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### **ROUTINE DIAGNOSTIC PROCEDURE SET UP**

1. When receiving patients, be sure to refer to them a Mr. or Mrs., children should always be referred to by their first and last name.
2. Greet you patient; introduce them to the Radiologist; assist in all matters.
3. Be sure to remove the patient's eye glasses before the procedure starts, (if the exam requires that the patient be placed in the supine position or if required to roll) and return them at the end of the exam.
4. Do not let the patient stand alone in the room holding a glass of barium, have them sit in the chair until the doctor arrives
5. Have lead glove or compression device of Radiologist's choice in position that is easily accessible to the Radiologist.
6. Have room in order and check equipment operation before the Radiologist enters the room.
7. Place a tissue in the patient's right hand and offer them the cup of barium to be held in their left hand.
8. Always assist the Radiologist in turning the patient, this may require standing at the head of the table
9. If /when the Radiologist is finished with the fluoroscopy portion of the examination the patient is in the supine position, turn the patient to the right side only for UGI's.
10. During BE exams do not leave the patient unattended with the balloon inflated. Only use one pump of air.
11. During BE exams repeat the Radiologist's request for "ON and OFF" for control of barium flow.
12. Keep several towels at the end of the table in case of barium loss.
13. When unsure of diagnostic quality of radiograph, check with the QC control or the Radiologist to see if a repeat is required.
14. If the patient is diabetic on Glucophage, Metphormin, Glucovance, Avandamet, Metaglip or any other metformin medication and he or she is given Isovue then the patient must be counseled and a release must be signed and scanned into the DOCS section of PACS and the original given to the patient.

**\*REMEMBER TO TREAT THE PATIENT AS IF IT WERE YOU HAVING THE EXAM**

## **ROUTINE FLUOROSCOPIC PROCEDURES**

### **EXAM: BARIUM ENEMA**

**SUPPLIES:** Enema bag filled to the 2000cc barium mixture (1 part Liquid Polibar plus to 5 parts water) with air contrast tube knotted, hemostats, cuffolator, KY Jelly, IV pole, fluoro aprons, thyroid collars, lead glove or compression device of Radiologist's choice, towels.  
14x17 Cassettes, and Citrate of Magnesia for after exam.

**ROOM PREPARATION:** After scout film and insertion of tip have fluoro device pulled across patient. Make sure Bucky is at the end of the table and Fluoro has been checked before getting the Radiologist.

#### **DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Flat AP KUB making sure to include the pubic symphysis. The technologist is to insert the tip, and inflate cuffolator. **IF YOU ENCOUNTER ANY RESISTANCE WHEN TRYING TO INSERT THE TIP, DO NOT FORCE THE TIP IN, BUT ADVISE THE RADIOLOGIST. ONLY INFLATE CUFFOLATOR WITH ONE PUFF.** After inserting tip, place patient back in supine position ready for the radiologist. **NOTIFY RADIOLOGIST PATIENT IS READY.** Make sure foot board is on the table and checked for stability.

**DURING EXAMINATION:** Assist Radiologist in moving patient. Repeat the Radiologists request of "on and off" for control of barium.

**AFTER EXAMINATION:** Give patient bottle of Citrate of Magnesia.

**ORIENTATION OF FILM:** Portrait and Landscape pt size dependent  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** After the fluoroscopic procedure the routine overhead images are as follows: AP, AP flexure, LPO, RPO, Sigmoid with a 25 degree cephalad angle if patient is supine and a 25degree caudal angle if the patient is prone, a left Lateral, and a Post Evac. **Check with Radiologist for specific imaging protocol.**

**\*Proper collimation should be performed particularly on pediatric patients**

#### **IMAGE PROCESSING VALUES:**

Fuji S# 200-600

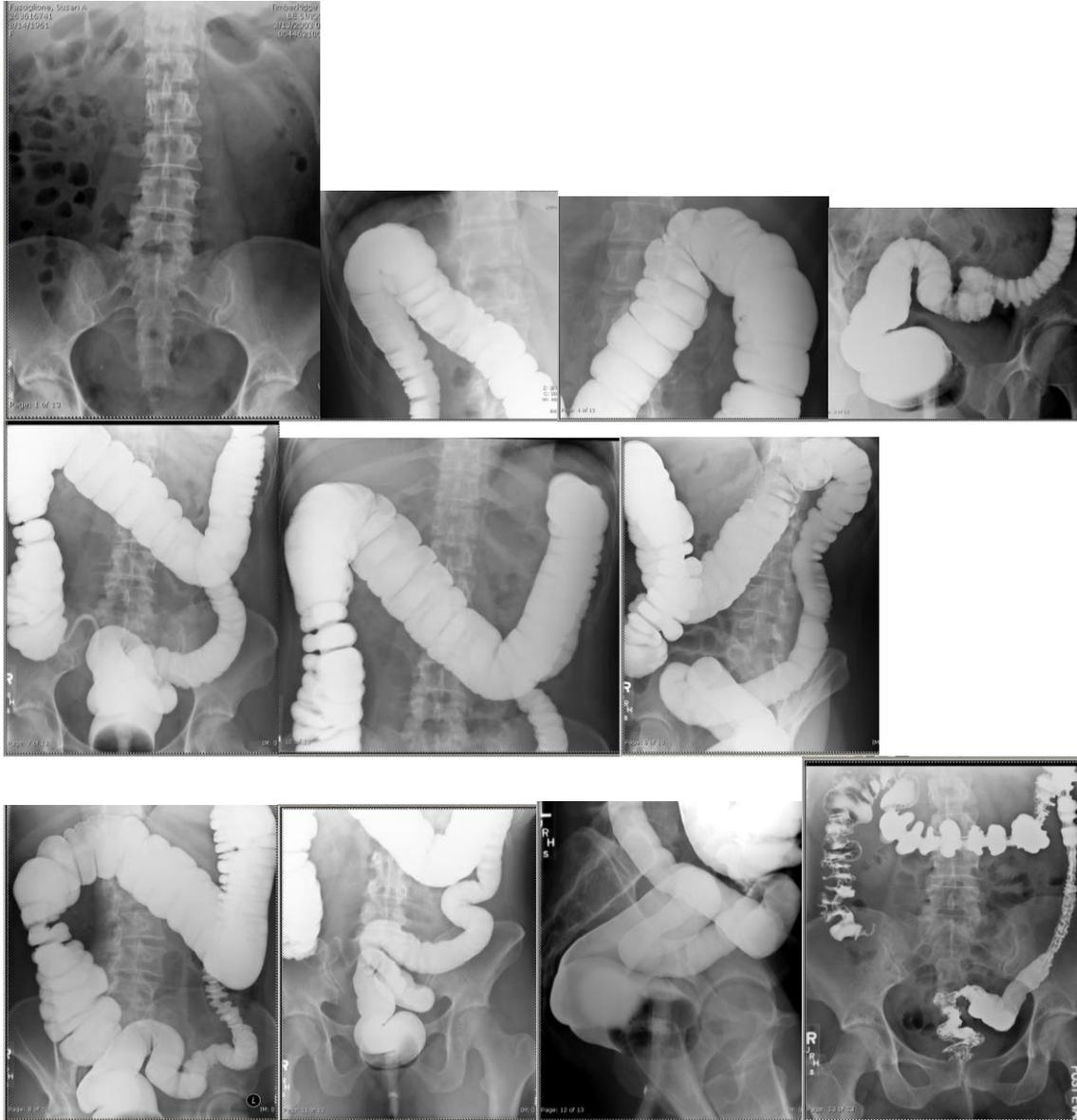


## SRS Routine FLUORO

Approval: E Alvarez, MD

rev:2 3/2/2026

**PACS IMAGING ORDER:** KUB scout, spot films, AP, AP flexure, LPO, RPO, Sigmoid, left Lateral, and Post Evac. This would be the routine exam unless otherwise requested by the Radiologist.



**EXAM: BARIUM ENEMA WITH AIR**

**SUPPLIES:** BE with air bag filled with Liquid Polibar up to the 1250cc mark, also, have the jug of Polibar ready in case you need more. Glucagon(have readily available not all Radiologists' use it), hemostats, cufflator, blue bulb(air pumper), K-Y jelly, IV pole, fluoro aprons, lead glove or compression device of Radiologist choice, towels, 14x17 cassettes, grids, decubitus sponge or towels, and bottle of Citrate of Magnesia .

