

I. Equipment *(May vary between sites)*

- a. Contrast- Isovue 300/Omnipaque 240
- b. **Preservative free** sterile saline (10mL)
- c. Sterile Tray
 - i. Sterile Mayo Stand Cover
 - ii. Chloro Prep
 - iii. Sterile syringe tip caps
 - iv. Needles – (25G and 18G)1.5", (18G 3.5") (20G 3.5") – Open as needed
 - v. Syringes – (2x(5mL)), (10mL) *(Extra 5mL and 10mL syringes (unopened))*
 - vi. Drapes- Tower drape x 2, Patient drape with hole
 - vii. Gauze 4x4 sponges
 - viii. Extension tubing
- d. Sterile gloves
- e. Bio hazard bag
- f. Sharpie & hemostat
- g. 2" tape to move any excess tissue/ panniculus
- h. Band-Aid
- i. Mask

II. Personnel

- a. Radiologist or RIA physician extenders
 - i. Responsible for obtaining consent
 - ii. Performs exam
- b. Hospital Technologist
 - i. Prints order, reviews order with rad/RA
 - ii. Documents patient history and pregnancy status prior to exam
 - iii. Assists the radiologist or physician extender during procedure
 - iv. Patient care during injection and delivers fluid to the lab following aspiration
 - v. Provides patient with aftercare instructions & dismisses patient after 20 minutes

III. Procedure

- a. Physician extenders must review all aspiration requests with an MSK radiologist
 - i. Please review any pertinent prior imaging
 - ii. Use the call center to connect with an available MSK rad (720-493-3777)
- b. Consent
- c. Time out
- d. Identify and mark the injection site using fluoroscopy (**Mask**)
- e. Prepare the injection site using aseptic technique
- f. Local anesthetic
- g. Needle placement
- h. Aspiration attempt
 - i. The needle should be placed to the desired site under fluoro guidance, then aspiration is performed
 - ii. Contrast should not be injected before attempting the actual aspiration
 - iii. If the initial aspiration attempt fails to yield fluid, reposition needle at least once or twice and repeat aspiration
 - iv. If multiple aspiration attempts fail to yield fluid, contrast can be injected to confirm needle location
 - v. 5-10 cc of preservative-free sterile saline should only be injected **after**:
 1. You have tried to aspirate and nothing has come back
 2. Confirming correct needle position with contrast
 - vi. Following successful joint aspiration, inject 1-2cc's of contrast to radiographically confirm the aspiration site
 - vii. Small amounts of lidocaine and/or bupivacaine may be injected after aspiration for analgesia if requested
 - viii. Reserve drafted dictation for the consulted MSK radiologist

IV. Required Images

- a. Save image with contrast

V. Special Considerations

- a. Follow contrast allergy protocol

| | |
|---------------------|-----------------------------|
| Approved by: | Gregory Czuczman, M.D. |
| Role: | Musculoskeletal Radiologist |