

2017 St. Luke's-Roosevelt Nuclear Medicine Department Procedure Catalog	
Procedure Name	Patient Preparation
Cardiac Studies	
Stress Myocardial Perfusion Study	No caffeine for 24 hrs, NPO after midnight, No cardiac meds
Gated pool study (MUGA)	NPO for 4 hours, when possible
Myocardial Cell Damage Study	None
Thallium Viability Study	No caffeine 24 hrs, NPO after midnight
Neural Study	
Brain Perfusion SPECT Study	No caffeine, alcohol, tobacco or stimulant drugs for 24 hours
Provocative Diamox Brain SPECT	No caffeine, alcohol, tobacco or stimulant drugs for 24 hours
DAT Scan	Recommend to discontinue Dopamine transporter binding meds for 7 days
	Lugol's solution for thyroid blockade before the scan given by Nuclear Medicine
Brain Death	Transportation to the Nuclear Department (no portable imaging available)
Cisternogram (including CSF leak)	No Acetazolamide (Diamox) for 2 days for CSF leak study
Thallium Brain SPECT	None
Endocrine Studies	
Thyroid Uptake & Scan	No anti-thyroid meds for 4 days, No Synthroid for 4 weeks, No IV contrast for 6 weeks
I-123/ I-131 Whole Body Scan & Uptake (thyroid cancer)	Serum Pregnancy test for childbearing age women within 7 days

	No Synthroid for 4 weeks
I-131 Therapy	Serum Pregnancy test within 7 days for childbearing age women
	Low iodine food 1-2 weeks prior to, through 4 days following treatment
	No Synthroid for 4 weeks. No IV contrast for 3 weeks.
Parathyroid Scan	None
GI Studies	
GI bleeding Scan	No barium study in the prior 3 days.
Hepatobiliary (or HIDA) Scan	NPO > 4 hours, common duct patency evaluation no opiates 4-6 hours
	Gallbladder EF can be calculated by IV CCK or PO Ensure
Gastric Emptying With or Without Motility Study	NPO 4 hours before the study
Gastroesophageal Reflux (Infants)	NPO > 2 hours
Hepatic Artery Perfusion Scintigraphy	None, currently only indicated for Codman pump patency assessment
Liver-Spleen Scan	None
Hemangioma Scan	None
Meckel's Diverticulum	NPO 3 - 4 hours, No barium study within 24 hours premedicated 24 and 12 hours: ranitidine HCl (Zantac)
99m Tc Sulfur Colloid Peritoneal Scintigraphy	If clinically indicated, thorocentesis may be performed prior to intraperitoneal radiotracer injection
LeVeen Shunt	Direct injection into the peritoneum should be performed by the referring physician using a 21g needle
GU Studies	
Renal MAG3 Scan	Hydrate patients - 20 oz water 40 min prior to injection

Renal Captopril Scan	When possible, discontinue ACE inhibitors and angiotensin II receptor blockers 2 days prior to study If Captopril scan positive, need baseline study at least 48 hours later
Voiding Cystourethrogram (VCUG)- Pediatric	Patient to be catheterized prior to arrival in Nuclear Med
Cortical Renal Scan (Pediatric) - DMSA	Good oral hydration
Lymphoscintigraphy	
Lymphoscintigraphy (Breast)	Injection should be at least 2 hours prior to scheduled surgery
Lymphoscintigraphy for extremity	None
Lymphoscintigraphy for Melanoma or Vulvar Cancer	None
Pulmonary Study	
V/Q (Ventilation/perfusion) Scan	Chest X-ray within 24 hours, AP plus LAT preferred Severe Pulmonary hypertension need reduced MAA particle Pregnancy need reduced MAA dose to 1 mCi
Quantitative Lung Scan	Perfusion study only
Skeletal Studies	
Bone Scan	Hydrate with four 8-ounce glasses of water after injection Void as frequently as possible and immediately before imaging Remove metal and/or breast prostheses
3-Phase Bone Scan	Same as bone scan
Infection Study	
111-In Indium WBC Study	A three-phase bone scan should be performed first except: if there is unequivocal radiographic findings of fracture or osteomyelitis

	or if following the activity of known osteomyelitis
	Discourage wound debridement during the time between radiopharmaceutical injection and scan
	Wound should be cleaned and dressing changed
	as close as possible to the time of scan
Bone Marrow Scan	If indicated for Osteomyelitis vs bone marrow distribution, need > 24 hr following 111-In WBC scan
Gallium Scan	If patient has had a barium study within 5 days, a KUB may be requested by the Nuclear Medicine physician
	If indicated for rule out osteomyelitis, a 3-phase bone scan should precede
14 C Urea Breath Test	NPO 6 hours
	Stop antibiotics 4 wks and proton pump inhibitors 2 wks prior
Oncology Studies	
Octreo Scan	May produce severe hypoglycemia in patients with insulinoma
	Recommend to stop
	Sandostatin SAR – 3 days
	Sandostatin LAR – 3 weeks
	Lanreotide (long-acting) – suspension time is not clear— may be 3 weeks.
	Hydrate starting the night before dose administration; maintain increased fluid intake for one full day. - In patients who report constipation, prescribe two tablets of Dulcolax the night before dose administration and repeat for next two nights.
123I-MIBG Neuroendocrine Tumor Imaging	Have patient void prior to imaging
Radionuclide Therapy	
89 Sr Strontium-Bone Pain Therapy	Need CBC within 1 week of therapy
	Young females need serum pregnancy test witin 1 week
153 Sm Samarium-Bone Pain Therapy	Need CBC within 1 week of therapy
	Young female need serum pregnancy test witin 1 week

223 Ra Radium (Xofigo™)	Need CBC within 1 week of therapy
	Young females need serum pregnancy test within 1 week
Zevalin Radioimmunotherapy for Non-Hodgkins Lymphoma	Complete a Nuclear Medicine Patient Request for
	Zevalin Treatment questionnaire
	Need CBC within 1 week of therapy
	Young females need serum pregnancy test witin 1 week
32P Sodium Phosphate Therapy	Need CBC within 1 week of therapy
	Young female need serum pregnancy test within 1 week
Other Studies	
Dacrocystography	None
Patency Study (Pain Management Reservoir)	Procedure to be performed only in the morning, Monday thru Wednesday.
	Requesting anesthesiologist needs to be present and
	will provide the sterile kit for access to the reservoir
Parotid Scan	None
Testicular Scan	None