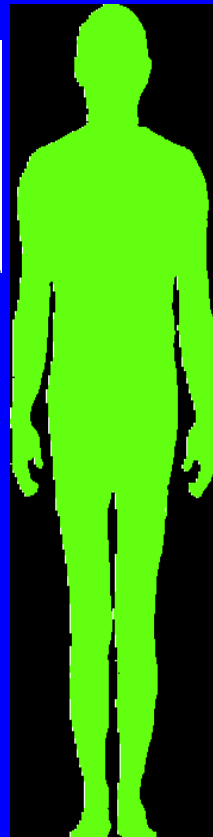
Dr. Z rechecks the laser dosimetry

# Photodynamic therapy (PDT)

application

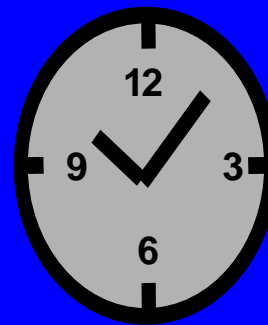


photosensitiser

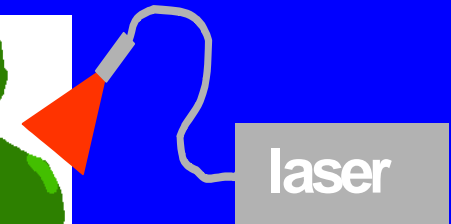
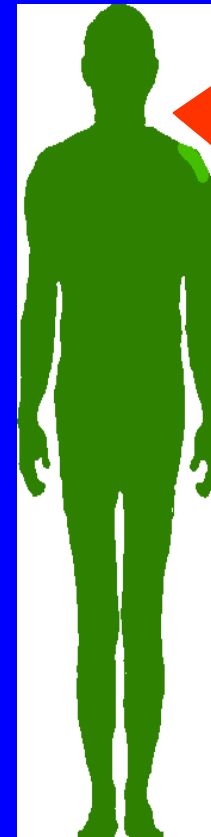


accumulation

96 h



therapy



laser

# Bowen's disease on a finger

(photos courtesy of Dr Sally Ibbotson)

before PDT



3 m. after ALA-PDT (x2)

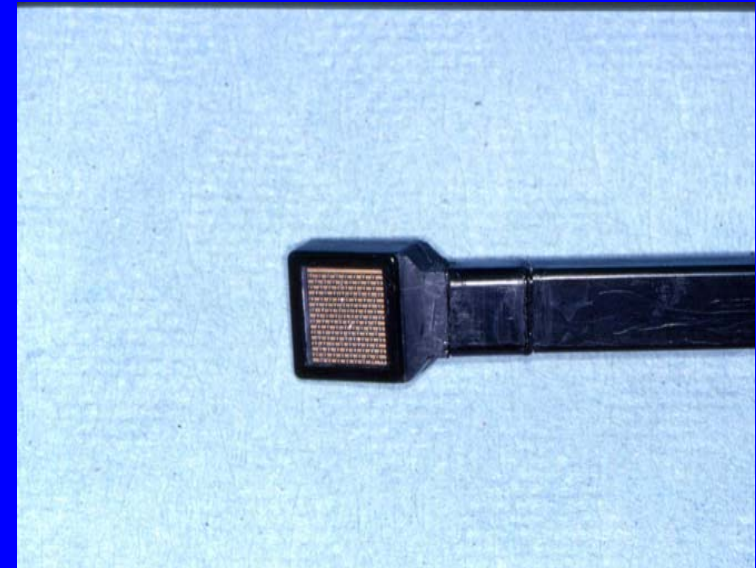


# Non-laser light sources for PDT

Paterson lamp



LED





# Semiconductor Laser

(power up to 5W)



# Recurrent basal cell carcinoma

(photo courtesy of Prof Stradnako, Moscow)