**ROOM PREPARATION:** After scout film and insertion of tip have fluoro device pulled across patient. Make sure bucky is at the end of the table and Fluoro has been checked before getting the Radiologist.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Flat AP KUB making sure to include the pubic symphysis. The technologist is to insert the tip, and inflate cufflator. **IF YOU ENCOUNTER ANY RESISTANCE WHEN TRYING TO INSERT THE TIP, DO NOT FORCE THE TIP IN, BUT ADVISE THE RADIOLOGIST. ONLY INFLATE CUFFLATOR WITH ONE PUFF.** After inserting tip, place patient in the prone position ready for the radiologist. **NOTIFY RADIOLOGIST PATIENT IS READY.** Ask Radiologist about Glucagon and how much to give, and whether to give IV or Sub Q. Make sure foot board is on the table and checked for stability.

**DURING EXAMINATION:** Assist Radiologist in moving patient. Repeat the Radiologists request of "on and off" for control of barium.

**AFTER EXAMINATION:** Give patient bottle of Citrate of Magnesia.

**ORIENTATION OF FILM:** Portrait and Landscape pt size dependent  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** After the fluoroscopic procedure the routine overhead images are as follows: AP, AP flexure, Prone, LPO, RPO, Sigmoid with a 25 degree cephalad angle if patient is supine and a 25 degree caudal angle if the patient is prone, both Decubs, a cross table Lateral with tip out, Upright, and a Post Evac per Radiologist request. Check with radiologist for specific protocol.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** KUB scout, spot films, AP, AP flexure, Prone, LPO, RPO, Sigmoid, both Decubs, cross table Lateral with the tip out, an Upright and Post Evac per Radiologist request. This would be the routine exam unless otherwise requested by the Radiologist.



**EXAM: GASTROGRAFIN ENEMA**

**SUPPLIES:** BE with air bag filled to 2000ccs mark with Gastrografin and water per Radiologist preference on the dilution of this mixture (typically 2 parts gastro to 1 part water). Hemostats, cufflator, KY Jelly, IV pole, spot films, fluoro aprons, thyroid collars, lead glove or compression device of Radiologist's choice, towels. 14x17 Cassettes.

**ROOM PREPARATION:** After scout film and insertion of tip have fluoro device pulled across patient. Make sure Bucky is at the end of the table and Fluoro has been checked before getting the Radiologist.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Flat AP KUB making sure to include the pubic symphysis. The technologist is to insert the tip, and inflate cufflator. **IF YOU ENCOUNTER ANY RESISTANCE WHEN TRYING TO INSERT THE TIP, DO NOT FORCE THE TIP IN, BUT ADVISE THE RADIOLOGIST. ONLY INFLATE CUFFLATOR WITH ONE PUFF.** After inserting tip, place patient back in supine position ready for the radiologist. **NOTIFY RADIOLOGIST PATIENT IS READY.** Make sure foot board is on the table and checked for stability.

**DURING EXAMINATION:** Assist Radiologist in moving patient. Repeat the Radiologists request of "on and off" for control of gastrographin mixture.

**ORIENTATION OF FILM:** Portrait and Landscape pt size dependent  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** After the fluoroscopic procedure the routine overhead images are as follows: AP, AP flexure, LPO, RPO, Sigmoid with a 25 degree cephalad angle if patient is supine and a 25degree caudal angle if the patient is prone, a left Lateral, and a Post Evac. Check with Radiologist for specific protocol.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** KUB scout, spot films, AP, AP flexure, LPO, RPO, Sigmoid, left Lateral, and Post Evac. This would be the routine exam unless otherwise requested by the Radiologist. **ALL IMAGES THE SAME AS ROUTINE BARIUM ENEMA UNLESS REQUESTED BY RADIOLOGIST.**



**EXAM: BARIUM SWALLOW/GASTROGRAPHIN SWALLOW**

**SUPPLIES:** 1 cup of high density barium, 1 cup of thin barium, 1 cup of water for certain radiologists, 1 package E-Z gas in medicine cup, water in medicine cup, barium pills, Kleenex, emesis basin, lead glove or compression device of Radiologist choice, fluoro aprons, and a bottle of Citrate of Magnesia.

**ROOM PREPARATION:** After scout film stand table upright making sure footboard is stable and fluoro tower is brought across. Make sure Bucky is at the end of the table and Fluoro has been checked before getting the Radiologist.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Upright PA Chest. Prepare barium for drinking. Have patient standing on footboard when Radiologist enters room (if patient is able to stand).NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Assist Radiologist in moving patient.

Certain Radiologist's protocols are to have the technologists take certain spot films and then show pre-lim exam.

**AFTER EXAMINATION:** Give patient bottle of Citrate of Magnesia.

**ORIENTATION OF FILM:** Portrait and Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** After the fluoroscopic procedure the Radiologist will decide as to whether overhead images are needed.

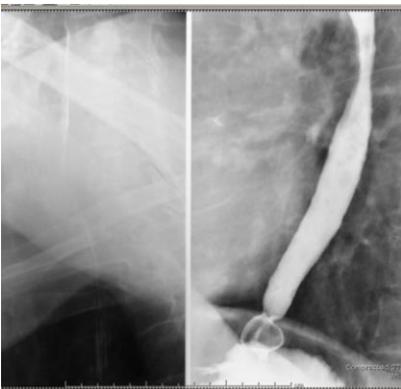
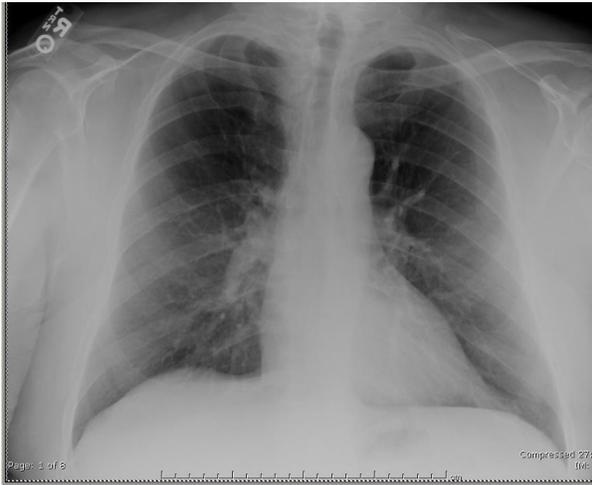
**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 400-800

**PACS IMAGING ORDER:** Upright PA Chest scout, spot films, overheads if needed.

**ALL PROTOCOLS ARE THE SAME FOR GASTROGRAPHIN AS THE DOUBLE/SINGLE CONTRAST GI. (Gastrographin mixture is typically 2 parts Gastro to 1 part water)**





**EXAM: GASTROINTESTINAL SERIES SINGLE/DOUBLE CONTRAST GASTROGRAPHIN  
GASTROINTESTINAL SERIES**

**SUPPLIES:** 1 cup of high density barium, 1 cup of thin barium, 1 cup of water for certain radiologists, 1 package E-Z gas 2 in medicine cup, water in medicine cup, Kleenex, emesis basin, lead glove or compression device of Radiologist choice, fluoro aprons, 14x17 cassettes.

**ROOM PREPARATION:** After scout film stand table upright making sure footboard is stable and fluoro tower is brought across. Make sure Bucky is at the end of the table and Fluoro has been checked before getting the Radiologist.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Flat AP KUB making sure to include the diaphragm. Prepare barium for drinking. Have patient standing on footboard when Radiologist enters room (if patient is able to stand).NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Assist Radiologist in moving patient.

Certain Radiologist's protocols are to have the technologists take certain spot films and then show pre-lim exam.

**AFTER EXAMINATION:** Give patient bottle of Citrate of Magnesia, not necessary if using Gastrographin .

**ORIENTATION OF FILM:** Portrait and Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** After the fluoroscopic procedure the routine overhead images are as follows: AP, RAO, and Right Lateral. This is the routine procedure but this may vary per Radiologist.

