Fluoroscopy Protocols

**Arthrogram- Toe Joint**

**Fluoro Time Target Limit-1.0**

**Scheduling and Prep:**

*There is no prep for this exam.
*Patient must be informed and sign the consent form prior to the procedure and prior to any sedation, if necessary.
*Patient must fill out a contrast questionnaire.
*If the patient has a known contrast allergy, they must be referred to a paramedic for premedication.
*Patient must fill out an MRI metal screening form- for MRI arthrograms

**Room Prep:**  *Remove Fluoro tower drapes

**Supplies:**  *Prepare sterile arthrogram tray  *Lead shielding for the patient  *Sterile gloves  *0.3cc Gadavist or equivalent  *30cc Saline  *5cc Omnipaque 300  *2cc sodium bicarbonate (optional)

**MRI Formula:**

*draw up in a 1cc syringe: 0.3cc Gadavist and inject it into a 30cc bottle of Sodium Chloride – (saline) –mix well

*Draw up in a 20cc syringe: 10cc of the above Gad/saline solution, then,  Add 5cc Omnipaque 300 and add 5cc lidocaine = 20cc of mixture- Mix well  
*Draw up in a 5cc syringe: 2cc sodium bicarbonate (optional) + 3cc 1% Lidocaine- for anesthetizing the skin and underlying tissues.
**Procedure:**

*Take an (AP) of the affected toe- Overhead, 15 degree Cephalic angle on the tube
*Position patient supine with knee bent to place foot with the Plantar surface on Fluoro table. Place a protective drape Underneath the foot.
*Mark injection site: Metatarsal phalangeal joint or proximal or distal interphalangeal joint.
*Using standard sterile technique- anesthetize the skin
*Place 25ga 1/2” needle just below the skin, into the joint
*Take a needle placement image when contrast is confirmed Within the joint
*Inject 2cc of contrast solution
*Remove needle / clean off Betadine and place band-aide over The injection site.
*Take 3 spot images post injection. AP, Oblique and Lateral

*Patient should then be escorted to the MRI or CT department

*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 such as per the Radiologist’s Request. Care should be taken to minimize patient and technologist Exposure.

Reviewed and Revised March 5, 2018