



# Managing Claustrophobic Patients in MRI

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# Introduction

# Introduction

Picture this:

You are a hard-working MRI technologist. You are running behind because you had to squeeze in an emergency patient. Your one technologist has called off and your receptionist had to leave early for a doctor's appointment.

Your next patient has been screened, changed, and is ready to go. You spend a few minutes explaining the MRI exam, confirming the patient identity, and doing a final screening.

You position the patient and make her comfortable and begin to slide her in the scanner and she has an anxiety attack.

## Sound familiar?

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# Statistics

It is estimated that between 1% and 15% of all patients scheduled for an MRI exam suffers from claustrophobia and cannot be scanned.\*

That equals to approximately 2 million MRI procedures (globally), that are unable to be completed each year due to claustrophobia.



# Statistics

If you think those are insignificant numbers, that equals out to over

**\$1,000,000,000.00**

That is a lot of money being left on the table, literally.



# Now that I have your attention ...

Lost revenue is not the primary concern of patients with claustrophobia. The primary concern is the patient.

A claustrophobic patient requires a lot of attention, understanding, and comfort. Things must move slowly to accommodate and deal with their anxiety.



# Definition

# So, What is Claustrophobia?

Claustrophobia is an extreme or irrational fear of confined places.

It can be triggered by many situations or stimuli.

It is estimated that 12.5% of the population experiences some degree of claustrophobia.

The majority of those affected are women and this can develop at any age.





# Anxiety and Panic

This is the emotional effect that the MRI technologist must deal with.

The immediate physical symptoms of rapid heartbeat and breathing difficulties will be forefront to you taking care of this patient.

If there is escalation of physical symptoms, the patient may need urgent medical care.

Keep in mind, not all patients are healthy. Many have multiple factors affecting their overall health. Anxiety symptoms can exacerbate any health issues that the patient may be dealing with.

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# Fear of Losing Control

This happens to every patient who comes in for medical procedures or imaging tests.

The patient must put their health, body, and soul into the hands of strangers.

Everything is strange, cold, loud, and frightening.

And that comes before getting a diagnosis that may be the most terrifying thing of all.



# Fear of Fainting or Dying

The fainting part is a physical episode that is alarming for the technologist.

Be sure you know the signs of syncope:

- Light headedness
- Visual disturbances
- Unsteadiness
- Paleness
- Sudden sweat
- Slurred speech

Get the patient to the lowest point as quickly as possible and get help.

The dying issue is an emotional condition that the patient may need to seek professional help for.



# Avoidance Behaviors

This is a large problem.

Claustrophobia may be so severe that the person can avoid certain situations:

- Elevators
- Airplanes
- Crowded rooms

**or MRI Scanners**



# Avoidance Behaviors

Medical imaging is frightening.

The machines are large and they tend to move close to the patient's face. Not just MRI scanners, but CT machines, nuclear medicine cameras, ultrasound transducers, fluoroscopes, etc.

Avoiding vital medical procedures has the potential for delaying diagnosis and treatments.



# Feeling of Detachment

This is a deep emotional effect which can further contribute to anxiety and distress.

This can cause the person to feel isolated and disconnected.

Not a good feeling in the medical environment where the patient needs close connections to family, friends, and caregivers.



# Managing the Patient

# Best Case Scenario

In the best-case scenario, when you are with a claustrophobic patient, all you will need to do is spend that extra time with your patient and everything will go as planned.

This patient will need more frequent breaks. Constant updates of “how much longer.” Maybe moving the patient in and out of the bore. Sips of water. Continuous encouragement.

But then it is done. Your extra effort was worth it and you got a complete and diagnostic exam and the patient left with a good experience.



# Worst Case Scenario

The worst-case scenario could go as follows:

The patient's anxiety increases with each moment. You spend some time with the patient, showing good patient care, and you manage to convince her to go into the MRI suite.

It takes longer to get her on the table and as you slide her in, she begins to hyperventilate. You remove her from the MRI suite and proceed to take her vitals and care for your patient.



