

# CT Abdomen and/or Abdomen-Pelvis Bariatric Obstruction

GE- 6020

Maximum CTDI 35

Indication: Evaluation of abdomen pain for obstruction > 7 days post op by-pass surgery

Note: If patient is an inpatient an NG tube may be needed for oral contrast administration

PT Prep: Oral contrast. Give half a bottle of barium (225ml). Wait at least an hour. Second half of bottle to be given prior to getting on the CT table.

IV contrast – Yes (follow MCR IV contrast dosing guidelines)

Series 1: Scouts AP & LAT – Supine “O” at Xiphoid Process S20 to I550

Series 2: Scan from above the diaphragm to iliac bifurcation (abdomen only) or to pubic symphysis (if pelvis ordered.)

Inject IV contrast per MCR contrast dosing guidelines @ 2-3cc/sec.

Technique: **Delay: 70 seconds**

	<b>750 HD (128) CT2</b>	<b>Optima 660 OVIC</b>	<b>VCT 64 CT3</b>	<b>Optima 660 CT1</b>
Noise Level	18.23	14.64	11.60	11.60
Interval	5mm	5mm	5mm	5mm
Axial/Helical Thickness	5mm	5mm	5mm	5mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	55	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
KV/mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA
Scan Type	Helical Full 0.8 sec	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7 sec

Networking/ PACs: Send scouts  
Send series 2 Standard Soft Tissue Algorithm  
Recon and send lung images in Lung Algorithm  
Recon and send bone images with Bone Algorithm  
Recon and send MPR images in Standard Algorithm  
Record DLP in PACS comments

Original Date: 4-8-04

Approved by: Dr. Songmen, MCR \_\_\_\_\_

Revised Date: 11/9/04, 1/11/10, 12/8/10, 04/17/13, 7/1/14, 12/15/2015, 2/28/18, 07/27/21, 1/30/24

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