CT TAA (Chest/Abd/Pelvis) GE- 6006
Post Stent Protocol
Maximum CTDI 60

Indication: To evaluate size of aneurysm status post stent placement. Check aneurysm for leakage

PT Prep: NO Oral
IV contrast – Yes (follow IV contrast administration guidelines)
20g to 18 g peripheral IV needed for contrast administration

Series 1: Scouts AP & LAT – Supine "O" at Sternal Notch S20 to I550

Series 2: Unenhanced scan to look for leak or mural hematoma, calcium in thrombus around graft.
Scan from just above stent graft (must include Celiac Axis) through the bottom of the stent graft

Technique:

	128 slice	**32 slice w/ASIR**	**16 slice**	**64 slice w/ASIR 30%**
Noise Level	15.86	15.86	12.00	12.00
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	27.5	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 0.5 sec	Helical Full 0.5 sec

Series 3: Enhanced Scan – 100cc of IV contrast @ 4cc/sec (Contrast dose may be adjusted based on CrCl)
Scan from the apices to the aortic bifurcation or lesser trochanter (if pelvis ordered) with bolus injection of 4cc sec. **Smart prep** cursor on descending aorta at level of carina.
Instruct patient to hold their breath. Do entire scan in one acquisition.

Technique:

	128 slice	32 slice w/ASIR	16 slice	64 slice w/ASIR 30%
Noise Level	15.86	15.86	12.00	12.00
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	27.5	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 0.5 sec	Helical Full 0.7 sec	Helical Full 0.5 sec	Helical Full 0.5 sec

Series 4: Repeat series 3 after **70 sec delay** (from injection), top of graft to bottom of graft.
Technique:

	128 slice	32 slice w/ASIR	16 slice	64 slice w/ASIR 30%
Noise Level	15.86	15.86	12.00	12.00
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	27.5	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 0.5 sec	Helical Full 0.7 sec	Helical Full 0.5 sec	Helical Full 0.5 sec

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Networking/ PACs: Send scouts
Send series 2 Standard Soft Tissue Algorithm
Send series 3 Standard Soft Tissue Algorithm
Send thinnest from series 3 to 3D workstation and M2S (MMS) if order states.
Recon and send series 3 lung images in Lung algorithm
Recon and send series 3 bone images with Bone algorithm
Send series 4 Standard Soft Tissue Algorithm
Recon and send MPR of all series in Standard Algorithm
Recon and send MIPS of series 3 to PACS
Recon and send MIPS in lung algorithm
Record DLP in PACS comments