TRA-MINW

Oral Contrast Guidelines

Includes Rectal Contrast instructions (end of document)

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Please see specific protocol documents to indicate which contrast agent is to be used in each study. Below is the dilution (where applicable) and volume of contrast to administer once an agent is chosen per the protocol documents. These were created for the purposes of TRA outpatient office use.

These can be used as guidelines for hospital examinations. However, please refer to hospital policies for additional information, modifications, and procedures.

**See end of document for CT Rectal Contrast instructions

Water (ED patients, multiphase + miscellaneous A/P):
- Volume to give: 500-1000 mL (see protocol specifics)
- Timing: 15-20 min prior to exam (drink as quickly as possible)

Isovue 370:
Abdomen
- Isovue 370 amount: 15 mL
- Dilution: 15 mL in 450 mL water
- Volume to give: 465 mL total
- Timing: 30 min prior to exam

Abdomen + pelvis
- Isovue 370 amount: 30 mL
- Dilution: 30 mL in 900 mL water
- Volume to give: 930 mL total
- Timing: 1 hour prior to exam

Barium:
Abdomen
- Barium amount: 1 bottle
- Dilution: n/a
- Volume to give: 1 bottle
- Timing: 30 min prior to exam

Abdomen + pelvis
- Barium amount: 2 bottles

- Dilution: n/a
- Volume to give: 2 bottles
- Timing: 1 hour prior to exam

Gastrografin

Abdomen

- Gastrografin amount: 20 mL
- Dilution: 20 mL in 500 mL of water
- Volume to give: 520 mL total
- Timing: 1 hour prior to exam

Abdomen + Pelvis

- Gastrografin amount: 40 mL
- Dilution: 40 mL in 1000 mL of water
- Volume to give: 1040 mL total (divided into two 520 mL doses)
- Timing: 520 mL 3 hours prior to exam, then 520 mL 1 hour prior to exam

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TRA INSTRUCTIONS FOR CT PREPS

ALL exams including the abdomen + pelvis:

- Patients informed at scheduling/reminder calls to be NPO (nothing to eat) 3 hours prior to exam
    i. Clear liquids up to appointment time
    ii. Food could interfere with prep, helps to limit vomiting
- Patients will be instructed to arrive at clinic 1 hour prior to exam time
    i. No contrast will be sent home with patients the day before or given to referring offices
- Techs will determine prep to be used. This should be done at least 1 day before scheduled exam
    i. Refer to protocol documents for specific instructions.
    ii. Defer to radiologists for questions
- Technologist will indicate prep information in **Technologist Note** (TRA-MINW: InteleRIS)
    i. This note will transfer to PACS so the radiologist is aware of prep used

Exceptions to the oral contrast rule:

- Chest only and pelvis only examinations: No oral contrast
- Multiphase examinations: Oral water
- CTA Abd/Pel for mesenteric ischemia, acute GI bleed, endograft: Oral water
- CT Enterography (IBD or anemia): Breeza/Volumen
- OTHER:
    - Dr. Seville's patients: per Dr. Seville NO oral contrast, patient can check in 15 min prior to appointment time
    - MD office requested NO IV contrast (and exam scheduled as without IV) but diagnosis would normally call for IV and oral contrast: Patient to arrive 1 hour prior to exam time

TRA-MINW

CT Rectal Contrast Protocol

Indication for rectal contrast: fistula to rectum (usually from vagina or bladder)

This exam is always radiologist-guided.

EQUIPMENT:

1. Enema bag
2. Tip included in enema bag
   a. No need to use tip with balloon as it may obscure fistula
3. Hemostat
4. Surgilube
5. Isovue 370: 50 mL
6. Warm water: 1,500 mL

PROCEDURE:

1. Mix warm water and Isovue 370 in enema bag.
2. Start IV (if indicated).
3. Insert enema tip with Surgilube.
4. Fill rectum with no more than 500 mL of mixture, *as tolerated by patient.*
5. Clamp off tubing
   a. Do not remove tip
6. Do exam as ordered by referring doctor and protocolled by radiologist
7. Check images with radiologist
8. Lower bag and unclamp tubing and evacuate patient
9. Remove tip
10. OPTIONAL: Scan post evacuation images – *at radiologist discretion*
    a. If done, check images with radiologist.