CARTER PROCEDURE BOOK

GENERAL

- Gloves $-6\frac{1}{2}$
- Local anesthetic
 - > 1% lidocaine w/ epinephrine for the majority of cases
 - > 1% lidocaine for thyroid FNA, joint procedures, lumbar puncture, myelogram
 - \triangleright 0.5% bupivacaine in addition to lidocaine when requested
- He usually provides a daily schedule with the specifics for each procedure.

CT GENERAL

- CT mode Step and shoot usually (fluoroscopy rarely).
- He likes the 25g 1.5-inch needle for numbing (either blue or dark pink needle hub).
- Send pre scan images (and any requested recons) to PACS.

US GENERAL

• Usually holds the probe himself during procedure.

MEDICAL LIVER BIOPSY

- Patient positioning Supine from the right with grid over RUQ.
- Biopsy device Usually 18g 15 cm Biopince.
- Gelfoam Use lidocaine with epinephrine instead of saline.
- Pre scan Send axial 3x3 mm soft tissue recons to PACS.
- Take a single step and shoot image at the end of the procedure to show no retained foreign bodies.

MEDICAL RENAL BIOPSY

- Patient positioning Prone with grids over both kidneys (unless the target kidney is already known).
- Biopsy device Usually 18g 15 cm Biopince.
- Gelfoam Use lidocaine with epinephrine instead of saline.
- Pre scan Send axial 3x3 mm soft tissue recons to PACS.
- Take a single step and shoot image at the end of the procedure to show no retained foreign bodies.

BONE MARROW BIOPSY

- Patient positioning Prone from patient's right (Riverside & St. Johns) and from patient's left (Clay).
- Biopsy device On Control drill and bone marrow needle kit (either 4 inch or 6 inch depending on the patient's size).
- Pre scan Send axial 3x3 mm bone recons to PACS.
- Take a single step and shoot image at the end of the procedure to show no retained foreign bodies.

LUNG BIOPSY

- Patient positioning & biopsy device Depends on each case.
- Pre scan Send axial 3x3 mm lung and soft tissue recons to PACS.
- Post scan Do a lung screening technique scan of entire chest to look for pneumothorax & bleeding. Only send axial lung recons to PACS.

CHEST TUBE

- Patient positioning
 - For pneumothorax Usually supine standing on the side of the side of the pneumothorax with the grid over the upper anterior chest.
 - For pleural effusion Usually supine with the side of the effusion propped up 30-45° standing on the side of the effusion with the grid over the anterolateral chest.
- He will occasionally place a chest tube for effusion using Sonosite with the patient sitting up leaning forward over a tray while standing behind the patient.
- Access needle Usually 5F straight Yueh (length depends on the patient's size).
- Guidewire 0.035-inch 80 cm J wire.
- Suture Monosof.
- Pre scan Send axial 3x3 mm lung and soft tissue recons to PACS.
- Take a single step and shoot image at the end of the procedure to show residual pneumothorax and no retained foreign bodies.

THORACENTESIS

- Patient positioning
 - Patient lying down Supine with the side of the effusion propped up 30-45° standing on the side of the effusion with the grid over the anterolateral chest.
 - > Patient sitting up Patient sitting up leaning forward over a tray while standing behind the patient.
- Access needle Usually 5F Yueh (length depends on the patient's size).
- Pre scan Send axial 3x3 mm lung and soft tissue recons to PACS.
- Take a single step and shoot image at the end of the procedure to show residual effusion and no retained foreign bodies.