

## CT Colonography Procedure

**Reviewed By:** Spencer Lake, MD

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**Contact:** (866) 761-4200, Option 1

1. Scout patient and then take a few axial slices throughout the abdomen (a few slices in the upper, mid, and lower abdomen helps us differentiate tagging material from stool)
  - a. If the patient is **not** cleaned out, reschedule the patient for the following day (if possible) with the continuation overnight CTC prep
  - b. If Rad says patient is cleaned out enough, proceed with exam
2. The insufflation sequence- Right side down decubitus until 1 liter, then roll patient supine and insufflate to approximately 2.5 liters of CO<sub>2</sub>. (May need to roll patient toward right side to help air fill the right colon) The pressure should be set to 25mm-Hg (black knob).
  - a. Flow stop/run (green button – top right) will go up to 4 liters then shut off automatically. Immediately press the green “run” button again to restart the insufflator. CO<sub>2</sub> is constantly and quickly absorbed by the colon and the insufflator must be running constantly to achieve a good exam. As CO<sub>2</sub> is quickly absorbed, the number of liters that has been insufflated has no relation to how much gas is actually in the colon.
3. Scout patient again making sure air is in all areas of the colon.
4. Scan abdomen pelvis to include all air(top of air to rectum)
5. Turn patient prone and scout
6. Scan abdomen pelvis to include all air(top of air to rectum)
7. Send thin images to TeraRecon and PACS for the supine and prone series

CT colonography patients are scanned without IV contrast in the supine position first and then prone. The colon will be scanned after insufflation with an automated CO<sub>2</sub> insufflator.

These exams are best scheduled Monday-Thursday to allow for an extra day if patient needs to be rescheduled and re-prepped.

Any pre-partner/partner body radiologist (abdomen trained, not chest) can check CT colon images.