



Fluoroscopy Protocols Myelogram

- **Follow protocols set by each Neuro Radiologist-see Binder at site or on the Portal page under Operations, Fluoro Icon, Neuro Tray Set Up, Preferences.
- **Assist the Neuro Radiologist with the exam.

Scheduling and Prep: *The paramedics should screen the patient ahead of time

Supplies: *Myelogram tray *Sterile gloves *Betadine solution (warmed) *Hebiclens if allergic to Betadine soap *Sodium Bicarbonate (optional) *Anatomical Side Marker *Variety of spinal needle: 27ga x 3-1/2, 25ga x 3-1/2, 22ga x 3-1/2, longer needles may be necessary

Contrast: (Per Radiologist's preference) or:
 Omnipaque 240 for most Lumbar and Thoracic exams
 Omnipaque 300 for most cervical exams
 (*Store contrast in a warmer*)

Room Set Up: *Open sterile tray using strict sterile technique *Remove tower drapes
 *Have gloves opened and supplies available
 *Patient should be prone *Expose lower back and shave is necessary
 *Have shoulder supports attached for cervical exams
 *Place an "L" or "R" anatomical side marker on underside of Fluoro tower
 *Set up supplies and patient per the Radiologists preferences

Procedure: *Assist Neuro Radiologist with the exam
 *Do overheads per radiologist-X-Table Lateral Lumbar, X-table Lateral Cervical, X-Table Swimmer, Lateral Thoracic spine, AP Thoracic spine,
 *Transport the patient, by stretcher, for a Post Myelogram CT
 *Upright cervical flexion and extensions cervical spine-after CT has been completed

Spot Images: *Needle placement image

*Do not allow the patient to stand up between myelogram and CT unless otherwise instructed by the radiologist

- *After the myelogram: Keep patient flat to keep the contrast in place for the CT.
- *The head of the stretcher may be slightly elevated for lumbar myelograms.
- *Document contrast type, lot number, expiration date-In "Exam Notes"
- *Charge for the Type and amount of contrast used
- *Inform Paramedics of the puncture time (This is the time that the Radiologist actually has the needle placed and ready to inject contrast)
- *Patient should remain at the office for 2 hours from puncture time.

**Take care to minimize exposure to the patient and the imaging team.