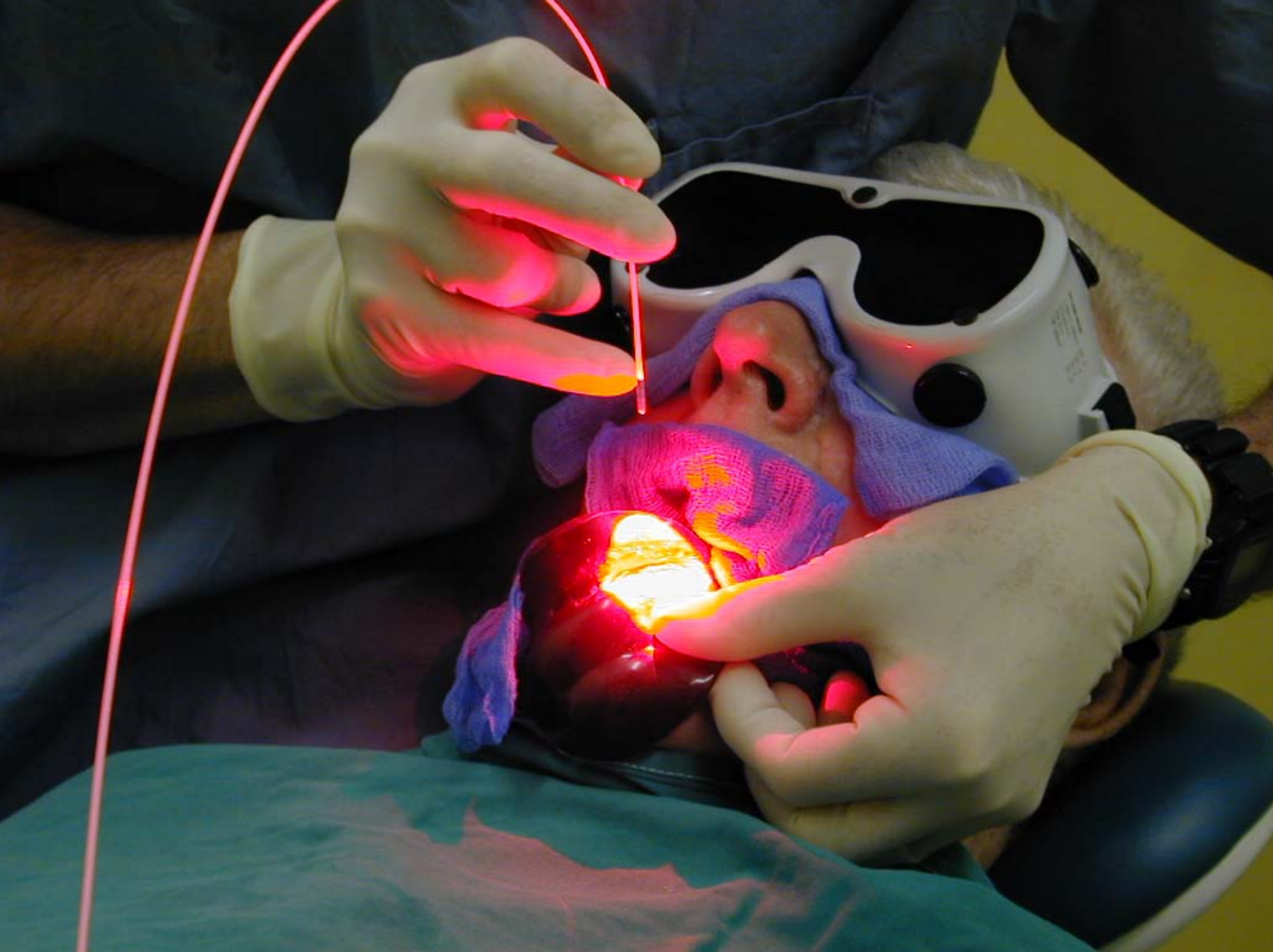
**Before PDT**



**Day 5**