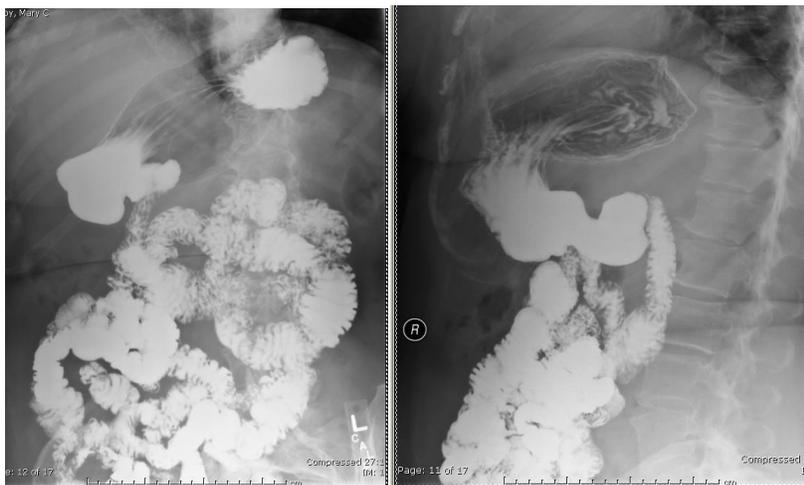
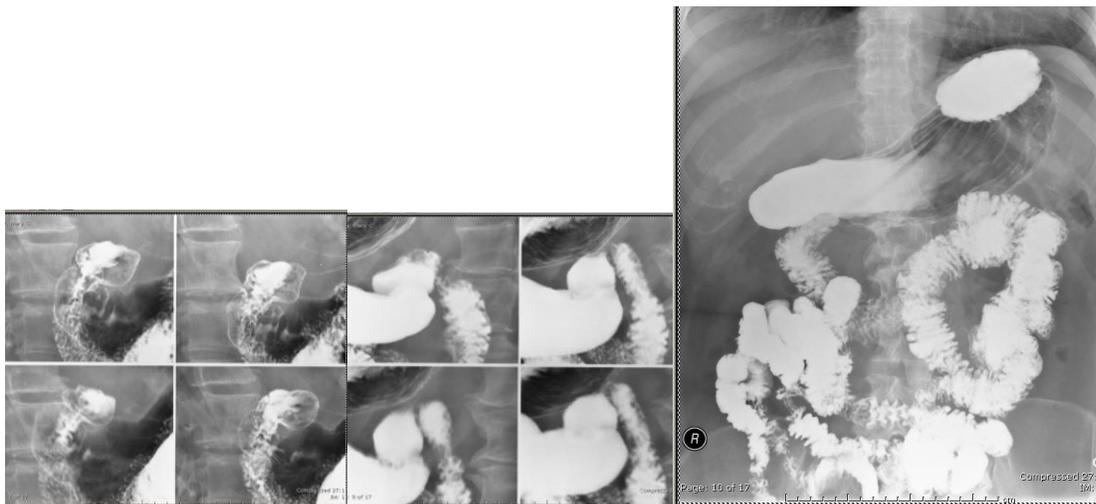
**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** KUB scout, spot films, AP, RAO, Right Lateral.

**ALL PROTOCOLS ARE THE SAME FOR GASTROGRAPHIN AS THE DOUBLE/SINGLE CONTRAST GI.  
THE RADIOLOGIST WILL DECIDE THE POTENCY OF THE GASTROGRAPHIN TO BE USED.**



**EXAM: SMALL BOWEL FOLLOW THROUGH**

**SUPPLIES:** Barium vs water soluble

- If patient is unable to swallow contrast, then contrast can be introduced by NG tube

**ROOM PREPARATION:** Have Xray unit ready and all supplies on hand.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PATIENT PREPARATION:** Review for contrast allergy

- Patient needs to be NPO after Midnight (at least 8 hours prior to exam, except medications)
- The exam should be started early in the morning (preferably no later than 10 am.)
- Review prior surgical history and any radiological exam results

**COMPLETE PROCEDURE TECHNIQUE:**

Complete the scout image (supine) for possible bowel obstruction, free air or residual contrast.

- When performed in conjunction with an upper GI or esophagram, perform that procedure first followed by the small bowel evaluation
- Have patient drink contrast. Note time at first drink (i.e. during UGI).
- Patient is placed in prone position for overhead radiographs
  - o In this position, the center of the abdomen is compressed making the entire abdomen more uniform in thickness and permitting more uniform x-ray penetration.
  - o There is better separation and less overlapping of small bowel loops.
  - o Loops of ileum tend to migrate cephalad and become less compacted in the pelvis.
- Image the patient (PA) in approximately 30 minutes interval (initial evaluation 30 minutes from first swallow)
  - o Continue imaging every 30 minutes until contrast reaches the large intestine.
- In the interval between overhead images, the patient is encouraged to walk around.
  - o Debilitated patient can be left on the table between films.
  - o For patients unable to sit or stand should be placed in the right lateral decubitus position to encourage gastric emptying of introduced contrast, and then rolled periodically from one side to the other to better distribute the contrast and speed its transit assisted by gravity.
- After the contrast has reached the right colon, spot images of the terminal ileum are routinely obtained.
  - o The terminal ileum is a common location of small bowel pathology, and it is often best evaluated in supine or LPO positions

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent



## SRS Routine FLUORO

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### **IMAGING CRITERIA:**

- o Scout image AP (supine)
- o Post contrast (in PA position) – approximately 30 minutes interval until the contrast reached the large intestine.
  - o Oblique images as needed for abnormalities (larger unmagnified field)
- o Cone down RLQ images should be included of the terminal ileum in supine or LPO once contrast reached the large bowel

**\*Proper collimation should be performed particularly on pediatric patients**

**EXAM: INTRAVENOUS PYELOGRAM**

**SUPPLIES:** Caliper, patient history sheet, Non- Ionic contrast, 60cc syringe, 21 or 23 gauge butterfly needle, tourniquet, alcohol wipes, transpore tape, gloves, gauze or cotton ball, bandaid, and 14x17 cassettes. Also, assorted time markers, and emesis basin.

**ROOM PREPARATION:** Have Tomo unit ready and all supplies on hand.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE !**

**PRELIMINARY SETUPS:** After obtaining a good history a flat AP KUB making sure to include the symphysis pubis and kidneys. Scout Tomo making sure to measure the patient with the caliper, take the number the patient measures, then divide by 3 and add 1, (when using this method you would do consecutive slices when doing your exam). On all preliminary Tomos do 3 cuts.

**DURING EXAMINATION:** After injection of contrast material, an initial 2 minute cone down of the kidneys should be done, then the 3 Tomo cuts, then a 5 minute KUB to include the symphysis pubis, both 10 minute obliques to include the symphysis pubis (if clipped then oblique bladder should be done), 15 minute prone film to include the symphysis pubis. Once the routine films are done then wait about 15-20 minutes and get a delayed bladder film, if full then do upright post void. If you have any question as to the fullness of the bladder then ask the Radiologist on duty if he/she wants to look at the images, do so before voiding the patient.

