

FLUORO CONTRAST DOSES

ORAL CONTRAST

- Thin Barium – Vanilla SilQ MD barium or E-Z Paque 96% w/w – bottle contents filled to top with water, shake vigorously and allow to sit for 5 mins prior to using.
- Thick Barium – Vanilla SilQ HD barium 98% w/w – bottle contents mixed with 67 mL water, shake vigorously and allow to sit for 5 mins prior to using.

RECTAL CONTRAST

- Barium for Single Contrast – Vanilla SilQ HD
 - Add 222 mL water and shake for 30 seconds to create 290 mL 105% w/v barium.
 - Then mix equal parts barium with water for single contrast barium enema.
- Barium for Double Contrast – Vanilla SilQ HD
 - Add 2 bottles of Viscasure honey thickener to barium powder then shake this mixture well.
 - Then add 222 mL water and shake for 30 seconds to create 290 mL 105% w/v barium.
 - Use this solution for double contrast barium enema (i.e. do not dilute further with water).
- Water Soluble – undiluted Omnipaque-350.
- 600-1000 mL of contrast is usually needed when evaluating the entire colon and rectum. 300 mL of contrast is usually sufficient if evaluating only the sigmoid colon and rectum.
- Infuse the contrast under gravity. Stop infusing the contrast if the patient experiences significant pain.

BLADDER CONTRAST

- Contrast dilution is 250 mL Omnipaque-300 diluted to 500 mL with sterile normal saline.
- Clamp the patient's Foley catheter prior to beginning examination.
- Fill the patient's bladder via Foley catheter under gravity with up to 300 mL of contrast mixture. Stop infusing contrast if the patient experiences significant pain.
- Remember to unclamp the Foley at the end of the examination.
- At St Vincents locations Pharmacy makes the contrast mixture using sterile normal saline per USP797 requirements.
- At Optimal locations only use sterile normal saline (never use tap water).

MYELOGRAPHY

- Omnipaque-240 or 300 – choice of contrast agent and volume administered depends on the segment of spine being imaged and radiologist preference.

ARTHROGRAPHY

- Omnipaque-300 – volume administered depends on the joint being injected and radiologist preference.