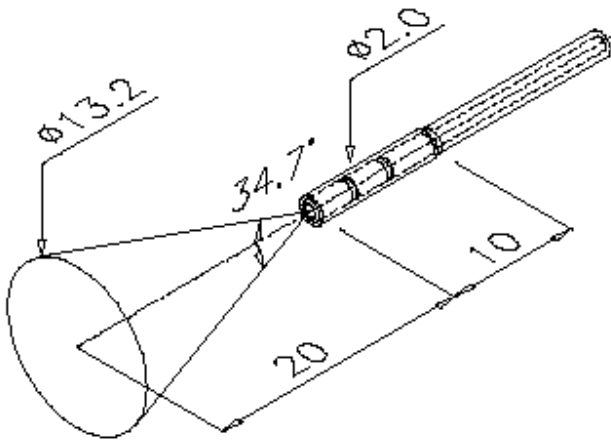
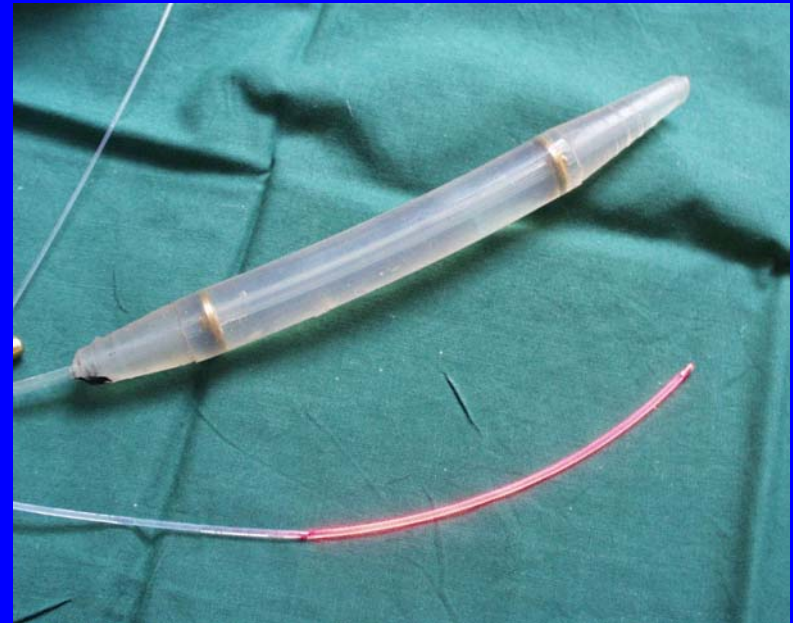
**After  
healing**