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

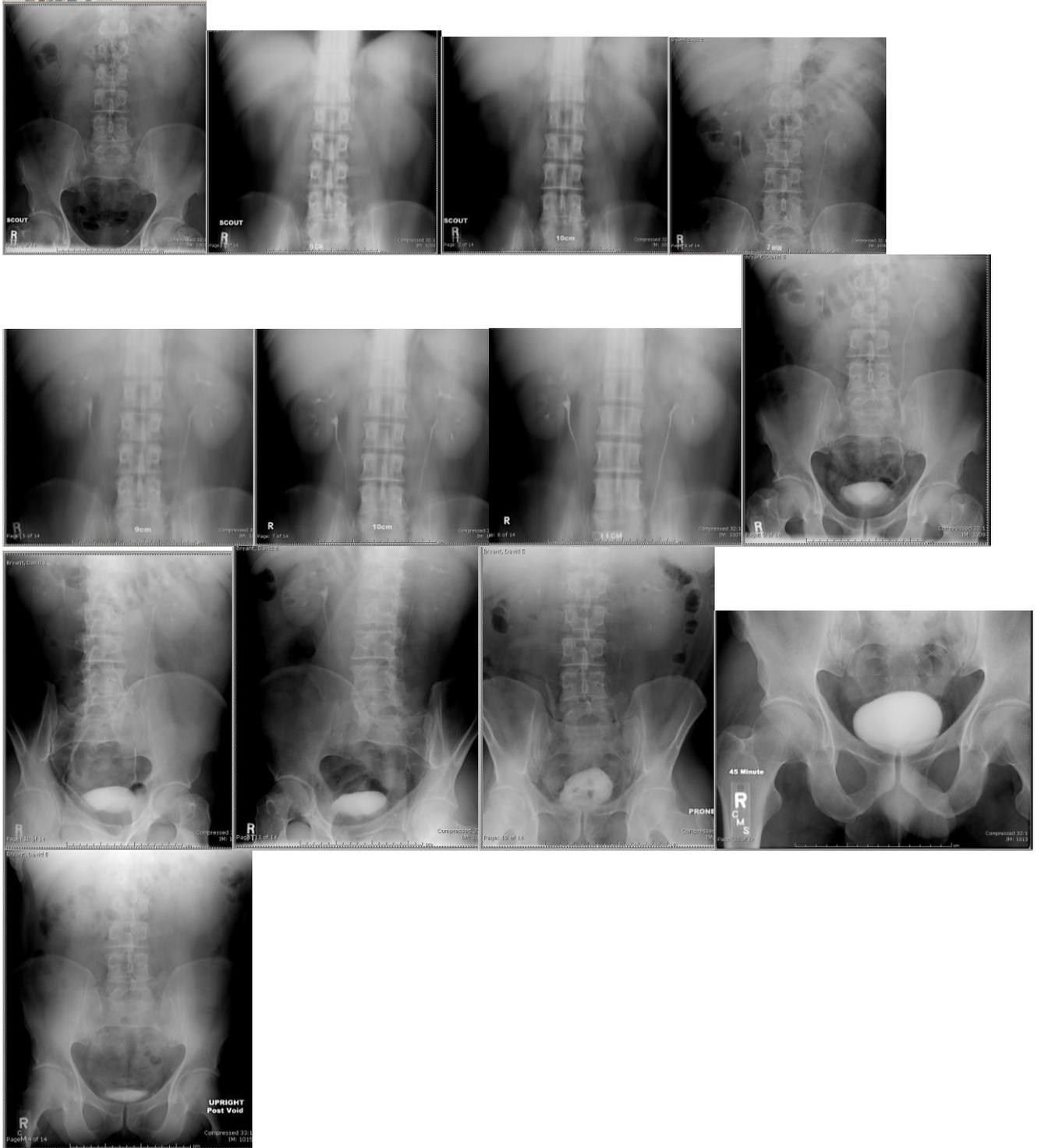
**IMAGING CRITERIA:**

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** KUB scout, 3 pre-lim Tomos, 2 minute, 3 post injection Tomos, 5 minute, 10 minute obliques, 15 minute prone, delay bladder shot and upright post void.





## SRS Routine FLUORO

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### EXAM: IVP/CT COMBO

**SUPPLIES:** 14x17 cassettes

#### **DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE !**

**PRELIMINARY SETUPS:** Have the room and films ready when CT calls to let you know when the patient is done with the CT portion of the test. Timing is of the utmost importance on this exam, the patient needs to have the 5 minute KUB done as close to 5 minutes as possible.

**DURING EXAMINATION:** Take routine x-rays starting at 5 minute KUB and finish the exam the same as a routine IVP

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** 5 minute KUB, 10 minute obliques, 15 minute prone, delay bladder shot, and upright post void

**\*Proper collimation should be performed particularly on pediatric patients**

#### **IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** 5 minute, 10 minute obliques, 15 minute prone, delay bladder shot and upright post void.



**SPECIAL FLUOROSCOPIC PROCEDURES**

**EXAM: HYSTEOSALPINGOGRAM**

**SUPPLIES:** Hystero tray, Isovue 370 (or equivalent) 1-2 vials 10cc's each, HSG catheter, Betadine, KY jelly, headlamp or gooseneck lamp, sterile gloves for the Radiologist, cloth sheet, paper drape sheets, feminine pads, mayo stand, R or L marker to mark fluoro image, lead aprons, thyroid collars.

**ROOM PREPARATION:** Have cloth sheet on the table so that the patient can easily be moved into position after catheter insertion, have paper drape sheets for under the patient's pelvis and a drape sheet to go over the patient's lap, have HSG tray ready, have the fluoro tower pulled across. Make sure the bucky is at the head of the table, and after the patient has entered the room, close the blind to promote the feeling of privacy and make sure to **LOCK THE DOOR TO PREVENT PEOPLE FROM WALKING THROUGH!!!!**

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Have patient sitting at the end of the table on the sheets, obtain a history from the patient regarding previous fertility history. Make sure the R or L marker is visible on the monitor before the patient is in the room.

**NOTIFY RADIOLOGIST PATIENT IS READY.**

**DURING EXAMINATION:** Once the Radiologist has gotten the catheter inserted then the patient will need to be pulled up on the table so that they are under the fluoro tower. Assist Radiologist in moving patient. Change spot film when necessary. Be ready to stand close to and comfort the patient as needed due to apprehension, pain and cramping.

**ORIENTATION OF FILM:** Landscape

Fuji cassette green stripe to patient's right

**IMAGING CRITERIA:** Spot films are normally the only images needed however, you may need to do a 10x12 "bladder shot".

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600



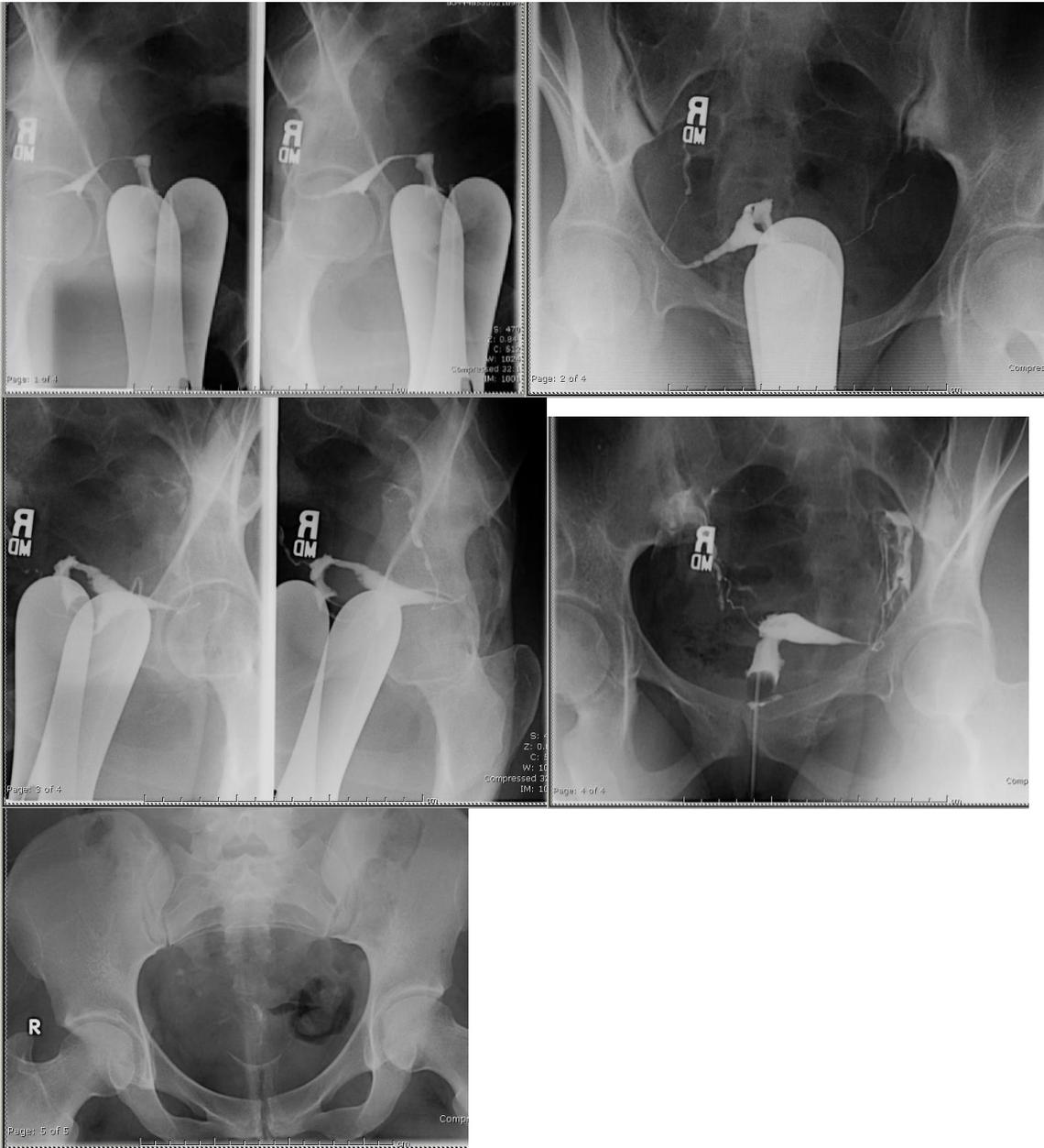
## SRS Routine FLUORO

Approval: E Alvarez, MD

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**PACS IMAGING ORDER:** Spot films, unless the Radiologist asks for a post film.



**EXAM: KNEE ARTHROGRAM**

**SUPPLIES:** Arthrogram tray, 1 cc syringe, Isovue 300, 20 and 22 guage spinal needles, sterile gloves, lead aprons, thyroid collars, 14x17 cassettes. \*\*\*This exam can also be done in conjunction with an MRI therefore gadolinium will need to be added to contrast agent in below listed formula. Draw up .3ccs gadolinium into a 1 cc syringe and inject this into 30ccs of sodium chloride, then draw up 10ccs of this solution and 10ccs of Isovue 300 into a 20cc syringe and Radiologist will then use what they need. If patient is having an MRI to follow, do not exercise the knee much as the Gadolinium will be absorbed by the knee.

