

I. Equipment

- a. Contrast (Isovue 300 or Omnipaque 240)
- b. Luer lock 60mL syringe
- c. Betadine
- d. Sterile towels
- e. 4x4's
- f. Extension tubing

II. Personnel

- a. Radiologist/RA
 - i. Verifies order
 - ii. Administers contrast and takes spot images
- b. Hospital Technologist
 - i. Prints order and relevant notes for radiologist/RA review
 - ii. Documents patient history and pregnancy status prior to exam
 - iii. Assists the radiologist or fluoroscopy technologist during procedure
 - iv. Provides patient and floor nurse with aftercare instructions

III. Procedure

- a. Scout KUB
- b. Remove drainage bag from T-tube
- c. Using sterile technique clean T-Tube
- d. Allow Tube to drain and aspirate gently
- e. Tilt table upright 45 degrees and have patient roll slightly LPO
- f. Under fluoroscopic guidance gently inject contrast (under supervision of an interventional radiologist)
- g. Contrast should fill the biliary tree (do not force)
- h. Continue injecting until contrast begins to fill duodenum
- i. Let contrast drain out onto sterile towel
- j. Clean off T-tube and reconnect drainage bag

IV. Required Images

- a. Scout
- b. Spot images of contrast filled biliary tree and duodenum
- c. Post drainage KUB

V. Special Considerations

- a. Follow contrast allergy protocol

Approved by:	Keith Dangleis, MD
Role:	Physician Supervisor, RIA Fluoroscopy Technologists