



Fluoroscopy Protocols

Hip Aspiration

Fluoro Time Target Limit-1.0

Scheduling and Prep: *There is no prep for this exam.
*Patient must fill out a contrast questionnaire.

Supplies: *Arthrogram Sterile Tray *Add a 20ga x 3-1/2” spinal needle
*Sterile gloves * Immobilization devise-sand bag
*10cc STERILE Saline (**Not bacteriostatic saline**)
*5cc Omnipaque 300 or 240
*5cc 1% lidocaine *2cc sodium bicarbonate (optional)
****18ga x 3-1/2” Needle- For Hip Replacements**

Room Prep: *Prepare sterile tray *Remove Fluoro tower drapes *Position an anatomical side marker on Fluoro Image Intensifier surface

Scout Images: *AP with toes inverted.

Procedure: * Patient in supine position with toe pointed medial-use an Immobilization devise- such as a sandbag
* Localize injection site: superior 1/3 of proximal femoral neck
*Prepare the skin with standard sterile technique
*Anesthetize skin
*Place 20ga 3-1/2” needle in vertical approach until needle reaches Bone
*Attempt to aspirate fluid from the joint. Fluid should come up in the Needle freely.
*If there is no aspirate, check your needle placement by injecting a Couple of CCs of contrast mixed with sterile saline and reattempt Aspiration.

***If no fluid is obtained, see image to attempt other locations.**

*If still no fluid, exam is to be completed and should still be charged.
*Reinsert the stylet before removing the needle/ clean off Betadine and place band-aide over injection site.
*If there is fluid to send to the lab, place a cap over The syringe and place a patient ID label on the syringe. Place entire

Syringe in Clinical Pathologies zip-lock bag, fill out the Clinical Pathologies order form, with lab orders from the referring Dr. completely, and have it sent to Clinical Pathologies Laboratory. Your site's medics have the CPL contact information

- Tech is to comment in the tech notes and relay to the Radiologist whether the aspiration was negative (dry) or positive and if positive, how much fluid was aspirated, to describe the fluid: color, cloudy, or bloody: show to the Radiologist if uncertain what to look for.

Spot Images: *AP needle placement / contrast confirmation image

Procedure: For patients with a hip replacement:



Procedure:

- * Patient in supine position with toes pointed medial-use an Immobilization devise- such as a sandbag
- * Localize injection site: See above image for needle placements.
- *Prepare the skin with standard sterile technique
- *Anesthetize skin
- *Place 18ga 3-1/2” needle in vertical approach until needle reaches Metal prosthetic or bone
- *Attempt to aspirate fluid from the joint. Fluid should come up in the Needle freely.

Per Dr. Dale: *You only need a drop of fluid for cultures and only 1ml for cell count.

- *If there is no aspirate after 3 separate locations, **inject 3-5cc of AIR.**
- *If still unsuccessful in aspirating any fluid; check your needle Placement by injecting a couple of CCs of contrast mixed with Sterile saline and reattempt aspiration.
- *If still no fluid, exam is to be completed and should still be charged.
- *Reinsert the stylet, remove needle/ clean off Betadine and place band-aide over the injection site
- *If there is fluid to send to the lab, place a cap over the syringe and place a patient ID label on the syringe. Place entire syringe in a Clinical Pathologies zip-lock bag, fill out the Clinical Pathologies order form, with lab orders from the referring Dr., completely, and have it sent to Clinical Pathologies Laboratory.
Your site’s Medics will have the CPL contact information

- Tech is to comment in the tech notes and relay to the Radiologist whether the aspiration was negative (dry) or positive and if positive, how much fluid was aspirated, to describe the fluid: color, cloudy, or bloody: show to the Radiologist if uncertain what to look for.

Spot Images:

- *AP needle placement / contrast confirmation image

*These are the minimum images needed to demonstrate the proper anatomy For this exam. When deemed necessary, more images may be taken. Care Should be taken to minimize patient and technologist exposure.

Reviewed January 23, 2024