**ROOM PREPARATION:** Have fluoro tower apron off, have a manual technique set for overheads of 50mA, .25 sec, and 50-60 KVp. Select 9 on 1 spot and make sure pressure cone is off the fluoro device. Manually set fluoro KVp to approximately 60 and do fluoro scouts to check technique. Remember if it is a left knee then you have to switch the fluoro image on the monitor S to I and L to R. Make sure the bucky tray is out of the way for the fluoro image depending on which knee you are doing as to whether it is pulled to the bottom of the table or the top of the table.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Take AP, Oblique, and Lateral scout images, as well as fluoro scouts. In sterile technique, have patient's knee prepped with fenestrated drape on lateral aspect of the patient's knee.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** The technologist is responsible for the fluoro spots after injection while the Radiologist positions and stresses the knee. After fluoro images have been taken then the technologist will take an AP, Oblique and Lateral of the knee post injection.

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** Routine AP, Oblique and Lateral of the knee.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** Scout images, spot films (if taken), and post AP, Oblique, and Lateral.





**EXAM: LOOPOGRAM**

**SUPPLIES:** Various sizes of foley catheters, catheter tip syringe, Isovue 300, fenestrated drape, drape sheets to cover ostomy, sterile gloves, KY jelly, lead aprons, thyroid collars.

**ROOM PREPARATION:** Have tray set up with all supplies readily available and Isovue drawn up in syringe. Talk to Radiologist prior to exam to find out which type of foley cath they want.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** KUB scout, check fluoro, have patient lying on back with ostomy exposed so when the Radiologist comes into room, everything will be ready.

Make sure the bucky is pulled down to the end of the table.

**NOTIFY RADIOLOGIST PATIENT IS READY.**

**DURING EXAMINATION:** Radiologist will insert foley cath into ostomy and will inflate balloon with air. After this point the catheter tip syringe will be inserted into foley catheter and contrast will be injected. The Radiologist may need help with either injecting the contrast or taking the images under fluoroscopic guidance. Once done, a post film may be needed. The Radiologist will let you know.

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** KUB, spot films and post KUB if requested by Radiologist.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** KUB, spot films, and post KUB if requested.



**EXAM: MARCAINE JOINT INJECTION FOR PAIN**

**SUPPLIES:** 10 CC syringe filled with Xylocaine 1% with 25 g 1 ½ needle (have smaller 25 g needle available if small joint injection), 5cc syringe filled with Isovue 300, 10 cc syringe with 16g needle to draw up meds, 22 g spinal needle (for hip injection) smaller needle may be used for smaller joint injection, 6 inch extension tubing, Marcaine 0.75%, Depo-Medrol(40 or 80mg) if ordered, betadine, sharpie, hemostats, fenestrated drape and sterile drape to put items on for the radiologist, sterile gloves, lead aprons, thyroid collars.

**ROOM PREPARATION:** Have tray set up with all supplies readily available and Isovue drawn up in syringe as well as xylocaine syringe. Make sure the lead apron is off the fluoro tower.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** AP/LATERAL of the joint being injected, check fluoro, have patient lying on back room unless it is an SI Joint injection then the patient will need to be prone for the exam. If a left extremity is ordered then the patient will need to be flipped in the opposite direction for easy access for the radiologist. you have to switch the fluoro image on the monitor S to I and L to R. Make sure the bucky tray is out of the way for the fluoro image depending on which joint you are doing as to whether it is pulled to the bottom of the table or the top of the table.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Radiologist will prep the area to be injected and the technologist should be available to help the radiologist or patient at anytime during the exam. Spot films will be taken. Upon completion of exam make sure to clean off needle site well and put Neosporin and a bandaid on area.

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** AP/LAT of joint

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP/LAT scout, spot film.

**EXAM: MARCAINE JOINT INJECTION FOR PAIN**

**SUPPLIES:**

**SMALL JOINTS**

- 10 cc syringe filled with 8cc Xylocaine 1% with 27 g 1 ½ needle
- 5cc syringe filled with Isovue 300,
- 22 g spinal needle (for hip injection) smaller needle (25g butterfly) may be used for smaller joint injection,
- 7 inch extension tubing, with locking
- 5 cc syringe with 1 cc's Marcaine 0.75%, and 1 cc Depo-Medrol (40mg or 80mg) depending on order
- betadine, sharpie, hemostats, fenestrated drape and sterile drape (for sterile tray set up), sterile gloves, lead aprons, thyroid collars. Have Hemostat and Sharpie ready – he preps..

**HIP JOINT:** Same as above except:

- 10 cc syringe filled with 8cc Xylocaine 1% with 25 g 1 ½ needle
- 5 cc's Marcaine 0.75%
- 1 cc Depo-Medrol (40mg or 80mg) depending on order
- Razor

Meds to be combined in one syringe (5cc or 10cc syringe)

**ROOM PREPARATION:** Have tray set up with all supplies readily available and Isovue drawn up in syringe as well as xylocaine/sodium bicarb syringe. Make sure the lead apron is off the fluoro tower.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** AP/LATERAL of the joint being injected, check fluoro, have patient lying on back room unless it is an SI Joint injection then the patient will need to be prone for the exam. If a left extremity is ordered then the patient will need to be flipped in the opposite direction for easy access for the radiologist. you have to switch the fluoro image on the monitor S to I and L to R. Make sure the bucky tray is out of the way for the fluoro image depending on which joint you are doing as to whether it is pulled to the bottom of the table or the top of the table.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Radiologist will prep the area to be injected (be sure to have hemostat and sharpie ready and **have the area shaved in advance**) and the technologist should be available to help the radiologist or patient at any time during the exam. Spot films will be taken. Upon completion of exam make sure to clean off needle site well and put Neosporin and a bandaid on area.



## SRS Routine FLUORO

Approval: E Alvarez, MD

rev:2

3/2/2026

**ORIENTATION OF FILM:** Portrait or Landscape patient size dependent  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** AP/LAT of joint.

**\*Proper collimation should be performed particularly on pediatric patients**



## SRS Routine FLUORO

Approval: E Alvarez, MD

rev:2

3/2/2026

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** AP/LAT scout, spot film.

**EXAM: PLATELET RICH PLASMA (PRP) INJECTION**

**SUPPLIES:**

- 5cc syringe filled with Xylocaine 1% with 25g 1 ½ inch needle
- 5cc syringe filled with Isovue 300
- 20ga x 3.5 inch Spinal Needle (18ga Hawkins for backup)
- 6 inch extension tubing
- Betadine, sharpie, hemostats, fenestrated drape and sterile drape to place items on for the radiologist, sterile gloves, lead aprons, thyroid collars

**\*\*\*The patient will bring the PRP which will come in a syringe with 3cc's of content\*\*\*  
(do not remove PRP from cooler, Radiologist will do that)**

**ROOM PREPARATION:** Have tray set up with all supplies readily available and Isovue drawn up in syringe as well as xylocaine syringe. Make sure the lead apron is off the fluoro tower.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**Technologist to ask below questions:**

- Did you bring a driver?
- Allergies to medications, including Tylenol?
- Do you take blood thinners and if so, verify when last taken compared to anti-coagulant discontinuance schedule?
- When was your PRP drawn? (Should be 4 hours or less)

**PRELIMINARY SETUPS:** AP/LATERAL views of the joint being injected, check fluoro, have patient lying on back. If a left extremity is ordered then the patient will need to be flipped in the opposite direction for easy access for the radiologist. You also have to switch the fluoro image on the monitor, S to I and L to R. Make sure the bucky tray is out of the way of the fluoro image, depending on which joint you are doing as to whether it is pulled to the bottom of the table or the top of the table.

**NOTIFY RADIOLOGIST THAT THE PATIENT IS READY.**

**DURING EXAMINATION:** Radiologist will prep the area to be injected and the technologists should be able to help the radiologist or patient at any time during the exam. Spot films will be taken. Upon completion of exam make sure to clean off needle site well and put Neosporin and a bandaid on the area.

**AFTER PROCEDURE:** Provide patient with 2 ice packs and Post Procedure Instruction Form.

**After the PRP Injection: Immediate Follow-Up Care:**

Patients are advised to take it easy for a few days and avoid putting strain on the affected joint. The pain that you may experience may actually increase for several days post injection.

- Do not take anti-inflammatory pain medication; another pain medication may be prescribed by the doctor. However, you may take Tylenol.
- Wear a brace or sling to protect and immobilize the affected joint or simply take it easy, especially for hip injections.
- Use a cold compress a few times a day for 10 – 20 minutes at a time to decrease post-injection pain and swelling.

Patients who do not have physically demanding jobs can usually go back to work the next day. Patients can resume normal activities when the pain decreases, typically a few days after the injections.

Patients should follow-up with their physician 3-4 weeks post PRP injection.

