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.