Protocol 8.3

GASTRO-PULMONARY ASPIRATION STUDY (ADULT)

Clearwater Imaging Associates Protocol

INDICATIONS:

Persistent chronic cough  
Hypoxia  
Pulmonary infiltrate  
Diminished gag reflux  
Severe reflux

SCHEDULING:

After having scheduled the aspiration test with Nuclear Medicine, the ordering physician’s office is to call OP/Admitting and schedule an OSV (23-hour admit) for patient. If OP has any questions about exam, have them call Nuclear Medicine for further explanation.

This study is usually performed overnight on hospital inpatients. The radiotracer is administered just before bedtime, and imaging is performed early the next morning.

RADIOPHARMACEUTICAL:

Technetium-99m sulphur colloid, 5 mCi in 30 cc of water, p.o.

PATIENT PREPARATION:

Needs 24° admit by PCP or referring physician.

EQUIPMENT AND PREPARATION:

LFOV camera:

1. Use a 20% window centered around 140 keV.

2. GAP collimator (Apex 3).

PROCEDURE:

1. The radiopharmaceutical is to be administered at night, just before the patient retires to bed. If it is the patient's habit to have a bedtime snack, this may be done before radiopharmaceutical administration. If dentures are present, remove them before dosing. The on-call technologist will administer the radiopharmaceutical at approximately 10-11 p.m. This is to be followed by 2 oz. of water with "swish and swallow" to wash out any residual tracer within the
mou the radionuclide in the mouth or pharynx. The patient must assume his or her regular sleeping position in bed after taking the radiopharmaceutical; and stay in bed until morning.

2. The next morning, obtain 15-minute images of the anterior chest, posterior chest, and right lateral chest, and a 5-minute image of the anterior abdomen. Take marker images of the right lateral and anterior chest projections with the xiphoid and suprasternal notch marked. Take a marker image of the anterior abdomen with the xiphoid and umbilicus marked.

3. It is not necessary for the patient to be NPO in the morning, if images must be obtained later in the morning.

4. Film the images at high intensity by using entrance bone display and changing report name, in order to accentuate areas of gastropulmonary aspiration. Record the marker images on a separate piece of film, so it can be used as an overlay.

5. Image 1:1 on Xeleris computer, one copy on ☺ and one copy on θ.

REFERENCES:


Note: This procedure has not yet been reviewed by the Society of Nuclear Medicine procedure guideline development process.