If you should develop any fever, redness or discharge at the injection site, please notify your physician immediately.



**EXAM: RETROGRADE URETHROGRAM**

**SUPPLIES:** Cysto-conray, 8 French foley catheter for female patient or a Christmas tree adapter for a male patient, 60cc catheter tip syringe, catheter insertion tray, xylocaine jelly, sterile gloves, drape sheets, lead aprons, thyroid collars, lead aprons, and thyroid 14x17 cassettes.

**ROOM PREPARATION:** Have tray set up with all supplies readily available and Cysto-conray drawn up in syringe. Make sure the bucky is pulled down to the end of the table.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** KUB scout, have patient lying supine on table with drape sheets under the patient. Also, make sure you have drape sheets available to put between patients legs for the voiding part.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Radiologist will insert foley cath or Christmas tree adapter into the patient, after this point the catheter tip syringe will be inserted into foley catheter or Christmas tree adapter and contrast will be injected. The Radiologist may need help with either injecting the contrast or taking the images under fluoroscopic guidance. Once done, a post film may be needed. The Radiologist will let you know.

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** KUB, spot films, and post KUB if requested by Radiologist.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** KUB, spot films, and post KUB if requested.



**EXAM: SHOULDER ARTHROGRAM**

**SUPPLIES:** Betadine, 2 non-fenestrated drapes, 1 fenestrated drapes, sterile 4x4's, sterile gloves, xylocaine, 1 cc syringe, 3cc syringe, 10 cc syringe, 3-18 gauge needles, 25 gauge needle, Isovue 300, 20 and 22 gauge spinal needles, sterile gloves, Neosporin, bandaid, lead aprons, thyroid collars, 10x12 cassettes. \*\*\*This exam can also be done in conjunction with an MRI therefore gadolinium will need to be added to contrast agent in below listed formula. Draw up .3ccs gadolinium into a 1cc syringe, then inject this into 30ccs of sodium chloride and then draw up 10ccs of this solution and 10ccs of Isovue 300 into a 20cc syringe and Radiologist will then use what they need. If patient is having an MRI to follow, do not exercise the shoulder much as the Gadolinium will be absorbed by the shoulder.

**ROOM PREPARATION:** Have fluoro tower apron off, sterile tray ready, and remember if it is a left shoulder then you have to switch the fluoro image on the monitor S to I and L to R. Make sure the bucky tray is out of the way for the fluoro image depending on which shoulder you are doing as to whether it is pulled to the bottom of the table or the top of the table.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Take AP, Lateral, and axillary scout films. In sterile technique, have patient's shoulder prepped with fenestrated drape on the shoulder joint, and non-fenestrated drape on the fluoro tower hand control. Have patient on a 30degree angle sponge toward affected shoulder with their arm at their side and their thumb up. Upon completion of exam make sure to clean off needle site well and put Neosporin and a bandaid on area.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** The technologist is responsible for assisting the Radiologist and helping the patient. After fluoro images have been taken then the technologist will take an AP, Lateral, and axillary of the shoulder post injection.

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** Routine AP, Lateral, and axillary of the shoulder post injection.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** Scout images, spot films (if taken), and post AP, Lateral, and axillary of the shoulder.

**EXAM: HIP ARTHROGRAM**

**SUPPLIES:** Betadine, 2 non-fenestrated drapes, 1 fenestrated drapes, sterile 4x4's, sterile gloves, xylocaine, 1 cc syringe, 3cc syringe, 10 cc syringe, 3-18 gauge needles, 25 gauge needle, Isovue 300, 20 and 22 gauge spinal needles, sterile gloves, Neosporin, bandaid, lead aprons, thyroid collars, 10x12 cassettes. \*\*\*This exam can also be done in conjunction with an MRI therefore gadolinium will need to be added to contrast agent in below listed formula. Draw up .3ccs gadolinium into a 1cc syringe, then inject this into 30ccs of sodium chloride and then draw up 10ccs of this solution and 10ccs of Isovue 300 into a 20cc syringe and Radiologist will then use what they need. If patient is having an MRI to follow, do not exercise the hip much as the Gadolinium will be absorbed by the hip.

**ROOM PREPARATION:** Have fluoro tower apron off, sterile tray ready, and remember if it is a left hip then you have to switch the fluoro image on the monitor S to I and L to R. Make sure the bucky tray is out of the way for the fluoro image depending on which hip you are doing as to whether it is pulled to the bottom of the table or the top of the table.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Take AP Pelvis, frog-leg lateral of affected hip scout images. In sterile technique, have patient's hip prepped with fenestrated drape on the hip joint, and non-fenestrated drape on the fluoro tower hand control. Have patient supine with toes turned in. Upon completion of exam make sure to clean off needle site well and put Neosporin and a bandaid on area.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** The technologist is responsible for assisting the Radiologist and helping the patient. After fluoro images have been taken then the technologist will take an AP Pelvis, frog-leg lateral, post injection images.

**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** Routine AP Pelvis and frog-let lateral post injection.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 150-400

**PACS IMAGING ORDER:** Scout images, spot films (if taken), and post AP Pelvis and frog-leg lateral of the hip.

### **ARTHROGRAM**

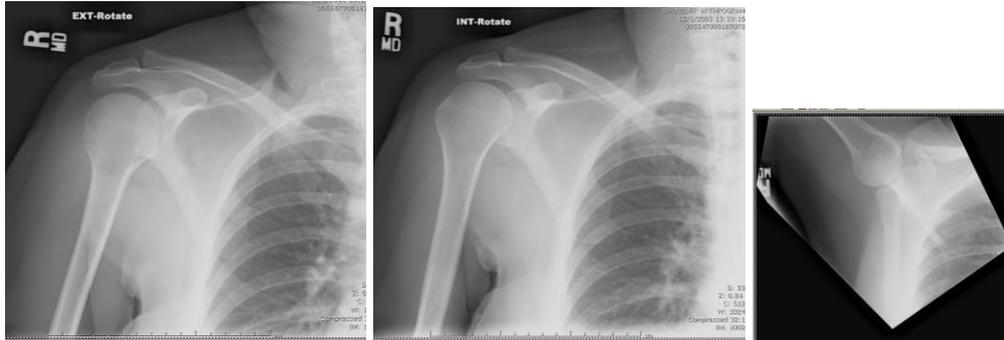
A 1 cc syringe is needed to draw up the gadolinium for all arthrogram/MRI combo procedures.

#### **WRIST:**

1. 5cc syringe with 5cc's xylocaine with 27g, 1/2 inch needle,
2. 10cc syringe with 5cc's xylocaine, 5cc's Isovue 300 and .05cc's gadolinium with 25g butterfly needle.
3. Dr. will prep patient, and will need a sharpie, hemostats, betadine, and fenestrated drape.
4. No apron on tower.
5. Size 8 gloves.
6. Position patient @ end of table with wrist on sponge.

#### **SHOULDER:**

1. 10cc syringe with 5cc's xylocaine with 25g, ½ inch needle
2. 20ccs syringe with 10ccs xylocaine, 10 Isovue 300 and .1 cc's gadolinium with 25g 3.5 inch spinal needle with a 6 inch connector tubing.
3. Dr. will prep patient, and will need a sharpie, hemostats, betadine and fenestrated drape.
4. No apron on tower.



**EXAM: SIALOGRAM**

This exam is to evaluate for stones in the salivary glands and an oral surgeon may be the one to perform the exam.

**SUPPLIES:** Lemon juice, dilators, catheters, 3 or 5 cc syringe, xylocaine jelly, sinografin, gauze, non fenestrated drape, sterile gloves, lead aprons, thyroid collar, and goose neck lamp. Be ready to video this exam.

Please check with Radiologist for further instructions before proceeding as this is not a common exam.

**ROOM PREPARATION:** Have fluoro tower apron off, sterile tray ready. Make sure bucky tray is pulled down to the end of the table.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** AP, oblique and lateral of the mandible area. Have tray ready with all supplies on it. Have patient laying supine on table.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Assist Radiologist however needed as well as the patient.

**ORIENTATION OF FILM:** Portrait or Landscape  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** Scout films and any post films the Radiologist asks for.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** AP, oblique, and lateral scouts and then any post films if needed.

As this is not a common exam no images are available for PACS IMAGING ORDER SAMPLES.



## SRS Routine FLUORO

Approval: E Alvarez, MD

rev:2

3/2/2026

### EXAM: SINOGRAM/ FISTULA TRACT INJECTION

**SUPPLIES:** 5 French feeding tube or 24 gauge angiocath, 5 cc syringe, Isovue 300, fenestrated drape, non-fenestrated drape, sterile gloves, sterile 4x4s, betadine, lead aprons and thyroid collar. As this is a sterile procedure, be sure to maintain a sterile field until exam is done.

