Stryker Spine Navigation

CT/MRI Imaging Protocol

Scan Basics

- No oblique angle of locator/survey lines
- No gantry tilt (CT)
- Axial scan from Inferior to Superior
- Do NOT scan from Superior to Inferior
- Scan including one vertebra above and below vertebra(s) of interest

Scan Parameters

- All images must have same series ID
- FOV – to encompass the region of interest
- Slice thickness – 1 mm best; 3 mm maximum
- Pixel/Matrix MUST be square – 512 x 512 best; 256 x 256 minimum
- CT – soft tissue windows (if helical, reconstruct in axial slices)
- MRI – T1 or T2 Axial, 2D SINGLE echo ONLY

Patient Positioning

- Patient SUPINE, FEET FIRST
- Contrast agents may be used before scanning

Data Archiving

- Archive image data in an UNCOMPRESSED DICOM ONLY format on CD, Network, Optical Disk or USB thumb drive
- Exclude scout/localizer on archive

Scan Review

- No motion artifact
- The region of interest is visible
- Patient image orientation is correct

Technical Support (US only):
1-877-655-1212
Stryker Navigation
4100 East Milliken Avenue
Kalamazoo, MI 49001 USA
P: 800 255 5510
F: 800 999 9811

Stryker Leibinger GmbH & Co. KG
Hitzeinger Str. 41
79111 Freiburg, Germany
P: +49 761 45120
F: +49 761 4512 120
www.stryker.com
Stryker Cranial & ENT Navigation
CT/MRI Imaging Protocol

Scan Basics
- No oblique angle of locators/survey lines
- No gantry tilt (CT)
- Axial scan from INFERIOR to SUPERIOR
  (include hard palate to skull vertex)
  DO NOT scan from SUPERIOR to INFERIOR
- DO NOT cut off tip of nose, top of head or ear lobes
  (ensure ears are not folded or distorted from their normal position)

Scan Parameters
- All images must have same series ID
- FOV - Smallest to include patient's external contours
- Slice thickness - 1 mm best 3 mm maximum
  (constant, contiguous, no gap, no overlapping)
- Pixel/Matrix MUST be square - 512 x 512 best
  256 x 256 minimum
- CT - soft tissue windows (if CT, reconstruct in axial slices)
- MRI - T1 or T2 Axial, 2D SENSE echo ONLY

Patient Positioning
- Patient SUPINE, HEAD FIRST (occipital plane parallel to gantry)
- Mark patient's RIGHT side - place marker on right temporal region
- Separate patient's head from scanner/headrest with towels or foam
- Contrast agents may be used before scanning

Data Archiving
- Archive image data in an UNCOMPRESSED DICOM ONLY format
  on CD, Network, Optical Disk or USB thumb drive
- Exclude scout/localizer on archive

Fiducial Markers, if used, should be placed:
- Asymmetrically across the entire patient's head
- At least 20 mm (0.79 inch) distance between each fiducial
- Mark the center of the fiducial markers on the patient's skin
  with a skin marking pen
- Close to the target of the surgery
- Ensure fiducials, target and entry points are clearly visible and not distorted from their normal position

The information in this brochure is intended to demonstrate a Stryker product. Always refer to the package insert, product label and/or user instructions before using any Stryker product. Products may not be available in all markets. Product availability is subject to the regulatory or medical practices that govern individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area. Stryker Corporation or its subsidiaries or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: Stryker. All other trademarks are trademarks of their respective owners or holders.

NOTE: This document provides basic scan information. For detailed information on safety and scanning refer to the extended Imaging Protocol REF: TD900088.

Article Number: 6000-651-730Rev. E
Copyright © 2009 Stryker
Printed in Germany

Technical Support - US only:
T: 877-474-STRKR (877-474-7875)
F: 732-773-1070

Stryker Navigation
4100 East Michigan Avenue
Kalamazoo, MI 49001 USA
T: 800 259 8210
F: 800 919 3811

Stryker Leibinger GmbH & Co. KG
Bohringer Str. 41
79111 Freiburg, Germany
T: +49 761 45120
F: +49 761 4512 120
www.stryker.com