

CT Colonography

Position/Landmark	Feet first. Position at nipple line
Scout	
Scan coverage	Diaphragm through rectum
Respiratory Phase	Inspiratory
Scan Type	Helical
PO Prep	Colon prep per instructions in "Colon prep" folder in "How To" section. CT colon prep
Ancillary prep	For this exam you will need an insufflator roll-away machine and a connecting enema bag/tip. Test the balloon anchor with a syringe of air to ensure there are no leaks. Check that the CO2 tanks are adequately full. Prepare sterile lube for enema tip.
Reason for exam	The scan is used for failed colonoscopies, preemptively for heart transplant, or to evaluate bowel
Difficulty with patient positioning	If the patient cannot tolerate certain default positions (Supine and Prone) follow the below rules from the rads. "If patients can't do either the standard prone or supine images, then they can do additional bilateral decubs, so 3 sets: prone or supine, R decub, L decub. If patients can't do supine and prone, then doing both R and L decub datasets would be fine."

Scan Settings – CT Colonography			
	Siemens SOMATOM Force	Philips iCT/Ingenuity	Canon Aquilion ONE Vision
kV Setting:	CAREkV Ref kV= 150Sn	kV = 100	100
mA/mAs/TCM Setting:	CAREdose4D QRM = 79, Dose Slider Setting at 3	mAs = 55 (.4 rot)	80 mA (0.4 sec rot)
Iterative Reconstruction Setting:	Admire Strength 3	iDose 3	AIDR 3D Standard

Scan and Recon Instructions - CT Colonography	
Setup	Place an enema tip in the patient's rectum, anchor the balloon, and begin filling the patient with CO ₂ . Fill until 2-3L are in, or the patient is uncomfortable
1.	Scout – nipple line to mid-thigh (Arms above head)
2.	Diaphragm through bony pelvis Supine (Blue box) - Axial 2mm x 1mm (lung)
3.	Check images with Dr Fung, Dr Young, or other body radiologists if the prior 2 are unavailable
4.	Change patient position to prone, make sure to change this on the scanner as well. Resume filling patient with CO ₂ . Just prior to scanning deflate the balloon anchor and have the patient clench to hold the tube in place. After the scan, re-anchor balloon.
5.	Diaphragm through bony pelvis Prone (Blue box) - Axial 2mm x 1mm (lung)
6.	Check images with Dr Fung, Dr Young, Dr. Sotman or other body radiologists if the prior 3 are unavailable. Additional view may be required, or the patient may be done depending on their anatomy
7	Rotate the patient to the specified lateral decub position and begin refilling with air as needed. This may need to be done for both lateral positions
8	Diaphragm through bony pelvis Decub (Blue box) - Axial 2mm x 1mm (lung)

	9 Flythroughs of the colon will need to be made in IntelliSpace for every scan to better visualize obstructions and various issues
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