**ROOM PREPARATION:** Have fluoro tower apron off, sterile tray ready. Make sure bucky tray is pulled down to the end of the table.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Scout film of the area, having patient prepped with fenestrated drape on the area of interest.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Assist Radiologist however needed as well as the patient.

Portrait or Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** AP scout film of area of interest, then post imaging of the same area.

\*Proper collimation should be performed particularly on pediatric patients

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** Scout image, spot films (if taken), and post film.

As this is not a common exam no images are available for PACS IMAGING ORDER SAMPLES.



**EXAM: STRESS VCU STERILE TECHNIQUE**

**SUPPLIES:** Catheter insertion tray, Xylocaine jelly(ask the patient if allergic to xylocaine ), 2 bottles Cystoconray II, 2 catheter tip syringes, sterile gloves, tape, gooseneck lamp, 12 french foley catheter, video tape, drape sheets, urinal for male patients, lead aprons, thyroid collars and IV pole.

**ROOM PREPARATION:** Have sterile tray set up with all supplies readily available and Cysto-conray poured into sterile container on sterile tray. Please check with Radiologist for further instructions before proceeding as this is not a common exam.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** KUB scout, have patient lying supine on table with drape sheets under the patient. Make sure bucky tray is pulled down to the end of the table. Have video tape in VCR ready for exam.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Female technologist will insert foley cath into the patient if female, male technologists if available will insert foley cath into the male patients. If unable to catheterize a patient after attempting or at any time of the catheterization the patient complains of pain or discomfort then you may get the Radiologist for the catheterization. Once the patient is catheterized then the foley cath is connected a pre-filled 60ccs catheter tip syringe, having the other filled and ready for quick change out. Instill 200ccs of Cysto Conray II into the bladder and then remove catheter. Stand table in upright position. The following list of images need to be taken, during all of these images the video should be on . AP with hard cough, AP stress or bearing down, AP patient relaxed. Lateral with hard cough, Lateral stress or bearing down, Lateral patient relaxed.

Make sure to put the patient's name on the video tape and send it to the referring physician. \*\*\* **The Radiologist needs to be present during the exam and needs to comment whether or not there is loss of urine with decent of the bladder neck.**

**ORIENTATION OF FILM:** Portrait or Landscape

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** KUB, spot films, and post KUB.

**\*Proper collimation should be performed particularly on pediatric patients**

As this is not a common exam no images are available for PACS IMAGING ORDER SAMPLES.

**IMAGE PROCESSING VALUES:**

Fuji S# **200-600**

**PACS IMAGING ORDER:** KUB, spot films, and post KUB.

**EXAM: VAGINOGRAM (TO CHECK FOR VAGINAL TO RECTAL FISTULA)**

**SUPPLIES:** 30 french Bardex catheter, KY jelly, catheter tip syringe, sterile gloves, Cysto Conray II, 20cc syringe filled with saline, lead aprons, thyroid collar, goose neck lamp.

**ROOM PREPARATION:** Have all supplies ready. Make sure bucky tray is pulled down to the end of the table. Please check with Radiologist for further instructions before proceeding as this is not a common exam.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** Pelvis scout film both AP and Lateral.  
NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Insert 30 french catheter into vagina with saline syringe ready for inflation of balloon, gently inflate balloon with 20cc's of saline. Call the radiologist who may need to fill with more saline to achieve an occlusive seal. The Radiologist will then inject Cysto Conray II into the catheter to check for fistula. Assist Radiologist however needed as well as the patient.

Portrait or Landscape pt size dependent  
Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:**

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**

Fuji S# 200-600

**PACS IMAGING ORDER:** Scout image, spot films (if taken), and post film.

As this is not a common exam no images are available for PACS IMAGING ORDER SAMPLES.

**EXAM: VENOGRAM**

**SUPPLIES:** Tourniquets (2), 2 60cc syringes (for contrast), (1) 30 cc syringe (for flush), 100cc's Isovue 300, sodium chloride, 23 and 21 gauge butterfly needles, alcohol preps, gauze, bandaids, tape, gloves, gooseneck lamp, 14x17 cassettes, hot towels (if needed), lead aprons, and thyroid collars.

**IF BILATERAL VENOGRAM IS ORDERED THEN ONLY 75 cc's OF CONTRAST SHOULD BE USED PER LEG.**

**ROOM PREPARATION:** Make sure all supplies are ready and setup on Mayo stand once scout films are done, stand table as upright as possible (at least 45 degree angle)

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**PRELIMINARY SETUPS:** If done at the PO then prelim scout films of the lower leg, knee, femur-hip will be done to insure proper technique. If done at TIC no scouts are required due to photo-timing. Make sure patient is questioned as far as allergies, etc. Make sure that patient puts all weight on the leg that is not having the procedure done to it. One technologist will be responsible for injecting, and positioning the patient during the exam, and the other technologist will be responsible for setting techniques, making exposures, and changing films. Marker for appropriate leg should be in place on the table and visible on all overhead images.

**DURING EXAMINATION:** 1 tourniquet should be placed above the knee and one above the ankle. (Tourniquets can stay on until the patient is laying supine for the last "dump shot" or can come off one at a time per the Radiologists' discretion) If possible try to inject at the big toe with the needle retrograde, however if that vein is unattainable then any vein in the foot will do. Once IV is started in patent, make sure to properly secure with tape, IV reflux valve may be used to put on the end of the butterfly to help when changing out syringes of Isovue. At least 60-70 cc's of contrast should be injected before pictures are taken. All images except for the last "dump shot" should be as upright as possible and while laying table down be sure to hold pressure in the groin area to keep dye from running up the leg.

**ORIENTATION OF FILM:** Portrait  
Fuji cassette green stripe up

**IMAGING CRITERIA:** Standing(with no weight on the venogram leg) AP, internal and external rotation of the lower leg, AP of the knee (if patient has a total knee replacement then a external rotation of the knee should be done), AP femur, supine AP hip to include the iliac crest with leg elevated and breath suspension to decrease motion.

**\*Proper collimation should be performed particularly on pediatric patients**

**IMAGE PROCESSING VALUES:**  
Fuji S# 150-400



## SRS Routine FLUORO

Approval: E Alvarez, MD

rev:2 3/2/2026

**PACS IMAGING ORDER:** Only contrast images should be sent to PACS, do not send the scout images. AP, internal and external rotation lower leg, AP knee and external rotation of the knee if done, AP femur and supine “dump shot “of the hip to include the iliac crest





## SRS Routine FLUORO

Approval: E Alvarez, MD

rev:2 3/2/2026

### EXAM: VOIDING CYSTOURETHROGRAMS      STERILE TECHNIQUE

**SUPPLIES:** Catheter insertion tray, Xylocaine jelly(ask the patient if allergic to xylocaine ), 2 bottles Cystoconray II, IV tubing, sterile gloves, tape, gooseneck lamp, various sizes of foley catheters, drape sheets, urinal for male patients, lead aprons, thyroid collars and IV pole.

**ROOM PREPARATION:** Have sterile tray set up with all supplies readily available and Cysto-conray hanging from IV pole with IV tubing attached and contrast run completely through to ensure no air gets into the bladder. You can inject about 30cc's of air into Cysto-Conray bottle to help with gravitational flow.

### DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!

**PRELIMINARY SETUPS:** KUB scout, have patient lying supine on table with drape sheets under the patient. Also, make sure you have drape sheets available to put between patients legs for the voiding part. Make sure bucky tray is pulled down to the end of the table.

NOTIFY RADIOLOGIST PATIENT IS READY.

**DURING EXAMINATION:** Female technologist will insert foley cath into the patient if female, male technologists if available will insert foley cath into the male patients. If unable to catheterize a patient after attempting or at any time of the catheterization the patient complains of pain or discomfort then you may get the Radiologist for the catheterization. Once the patient is catheterized then the foley cath is connected to the IV tubing and should be taped to insure that the tubing does not come apart from the tubing and leak on the patient and or the table. Also, the catheter should be taped to the leg of pediatric patients to insure its stability. Be able to assist the patient to roll or move when the Radiologist needs this.

\*FOR INFANT TO PRE-PUBERTY PATIENTS A 5 OR 8 FRENCH FEEDING TUBE SHOULD BE USED. FOR ALL OLDER PATIENTS A 12 FRENCH OR APPROPRIATE SIZE FOLEY WITH A BALLOON SHOULD BE USED.

