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) *Hebiclen 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 Radiologists 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.