# Worst Case Scenario

So, you spent a lot of time with your patient and didn't get anywhere.

The exam wasn't completed, the patient doesn't have a diagnosis, potential treatment could be delayed, and no revenue for the facility.

The patient did not have a good experience and may need to be rescheduled with sedation or even at a different facility.

Not a good outcome for anyone.



# The Cost of Canceling a Patient

We are talking of more than just dollars. Much more. Although lost revenue is a concern. Canceling the patient creates a very difficult situation for them, causing:

- Delay of diagnosis and treatment
- Throwing the patient's schedule into turmoil (follow up appointments, other imaging procedures, possible surgical intervention, etc.)
- Upsetting the referring clinician
- Initiating additional travel costs for the patient
- Time off work for the patient and/or companion
- Concerns about rescheduling and possible sedation procedures

# The Cost of Canceling a Patient

While the financial implications are not the primary concern, it does have a place in this discussion.

Aside from the immediate loss of revenue, the added cost of care is as follows:

- Increase procedure costs for sedation can add an extra \$125 to \$400.
- There is no guarantee that rescheduling the appointment will be successful, risking another wasted exam.



# The Cost of Canceling a Patient

Missed appointments due to claustrophobia are part of the larger issue of missed medical appointments, which are estimated to cost the U.S. health care system approximately \$150 billion annually, [according to Notivate Health](#).



# The Cost of Canceling a Patient

Another issue:

Despite your best efforts, you have a patient who is unsatisfied.

This can be a significant challenge for your facility.

The patient is upset. In their eyes, you did not do your job.

They arrived at your facility and trusted you to complete their exam and was hopeful their referring physician would have a diagnosis to treat them and make them feel better.

It is bitterly disappointing that things did not go their way.



# The Cost of Canceling a Patient

While you have done EVERYTHING, your patient is still unhappy.

Some tips you can employ to do damage control:

- Listen closely to the patient (everyone wants to be heard)
- Express empathy
- Communicate clearly
- Address concerns
- Offer solutions: This is a big one



# Offering Solutions

This shows the patient that you are concerned about him/her.

Even if the solution is at another facility who may have equipment better suited for the patient.

Offering different options brings the patient back into control of their own health care.



# Offering Solutions

Again, the primary concern is the patient and providing a quality, safe, and comfortable exam.

There is a correlation between anxiousness and patient satisfaction. A patient who is not satisfied is going to voice his/her opinion about the staff and facility, further putting the facility's reputation at risk.



# Physical and Emotional Concerns of Claustrophobia

# Physical Affects of Claustrophobia

Patients can experience a range of physical symptoms.

- Shortness of breath
- Rapid heartbeat
- Chest pain
- Sweating
- Trembling or shaking
- Dry mouth
- Dizziness or lightheadedness
- Fainting



# Escalation

Any one of these symptoms can escalate to a much more serious condition, especially when dealing with patients with complicated overall health issues.

If symptoms are not eased immediately, intensification will quickly follow. All these negative factors feed into a bad outcome.



# Escalation

Shortness of breath, rapid heartbeat, chest pain

Causes more and more anxiety for the patient

Could potentially warrant a call to 911

# Escalation

Trembling or shaking, dry mouth

Leads to motion on the images

Nondiagnostic exam or repeated sequences

# Escalation

Dizziness, light headedness, fainting

Blood pressure drops, unstable patient

Could lead to a fall

# Emotional Affects of Claustrophobia

Equally as important as the physical issues, the patient can experience alarming emotional symptoms:

- Fear and anxiety
- Feeling trapped
- Panic attack



# Escalation

These emotional symptoms are concerning on their own, but remember, they are occurring in conjunction with the physical symptoms, leaving the MRI technologist with a lot to handle.

Again, none of these symptoms are conducive to a medical examination, especially an MRI.

These emotions can continue long after the physical symptoms have abated.