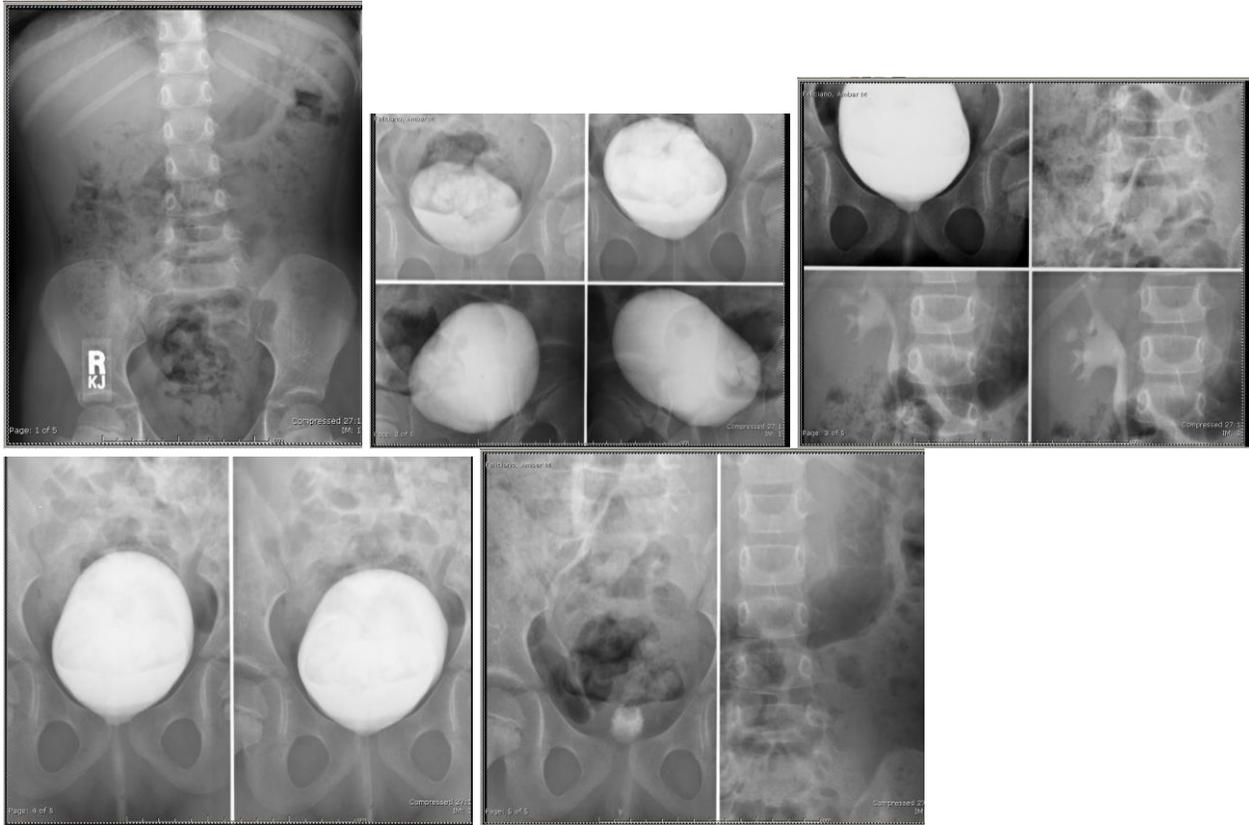
**ORIENTATION OF FILM:** Portrait or Landscape pt size dependent

Fuji cassette green stripe up (portrait) or green stripe to patient's right (landscape)

**IMAGING CRITERIA:** KUB, spot films, and post KUB.

\*Proper collimation should be performed particularly on pediatric patients **IMAGE PROCESSING VALUES:**  
Fuji S# 200-600

**PACS IMAGING ORDER:** KUB, spot films, and post KUB.



**EXAM: WRIST ARTHROGRAM**

**SUPPLIES:** Betadine, Isovue 300, 25gauge butterfly, 25gauge butterfly, 3 non-fenestrated drapes, 1 fenestrated drapes, sterile 4x4's, sterile gloves, xylocaine, 1 cc syringe, 3cc syringe, 10 cc syringe, 18gauge needle, 25gauge needle, Neosporin, bandaids, lead aprons, thyroid collars. This exam can also be done in conjunction with an MRI therefore gadolinium will need to be added to contrast agent in below listed formula. Draw up .3ccs gadolinium into a 1 cc syringe and then inject this into a 30ccs of sodium chloride, then draw up 5ccs of this solution and 5ccs of Isovue 300 into a 10cc syringe and Radiologist will then use what they need. If patient is having an MRI to follow, do not exercise the wrist much as the Gadolinium will be absorbed by the wrist.

**ROOM PREPARATION:** Have fluoro tower apron off, sterile tray ready, and remember to have the bucky at the end of the table.

**DETAILED EXPLANATION OF EXAM TO PATIENT IS IMPERATIVE!**

**IF NOT IN CONJUNCTION WITH A MRI THEN THE PATIENT NEEDS TO BE AWARE THEY COULD HAVE TO COME BACK THE NEXT DAY FOR ANOTHER SET OF INJECTIONS SINCE THERE ARE 3 COMPARTMENTS IN THE WRIST. TYPICALLY 1 COMPARTMENT IS INJECTED THE FIRST DAY AND THE OTHER 2 ARE INJECTED THE NEXT DAY.**

**PRELIMINARY SETUPS:** Take gamut series scout films. In sterile technique, have patient's wrist prepped with fenestrated drape opening on the wrist, and non-fenestrated drape on the fluoro tower hand control. Have patient prone with affected wrist out in front of them making sure bucky tray is moved out of the way. Upon completion of exam make sure to clean off needle site well and put Neosporin and a bandaid on area.

**NOTIFY RADIOLOGIST PATIENT IS READY.**

**DURING EXAMINATION:** The technologist is responsible for assisting the Radiologist and helping the patient. After fluoro images have been taken then the technologist will take a post injection gamut series.

**ORIENTATION OF FILM:** Landscape  
Fuji cassette is green stripe to patient's right (landscape)

**IMAGING CRITERIA:** PA, PA clenched fist, PA ulnar deviation, PA radial deviation, lateral, lateral clenched fist, lateral flexion, lateral extension.

**\*Proper collimation should be performed particularly on pediatric patients IMAGE PROCESSING VALUES:  
Fuji S# 150-400**

**PACS IMAGING ORDER:** Pre-injection gamut series, spot films (if taken), and post injection gamut series.



### **Barium Enema (colon) Examination Prep Guide, Pediatric to age 13**

**For possible intestinal obstruction, Hirschsprung's Disease or megacolon, do not administer any laxative or enema. Prior to the exam:**

0 to 2 years:

- After 2:00 am (day of exam), clear liquids only.

3 to 5 years:

- After 2:00 am (day of exam), clear liquids only.
- The morning of exam, administer a pediatric Fleets enema.

6 to 10 years (and 40 -80lbs):

- Afternoon before exam, drink 5 ounces of Magnesium Citrate between 3:00 and 4:00 p.m.
- Low residue supper (small amount of solids)
- After supper, clear liquids only.
- Clear liquid breakfast morning of exam.
- Administer pediatric Fleets enema the morning of exam

11 to 13 years (and 80 -120 lbs)

- Afternoon before exam, drink 7 ½ ounces of Magnesium Citrate between 3:00 and 4:00pm.
- Clear liquid supper.
- After supper, clear liquids only until exam is completed.
- Administer pediatric Fleets enema the morning of exam

**Exam information:**

- Clear liquids include soda, clear juices, plain jello, tea or coffee (no milk or cream, but sugar is OK), water
- May mix the Magnesium Citrate in liquid if child will not drink straight.
- Your child will be given a barium enema while we take x-ray pictures and will be in the department for one to two hours.

**IVP Kidney Examination Prep Guide, Pediatric to age 13**

**Prior to the exam:**

0 to 5 years:

- IVP should not routinely be performed. Upon receiving a request for an IVP under the age of 6, contact the site technical supervisor or Director Clinical Operations to discuss with Radiologist.

6 to 10 years (and 40 – 80 lbs):

- On the afternoon before the exam drink 5 ounces of Magnesium Citrate between 3:00 and 4:00 p.m.
- Clear liquid supper
- NPO after midnight the night before exam

11 to 13 years (and 80 – 120 lbs):

- On the afternoon before the exam drink 7 ½ ounces of Magnesium Citrate between 3:00 and 4:00 p.m.
- Clear liquid supper
- NPO after midnight the night before the exam

Over age 13 (if over 120lbs)

- Adult IVP prep

**Exam Information:**

- Clear liquids include soda, clear juices, plain jello, tea or coffee (no milk or cream, but sugar is OK), water
- May mix the citrate in liquid if child will not drink straight
- Your child will be given an injection of contrast media through the vein. Several x-rays will be taken to view the kidneys, ureters and bladder.

**Approximate time in department:**

- One hour