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| **Fluoroscopy Protocol** |
| Title: |  **Fluoroscopy Protocol: RIA Myelogram for CT** | PRO-FL-05 |
| Issuing Department/ Committee/Body: |  Neuroradiology Section | Effective From |
| 01 January 2021  |
| Until Next Updated |
| Policy Owner: |  Radiologist Practitioner Assistant (RPA) |
| Approval: |  Neuroradiology Physician Lead |

**PROTOCOL**

The utilization of fluoroscopy equipment will be directed by the facility-credentialed medical provider performing the procedure.

**CPT CODE(S)**

72265

**CONTRAINDICATIONS**

* Coagulopathy
* Spine infection
* Known space-occupying intracranial process with increased intracranial pressure
* Recent myelography performed within 1 week
* Previous surgical procedure in anticipated puncture site (can choose alternative puncture site)
* Generalized septicemia
* History of adverse reaction to iodinated contrast media and/or gadolinium-based MR contrast
* History of seizures (patient may be premedicated)
* Grossly bloody spinal tap (may proceed when benefit outweighs risk)
* Hematoma or localized infection at region of puncture site
* Pregnancy

**PATIENT INTERVIEW**

The patient will be contacted by a radiology RN or hospital radiologic technologist 48 hours prior to the scheduled appointment to complete the “**RIA Lumbar Puncture & Myelogram Questionnaire”**

* A radiologist or RA will be consulted for any concerning responses

**PREPARATION**

* Patients should hydrate prior to exam
* Patients on anticoagulation therapy
	+ Follow RIA “**Medication Guidelines for Medical Imaging Procedures**” (patients to consult prescribing provider to discuss withholding blood thinners)
* Patients with contrast allergies must complete 13-hour prep
* Patients must have a driver or adult escort
	+ *If utilizing taxi service or public transportation, a friend or family member should accompany you after the procedure to your home or hotel. A taxi or public transportation driver is not considered an escort*

**SUPPLIES** (May vary between sites)

* Myelogram tray
* Luer-Lock syringe (10ml)
* 25G x 1.5” needle
* 22G spinal needle (3.5”, 5” or 7” depending on patient size)
* Hemostat (non-sterile) & marking pen
* Betadine or ChloraPrep- *Must dry completely after application*
* Mask
* Sterile gloves
* Medication
	+ Lidocaine 1%
* Contrast (*limits listed for adults only*)
* Isovue-M 200 (max 15mL)
* Isovue-M 300, Omnipaque 300 (max 10mL)
* Omnipaque 240 (max 12.5mL)

**PERSONNEL RESPONSIBILITIES**

* Radiologic Technologist
* Prints order, relevant lab results, and history for radiologist or RA
* Calls pt 48 hours prior to exam to complete: “**RIA Lumbar Puncture & Myelogram Questionnaire"**
* Initiates the time-out process as defined by the facility’s policy
* Assists the radiologist or RA during procedure
* Saves images
* Reviews aftercare instructions with patient and floor nurse (inpatients)
* Communicates with CT technologist- **Myelogram XR-CT Hand-Off Form**
* The Radiologist or RA
* Verifies the examination order
* Verifies **inpatient** pre-examination laboratory data is within acceptable range
* International Normalized Ratio (INR) < 1.5 for patients withholding warfarin (Coumadin)
* Platelets >50,000
* Obtains the patient’s informed consent
* The RA may perform the lumbar puncture, and the radiologist must administer the contrast

**PROCEDURE**

* Follow Lumbar Puncture procedure protocol
* Contrast administration by the radiologist
* Needle is removed with stylet in place
* Patient tilted and rolled on stretcher prior to CT
* Patient transported to CT by stretcher and discharged from CT department

**IMAGING**

* Spot images are obtained to show contrast within the thecal sac

**ASSOCIATED DOCUMENTS**

* Facility’s Patient Pregnancy Evaluation
* Facility’s Contrast Administration policy to evaluate known allergies
* Facility’s Universal Protocol
* Facility’s Informed Consent Policy
* Facility’s Time-Out Policy
* Facility’s Radiation Dose Management policy
* RIA Hospital Partner Myelogram Questionnaire
* RIA Hospital Partner Post-Myelogram Patient Instructions – English
* RIA Hospital Partner Post Myelogram Patient Hand-Off Form
* RIA Medication Guidelines for Myelography
* RIA Medication Guidelines for Medical Imaging Procedures
* RIA Uniform Guidelines for Use of Gadolinium-Based Agents
* RIA Uniform Guidelines for Use of Iodinated Agents

**REFERENCES**

These protocols are based on published American College of Radiology (ACR) guidelines.

* 6 Colorado Code of Regulations (CCR) 1007-1 Part 06 Radiation Control – X-Ray Imaging in the Healing Arts

**REVIEW/REVISION HISTORY**

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| **Review/Revision** | **Summary of Review/Revision** | **Effective Date (month/day/year)** |
| Original | Original | 01/01/2021 |
| Revision | 1. Unknown detail. | 02/13/2025 |
| Revision | 1. Transferred contents into the approved template. | 04/10/2025 |
| Revision | 1. Re-indexed document. 2. Re-structured and approved by the Neuroradiology Section Physician Lead. | 05/28/2025 |