


# T tube cholangiography pdf

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The introduction of the T-tube cholangiogram is a fluoroscopic procedure in which the contrast environment is injected through the T-tube into the patient's bile tree. The T-tube is most often inserted during cholecystectomy surgery, when there is the possibility of residual gallstones in the gallstones. Indications Patient should have T-tube in situ patient with the possibility of residual small gallstones post cholecystectomy, the duct jaundice strictures surgeon unable to study the bile duct during cholecystectomy surgery Contraindication of the patient's consent to the procedure of contraction or iodine allergy pregnancy (? Pregnancy test required) a study within the last 3 days Preparation patient identification (3 Cs-correct patient, correct side, correct procedure) The patient must wear a hospital gown consent form no diet restriction (some centers offer quickly from solids for 4 hours before the procedure) to collect appropriate previous images to facilitate access to the procedure? Preventive dose of the antibiotic broad spectrum before the procedure (immunosuppressive patients) Some operators prefer T-tubes to be clamped before the procedure to allow the bile duct to fill the bile. The air in the bile duct can give a false impression of gallstones. Procedure Forrest et al, 1995 in Margaret F. Alexander, Josephine N. Fawcett, Phyllis J. Runciman Nursing Practice: Hospital and Home : Adult. 2006, p146 patient located on the back on the X-ray table A little RPO position can help ensure CBD is not superimposed on the patient's spine. The tip of the T-tube cleared by the antiseptic T-tube must be lifted and tapped to make sure that there are no air bubbles lurking in the tube. The butterfly needle should be inserted into the T-tube The syringe piston is removed to remove bile from inside the duct. You need to get an early filling of the image. All bile tree should be depicted during the injection of contrasting environment. The injection should continue until all the bile tree is uncoiled and the contrast in the duodenum is not. If the intracetic ducts are not filled, the patient may be tilted Trendelenburg and further contrast is injected into the T-tube. The patient may need to lie on the left side to fill the left hepatic duct. At least 2 opinions of the entire bile tree must be recorded spot film (DSI) oblique opinions often taken 27%20Picture/Canula (Catheter)%20%20Tube-L/T-Tube-L.JPG The T-tube is made of very flexible plastic. The flexibility of the plastic facilitates the percutaneous removal of the T-tube without surgery. The T-tubes are usually the size of 10 French (10F) and 16 French (16F). This ap/PA supine T-tube Image. The gallwood is lined with a contrasting environment. There seems to be an extravasation of contrast contrast outside the bile tree and minimal contrast in duodenum. The Notes Contrast media technique should be diluted with saline solution, so that small gallstones are not obscured by too dense contrast media Preliminary /scout images are essential. Failure to take a preliminary/scout image is one of the most commonly made radiology registrar's performing fluoroscopy procedures the air bubble can often be distinguished from the stones their behavior-air bubbles tend to float up the slope and can change shape and can split into two small bubbles. If the examination is overshadowed by air bubbles, the bile systems can be rinsed with saline solution and the study is repeated. If there is any issue of distal obstruction, the delayed drainage image should be obtained post Procedure Care can eat and drink usually the patient to report any itching or rash after the procedure must remain in the hospital for observation at least 24 hours after the procedure If the T-tube is removed at the end of the procedure, the wound must be checked for a bile leak within 24 hours complications persistent bile fistula (rarely) return to the home page of the Wikix. Back to Applied Radiography's home theme page for this page there are no threads for this page. Be the first to start a new stream. (Go to content) Go to the contents X-ray image of the contrast material inserted through the side hand of the branched drainage catheter, which was inserted into the common bile duct after cholecystectomy with the study of bile ducts; used to check residual calculus before removing the t-tube. Farlex Partner Medical Dictionary © Farlex 2012 Synonym/acronym: T-tube cholangiography. Postoperative evaluation to ensure an ongoing assessment of the effectiveness of bile duct or gallbladder surgery. Gallbladder, bile ducts. The filled contrast environment. After cholecystectomy, a self-sect T-shaped tube can be inserted into the general bile duct. Postoperative (T-tube) cholangiography is a fluoroscopic and radiographic examination of the bile tract, which involves injection of a contrast environment through a T-tube inserted during surgery. This test can be performed during surgery and again 5 to 10 days after cholecystectomy to assess the passage of the overall bile duct and detect any remaining calculus. The procedure will also help to determine the areas of stenosis or the presence of fistulas (as a result of surgery). T-tube placement can also be done after a liver transplant because bile duct obstruction or anatomical leakage is possible. This test should be performed before any gastrointestinal (GI) studies using barium and after any studies related to measurement Connections. High-alert Patients that are pregnant or suspected of pregnancy if the potential benefits of the radiation procedure far outweigh the risk risk impact on the fetus and mother. High-alert Patients with conditions associated with side-effects of contrasting environments (e.g. asthma, food