Hepatobiliary Study-Neonatal Jaundice
Last updated 06.2018

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<th>Special Instructions</th>
<th>To be performed at UNMH and SRMC.</th>
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**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:** Please ensure the following:

- Pretreatment with phenobarbital (oral, suggested dose 5 mg/kg/day), may be given by the referring clinician in two divided doses daily for 3 to 5 days if desired.
- The patient can eat (NPO is not needed).

**Equipment Setup:**

**Gamma Camera:**
- LFOV camera with ZOOM for studies in small children as appropriate

**Collimator:**
- 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 images

**Rt lateral and any 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:**

**Anterior:**
- Liver at top left of screen so that gallbladder and bowel can be visualized.

**Right lateral:**
- Liver at top center of screen
Procedure: For neonatal jaundice:
- Anterior dynamic images for 60 minutes as above
- Show images to radiologist
- Additional delayed images at 4-6 hours and 18-24 hours are required if bowel has not yet been visualized. If a significant amount of activity is seen in the bowel on the 4-6 hours delayed images, the additional delayed imaging may not be necessary.

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