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# Escalation

Intense fear or anxiety, feeling trapped

Feeling of impending doom or panic

Requiring rapid intervention

# Escalation

Panic attack

All physical and emotional symptoms are present

Worse case, patient needs immediate care

# No good outcome

A claustrophobic patient is very difficult to manage. Especially if symptoms begin to escalate during the MRI exam.

At that time, the patient could demand immediate intervention.

This is a terrible scenario in the MRI environment. The scan must be discontinued, the technologist will need to reach the patient, the table may need to be moved, and the patient should be controlled.

All of this takes time and the patient's physical and emotional state does not allow for time. They, understandably, want an immediate change of their situation.



# No good outcome

Rapid discontinuation of an MRI scan could lead to mistakes.

Mistakes that normally would not happen if the routine pattern of ending an MRI exam would take place.

In the heat of the moment, any number of MRI safety issues could occur by the patient, technologist, or anyone rushing to aid in the situation.



# Prevention

# Known or Unknown

There are two different types of claustrophobic patients.

The patient who knows they are claustrophobic and the patient who does not know they are claustrophobic.

Patient care techniques are the same for both types, although used at different times.



# The Known Patient

The patient who knows they are claustrophobic is an easier patient to manage.

They may have been preparing themselves ahead of time.

They are aware of their limitations with claustrophobia and are accustomed to living within their limitations. They are also usually forthcoming about their needs during the scan.

The technologist also has a “heads up” about the patient condition and will proceed accordingly.



# The Known Patient

A person who knows they have claustrophobia may have techniques to cope.

- Deep breathing exercises
- Mindfulness techniques
- Progressive muscle relaxation
- Visualization techniques

People can also seek professional help for this condition.



# The Known Patient

Since this patient is aware of their condition, they would likely need more time with the technologist prior to the exam.

The technologist can use this opportunity to provide understanding and comfort to the patient. A deeper dive into the process of the exam may be necessary.

Usually a companion, appropriately screened, can come in handy in letting the patient know that they are not alone in the room.

Never underestimate the power of a hand to hold onto.



# The Unknown Patient

This patient is much trickier.

They are not aware or have never experience claustrophobia before.

Possibly, the first time they experience these symptoms are when they are being slid into the bore of the MRI scanner.

This can result into the worse case scenario that was discussed previously with a rapid escalation of symptoms and needing immediate removal from the scanner.



# The Unknown Patient

This can catch the MRI technologist off guard.

Didn't the patient check "no" to claustrophobia on the screening sheet?

Well, regardless of what the patient checked off, a situation is now happening, and the technologist must do an immediate rescue of the patient.



# The Unknown Patient

Once the patient is safely removed from the bore of the MRI scanner, the technologist must perform the patient care techniques that the known patient had prior to going into the scanner.

Depending on the severity of the symptoms, patient vitals and emergency care techniques may need to be applied.

Understanding and acknowledgement of what the patient is experiencing will go a long way in comforting the patient.



# What To Do?

It is just easier to manage the patient who knows they are claustrophobic.

What can be done for claustrophobic patients (known or unknown) who are experiencing symptoms right in front of you?



# What To Do?

You want to be sure to acknowledge what the patient is experiencing.  
Show empathy and understanding.

Manage their symptoms as they come and do not hesitate to notify the  
onsite physician if you feel it necessary.



# OK, fine, but what can be done before the patient reaches that point?

It all starts with educating the patient, regardless of their claustrophobic condition.

All patients appreciate a clear and honest description of what is going to happen to them. Everything from the noise of the scanner, to the length of the exam, to the temperature of the room must be included in your comments.



# Anything Else?

Yes, of course.

There are many ancillary devices developed for the MRI environment to help with this.

- Sleep masks
- Earplugs
- Virtual reality devices
- Patient's favorite music
- Prism glasses
- Call buttons



# Ancillary Devices

I cannot stress this enough:

**Any of these devices  
MUST be MRI safe.**



# Devices and Tips

# Scheduling Tip

One suggestion: for known claustrophobic patients, you can try scheduling your patient for the final appointment of the day.

That way, if you need to take extra time, it will not back up your entire day.