allergies or contrast allergy). Although patients are still asked specifically if they have a known allergy to iodine or shellfish, it has been well established that the reaction is not to iodine, in fact the actual iodine allergy will be very problematic because iodine is needed to produce thyroid hormones. In the case of molluscs, the reaction to the muscle protein is called trophobiosis; in the case of the iodinated means of contrast the reaction to the noniodinated parts of the contrast molecule. Patients with known sensitivity to the environment may benefit from premeditation with corticosteroids and diphenhydramine; the use of non-ionic contrast or alternative non-contrast imaging studies, if any, may be considered for patients who have severe asthma or who have experienced a moderate to severe reaction to ion contrast medium. High alert Patients with conditions associated with pre-existing renal failure (e.g. kidney failure, single kidney transplant, nephrectomy, diabetes, multiple myeloma, treatment with amine glycosids and NSAIDs) because iodine contrasted nephrotoxic alert who are chronically dehydrated before the test because of their risk of contrast-induced renal failure, high alerts with bleeding disorders or receiving anticoagulant therapy, because the puncture site cannot stop the bleeding-high alerts. Injection of contrast environment can increase bile pressure, leading to bacteremia, septicemia and shock anxiety Patients with acute cholecystitis or severe liver disease; The procedure may worsen the condition Determine the bile duct passability before removing the T-tube Determine the cause, degree and location of obstructions after the bile duct surgery are normal in size. The contrasting environment fills the duct system and flows freely. The appearance of channels of contrast environment outside the bile ducts, indicating defects in the filling of fistulas, enlargement or radio moon of shadows in the bile ducts, which indicates the calculus or neoplasm of gas or feces in the gastrointestinal tract as a result of inadequate cleansing or inability to limit food intake prior to study. Saved barium from the previous radiological procedure. Metal objects in the field of study that can inhibit the visualization of organs and cause obscure images. The patient's inability to cooperate or stay in place during the procedure due to age, significant pain or mental state. The procedure may be discontinued if chest pain or severe cardiac arrhythmias occur. Air bubbles, calculus, you can see if there is an inadvertent injection of air. Non-compliance with dietary restrictions and other pre-drugs may lead to or repeated. Consultation with a health care professional (HCP) should occur before the procedure for radiation safety concerns against young patients or patients who are nursing. Pediatric and geriatric imaging of children and geriatric patients are at risk for obtaining a higher dose of radiation than is necessary if the settings are not adjusted for their small size. Pediatric considerations Image Information Soft Campaign can be found in the Alliance for Radiation Safety in Child Imaging (www.pedrad.org/associations/5364/ig). Risks associated with excessive radiation may be associated with frequent X-ray procedures. Staff in the examination room with the patient must wear a protective lead apron, stand behind a shield or leave the grounds during the examination. Staff working in the examination area must wear badges to record radiation levels. Positively identify a patient using at least two unique identifiers prior to providing care, treatment or services. Patient training: Tell the patient that this procedure can help in assessing the bile ducts of the gallbladder and pancreas. Get a history of patient complaints or clinical symptoms, including a list of known allergens, especially allergies or sensitivity to latex, anesthesia, contrast environment, or sedatives. Get a history of the results of the patient's gastrointestinal tract and hepatobiliary systems, symptoms, as well as previously performed laboratory tests and diagnostic and surgical procedures. Make sure that this procedure is performed before the top G.I. study or barium swallow. To visit the date of the last menstrual cycle and determine the possibility of pregnancy in women in perimenopause. Get a list of the patient's current medications, including herbs, dietary supplements and nutraceutical drugs (see the effect of natural products on laboratory values online on DavisPlus). If the iodinated contrast environment is planned to be used in patients receiving metformin (glucophage) for non-insulin-dependent (type 2) diabetes, the drug should be discontinued on the day of the test and still held for 48 hours after the test. The iodinated contrast can temporarily impair kidney function, and the rejection of metformin can indirectly lead to drug-induced lactic acidosis, a dangerous and sometimes fatal side effect of metformin associated with renal disorders, which does not support sufficient methylformin. Review the procedure with the patient. Address concern about pain and explain that there may be moments of discomfort and some pain experienced during the test. Tell the patient that the procedure is usually performed in the radiology department of HCP and takes 30 to 60 minutes. Sensitivity to social and cultural issues, as well as caring modesty is essential for providing psychological support before, during and after the procedure. Procedures. that IV line can be inserted to injected IV fluids such as normal saline solution, anesthetics, sedatives, or emergency medications. Explain that the contrast environment will be entered through the t-tube that has remained in place. Instruct the patient to remove jewellery and other metal items in the area for examination. Please