



## Fluoroscopy Protocols

# **T-Tube Cholangiogram**

Fluoro Time Target Limit-2.0

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

**Supplies:** \*20cc syringe \*Omnipaque 300 \*Medic-pen / blunt needle  
\*Anatomical marker  
\*13mm Tablet- if your machine does not have built-in measuring Capabilities

**Procedure:** \*Position anatomical marker on the Image Intensifier  
\*Spot Scout of Right Upper Quadrant  
\* T-tube should be elevated and tapped to ensure there are no air bubbles in the tube. Aspirate a small amount of bile to clear air bubbles From tubing.  
\*Using sterile technique; clean tip of T-tube and connect contrast filled Syringe to T-tube  
\*Inject contrast and image the flow through the bile ducts and its Branches and into duodenum.

**Spot Images:** \*A slight RPO position can help to ensure the Common Bile Duct is not superimposed over the patient's spine.  
  
\*Early filling of the biliary ducts should be obtained  
  
\*Demonstrate the flow of contrast through the bile ducts and its branches  
  
\*Injection should continue until the entire biliary tree is opacified and that there is passage of contrast into the duodenum.



**Post Injection:** Flush the T-Tube with Normal Saline

\*After the exam is performed, QC your images. Ensure that an anatomical side marker is present on all images that the images are flipped correctly, and sufficient collimation is used.

\*These are the minimum images needed to demonstrate the proper anatomy for this Exam. When deemed necessary, more images may be taken to demonstrate pathology or For other reasons. Care should be taken to minimize patient exposure.



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