# Patient Tips

The patient can also help with their own claustrophobia.  
(this is if they know they have claustrophobia)

The patient can:

- Speak with their physician who can offer oral medications
- Ask about equipment
- Set up a time to visit the facility to see the scanner
- Know the process and understand the complete exam
- Plan distractions (bring music/movies)



# Communication Tips

The medical team can be empathetic and very vigilant when it comes to communication.

Make sure your patient knows what to expect at the onset of the exam and during the study.

Checking in on the patient will go a long way in adding to the patient's comfort and sense of control. Don't just use the intercom. Go into the room. The patient may need a drink or may need to slide out of the scanner for a minute.



# Simple Devices

Disposable sleep masks and earplugs are a simple and inexpensive way to see to your patient's needs.

Of course, earplugs must be offered to all patients, if your scanner's noise is above 99A-weighted dB.



# Simple Devices

Aromatherapy can be another simple technique to ease your patient's claustrophobia.

Essential oils and aroma patches applied to the patient's gown has been shown to relax them and lessen anxiety.

Lavender is the most common choice.

Of course, always ask the patient before subjecting them to this technique.



# Simple Devices

Creating a spa-like atmosphere is helpful for any patient.

Soft lighting, pleasant music, comfortable temperature are a couple suggestions.

Another suggestion is the gown you provide. Consider a robe along with shorts or pants in place of the “open in the back” standard issue.

When patients are completely covered, their anxiety will lessen.



# Simple Devices

The call button gives the patient the knowledge and confidence that they can summon the technologist at any time.

They have control of what will happen to them. That knowledge alone could be what determines if the patient can complete the exam.



# More Complicated Devices

Prism glasses are designed for the patient to see out of the bore of the scanner without tilting their head.

They also obstruct the frightening view of the magnet bore.

These are not disposable and would need sanitizing between every patient.



# More Complicated Devices

MRI virtual reality systems.

These devices create an immersive experience for the patients.

These, along with the headsets, are the height of technology for MRI distractions and can alleviate all anxiety and provide a positive experience for all patients.



# Virtual Reality Devices

These devices, while more expensive, are a very effective way in reducing claustrophobia and creating an environment that the patient is comfortable in.

The patient will have a more engaging and less stressful experience. They will be encouraged to remain still during the scans, which improves image quality.

These are especially helpful for children.



# Alternative MRI Systems

If all available techniques have been exhausted, and you still cannot get the patient done, there is always the option of sending the patient to a different scanner.

There is a variety of scanners that may help the patient. Of course, it would depend on the exam needed and the pathology that needs diagnosed:

- Wide bore
- Short bore
- Open
- Extremity
- Vertical



# Conscious Sedation

If the anxiety is severe, the patient must discuss the possibility of a prescription sedative with their physician.

This can help your patient relax and possibly even sleep during the exam.

Depending on the medication prescribed, someone will need to accompany your patient to and from the exam.



# Full Sedation

This is the most extreme form of sedation, only done in a hospital environment and only under the direct supervision of the anesthesiologist.

It is used for patients who require a deeper level of sedation and often involves a combination of medications like propofol.

Close monitoring by the anesthesiologist or nurse anesthetist is required to ensure safety and well-being of the patient.



# Wrap Up

# Claustrophobia is Bad

Claustrophobia is the hidden trickster in all patients.

It can create a terrible experience for the patient, create havoc for the technologist by ruining the schedule for the rest of the day, and destroy the company's bottom line.

We discussed techniques and tips for coaching the patient through this event in order to get a diagnostic exam without causing physical or emotional harm to the patient.



# Claustrophobia is Bad

In MRI, there are tips and devices to use to help the patient achieve a completed exam without added stress, anxiety, or unnecessary medication.

The devices that the MRI technologist has are helpful and varied, depending on the facility and the scanner and the status of the patient, but the most useful tool that the technologist has is empathy and understanding.

Those traits will go a long way in ensuring a successful experience for the patient and the technologist.



# Thank You

# Questions?

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