



TRA Medical Imaging Policy for Same Day CT Colonography (CTC) after failed Optical Colonoscopy (OC)

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If the reason for same-day CTC is a poor colon prep with large amount of retained feces, same-day CTC is not appropriate and the patient should re-prepare with standard CTC prep.

If the reason for same-day CTC is inability to advance the scope due to tortuous colon, etc., then same-day CTC is appropriate.

Patients referred for same-day CTC after failed optical colonoscopy (OC) should drink 90 mL of Gastrografin oral contrast in the endoscopy suite, as soon as anesthesia indicates that it is safe to do so. The patient will then wait for 2 hours.

After 2 hours, the patient will proceed to the CT scanner. In the supine position, 5 axial 5 mm thick CT images will be obtained as a "scout" to evaluate for retained feces. Images should be obtained at approximate locations of T11-12, L1-2, L3-4, L5-S1, and just inferior to the SI joints.

The technologist will then call a body radiologist from the CTC reader list, preferentially calling the radiologist with the respective system tag (TRA, MHS, FHS).

Workflow after radiologist review of images will be as follows:

1. If minimal retained feces, proceed with same-day CTC examination.
2. If small but significant retained feces, after consultation with the patient, consider *continuation* of standard CTC overnight colon prep (see below) and scan patient the next morning.
3. If large retained feces, patient should be rescheduled at another time for imaging after *complete* CTC prep.

For #2: Continuation of standard CTC overnight colon prep

TRA-MINW

1. Clear liquids throughout remainder of the day (sports drinks, apple juice, clear soda acceptable)
2. 5 pm: 8 oz magnesium citrate solution (18 g)
3. 9 pm: 30 mL Isovue 300 (mix with 16 oz water or clear juice to improve taste)
4. Do NOT eat or drink after 9pm. OK to use small amount of water to brush teeth or take medications.