



## 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 or \*13mm Tablet (placed on image intensifier) - 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.

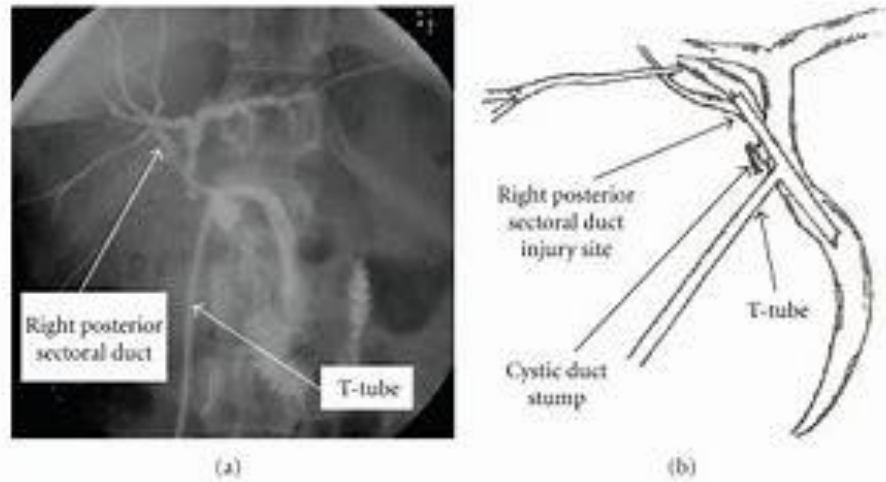
**Spot Images:** \*A slight RPO position can help to ensure the Common Bile Duct is not superimposed over the patient's spine.

\*Obtain images of early filling of the biliary ducts

\*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.

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



Reviewed January 23, 2024