note that there are no restrictions on food or fluid for postoperative examination, but the patient must follow standard pre-stop restrictions on food and fluids for 8 hours prior to the operational cholangiogram. Minutes can vary depending on the object. Make sure that written and informed consent has been signed prior to the procedure and before the introduction of any medication. Potential complications: Holangiography and IV site creation are invasive procedures and have potential risks that include allergic reaction associated with contrast reaction, bleeding, septicemia, bile peritonitis and contrast extravasives. Follow standard precautions and follow general patient training and sample collection guidelines. Positively identified the patient. Make sure the patient adheres to dietary, liquid and drug restrictions for 8 hours prior to the procedure. Make sure that the patient removes all external metal objects from the area that will be examined before the procedure. The administration ordered prophylactic steroids or antihistamines before the procedure if the patient has a history of allergic reactions to any appropriate substance or drug. Avoid using latex-containing equipment if the patient has a history of allergic reaction to latex. Having emergency equipment is readily available. We instruct the patient to cancel before the procedure and change into a dress, robe and covering for the legs. To instruct the patient to cooperate fully and follow the instructions. Instruct the patient to stay put throughout the procedure because the movement yields unreliable results. Record the underlying vital signs, and continue to monitor throughout the procedure. Minutes can vary depending on the object. Set an IV line of liquid for injections of saline solution, sedative or emergency medicine. The T-tube clamp is 24 hours before and during the procedure if ordered to help prevent air bubbles from entering the ducts. An X-ray of the abdominal cavity is obtained to determine if any residual contrast environment is present from previous studies. The patient is placed on the exam table in a lying position. The area around the T-tube is draped; The end of the T-tube is cleaned by 70% alcohol. If the T-tube site is inflamed and painful, local anesthesia (such as lidocaine) can be injected around the site. inserted into the open end of the T-tube, and the clamp is removed. A contrasting environment is introduced, and a fluoroscopy is performed to visualize the contrast environment moved through the duct system. The patient may feel bloating sensation The upper right quadrant is introduced as a contrasting environment. The tube is clamped, and the images are taken. A delayed image can be taken 15 minutes later to visualize the passage of the contrasting medium into the duodenum. For procedures done after surgery, the T-tube is removed if the findings are normal; dry, sterile bandage is applied to the site. If the calculus is determined, the T-tube remains in place for 4 to 6 WK until the tract surrounding the T-tube is healed to perform percutaneous removal. Tell the patient that the results report will be provided by the requested HCP, who will discuss the results with the patient. Instruct the patient to resume their normal diet, fluids, medications and activity, as HCP has directed. Kidney function should be evaluated before the resumption of metformin if contrast was used. Monitoring vital signs and neurological status every 15 minutes for 1 hour, then every 2 hours for 4 hours, and as ordered. Take the temperature every 4 hours for 24 hours. Monitor consumption and withdrawal at least every 8 hours. Compare with the baseline. Tell HCP if the temperature is elevated. Minutes can vary depending on the object. Monitor the T-tube site and change the sterile bandage as ordered. Instruct the patient about the care of the site and dressing changes. Monitor for the reaction to iodinated contrasting environments, including rash, hives, tachycardia, hyperpnea, hypertension, heart palpitations, nausea, or vomiting. Instruct the patient to immediately report symptoms such as a rapid pulse, shortness of breath, skin rash, itching, chest pain, constant pain in the right shoulder, or abdominal pain. Immediately report symptoms to the appropriate HCP. Carefully monitor the patient for fatigue and imbalance of fluid and electrolyte. Recognize the anxiety associated with the test results. Discuss the effects of abnormal test results on the patient's lifestyle. Provide training and information about the clinical impact of trial results if necessary. Support the information provided by HCP to the patient regarding further testing, treatment or referral to another HCP. Answer any questions or answer any concerns voiced by the patient or family. Depending on the results of this procedure, additional testing may be required to assess or monitor the progression of the disease process and determine whether therapy should be changed. Evaluate test results for patient symptoms and other tests. Similar tests include ABDOMINAL CT scans, hepatobiliary scans, KUB, ABDOMINAL MRI, and U.S. liver and bile systems. Refer to the gastrointestinal tract and hepatobiliary table system at the end of the book to test the body's respective systems. The Laboratory Handbook tests © 2013 Farlex and partners want to thank TFD for its existence? Tell a friend about us, add a link to this page, or visit the Webmasters page for free fun content. Link to this page: cholangiography of cholangiography t tube cholangiography procedure. t tube cholangiography ppt. t tube cholangiography wikipedia. t tube cholangiography definition. t tube cholangiography pdf. t-tube cholangiography technique. t-tube cholangiography define. t-tube cholangiography meaning

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