# Light delivery devices

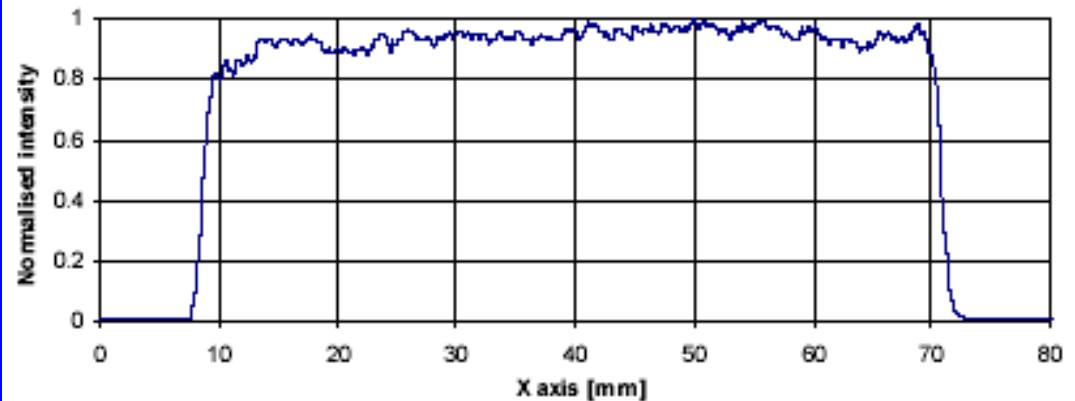
Diffuser fibre

Microlens



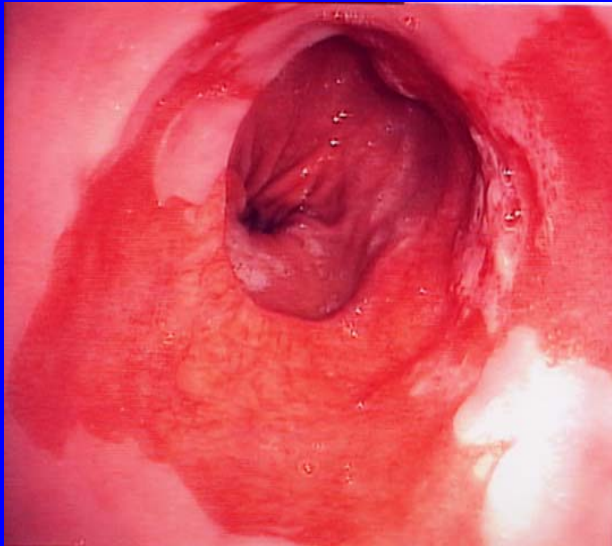
## TYPICAL LIGHT INTENSITY PROFILE

(FD1, distance to screen: 100 mm)

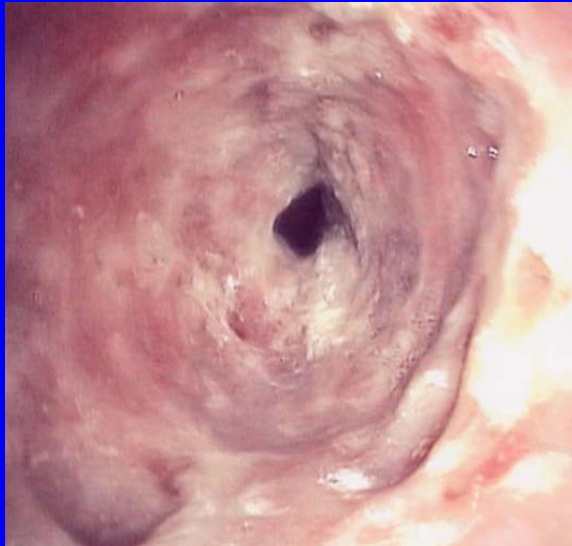


# Photodynamic Therapy

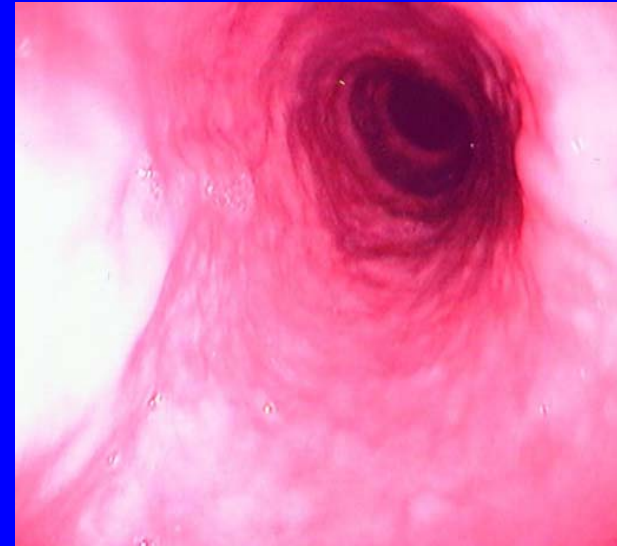
## Barrett's Oesophagus



Prior to Therapy



One day after treatment:  
Necrosis of Oesophageal  
Mucosa



A month after treatment:  
Squamous Regeneration  
and Dysplasia Eradicated

# Interstitial PDT for cancer of the pancreas



# Laser Therapies - summary

- Photothermal
  - High power density, thermal ablation
  - Low power density, photocoagulation
- Photochemical, PDT
- Photomechanical - eg stone breaking
- Photoablation
- Biostimulation

# Five Steps to risk assessment

1. Look for hazards
2. Decide who might be harmed and how
3. Evaluate risk factor
4. Record your findings
5. Review and revise

<http://www.hse-databases.co.uk/pubns/indg163.pdf>





University College London Hospitals



NHS Trust