

Hepatobiliary study for Biliary Leak Last updated 06.2018

Special Instructions	To be performed at UNMH and SRMC.
Radiopharmaceutical:	Tc-99m Choletec (mebrofenin) or Hepatolite (disofenin, DISIDA)
Dose (Adult/Pediatric):	Refer to Nuclear Medicine Dose Chart
Route of Administration:	Intravenous for radiopharmaceutical
Patient Preparation:	 No preparation. Patient does not need to be NPO, and morphine or other opioid pain medicines may be used.
Equipment Setup:	 <u>Gamma Camera:</u> LFOV camera for adult studies LFOV camera with ZOOM for studies in small children as appropriate <u>Collimator:</u> SPECT-CT/E-CAM/EVO: High resolution
	Computer setup:Anterior:• Dynamic acquisition• 128 x 128 matrix• Zoom 1.0 (greater for children)• 1 min/image, 60 imagesRt lateral and delayed images:• Static acquisition• 128 x 128 matrix• Zoom 1.0 (greater for children)• 5 min/image, 1 image in each requested projection
Patient Positioning:	 <u>Anterior:</u> Liver at top left of screen so that gallbladder and bowel can be visualized.
	<u>Right lateral:</u>Liver at top center of screen

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Procedure: Begin imaging immediately after injection

Anterior dynamic images for 60 minutes as above
Check with radiologist for additional images. Typically, drainage bags should be imaged; if it is not clear which bag is draining bile/gallbladder fossa, consult with the patient's nurse or the radiologist.
If no leak is seen in the first hour of imaging, the patient will need to return for delayed images. (typically, at 2-4 hours post-injection or longer); check with radiologist to see if re-injection of radiopharmaceutical is needed and regarding timing of delays.

Processing:

Anterior 1-hour dynamic images:

• Merge each 5 images together to display 5-min/frame

Items Required For Complete Study:

- Raw data of all images to PACS
- Lightbox/savescreen of anterior images merged to 5 min/image
- Static or dynamic display of any additional projections/delayed images as noted above
- Transfer all digital images to PACS
- Complete the examination in RIS