

Interventional Radiology Procedure Preparations

<p>Category 1 – Procedures with Low risk of bleeding or bleeding that is easily detectable and controlled Eg. Paracentesis/ Thoracentesis, PICC Insertion, Catheter Exchange, Superficial Biopsy/ Aspiration, IVC Filter Placement, Venography, Joint Injection/Aspiration</p>	
<p>Consent – To be signed in IR by Patient/POA with IR staff. Translator to come with patient if required.</p>	<p>Patient Prep – Patient to be dressed in patient gown. NPO – not required. To be transported to department by stretcher, unless directed otherwise by IR staff.</p>
<p>Pre-procedure Lab Work – INR/PTT – not routinely recommended* Platelets – not routinely recommended* Creatinine – required for Venography & IVC Filter *May be requested if Patient has known coagulopathy</p>	<p>Thresholds for Treatment – INR - <2.0 PTT – no consensus Platelets - > 50 Anticoagulants to be held as per SIR guidelines</p>
<p>Category 2 – Procedures with Moderate Risk of Bleeding Eg. Abscess Drainage, Angiography (Embolization, Diagnostic, Thrombolysis, Angioplasty, Stenting), Biopsy (Liver, Lung, Pancreas, Skeletal, Para-Aortic Node), Chest Tube Insertion, Gastrostomy Insertion, Lumbar Puncture, Portacath Insertion, Percutaneous Cholecystostomy, Transjugular Liver Biopsy,</p>	
<p>Consent – To be signed in IR by Patient/POA with IR staff. Translator to come with patient if required.</p>	<p>Patient Prep – Patient to be dressed in patient gown, NPO – 4 hours minimum, To be transported by stretcher unless otherwise directed by IR staff. Saline lock in place.</p>
<p>Pre-procedure Lab Work – INR/PTT – routinely recommended Platelets – routinely recommended Creatinine – required for Angiography</p>	<p>Thresholds for Treatment – INR - <1.5 PTT- no consensus (trend towards correction if <1.5x) Platelets - >50 or transfusion recommended Anticoagulants to be held as per SIR guidelines</p>
<p>Category 3 – Procedures with High Risk of bleeding that is difficult to detect or control Eg. Biliary Drain Insertion, Nephrostomy Tube Insertion, Kidney Biopsy</p>	
<p>Consent – To be signed in IR by Patient/POA with IR staff. Translator to come with patient if required.</p>	<p>Patient Prep – Patient to be dressed in patient gown, NPO – 4 hours minimum, To be transported by stretcher unless otherwise directed by IR staff. Saline lock in place.</p>
<p>Pre-procedure Lab Work – INR/PTT – routinely recommended Platelets – routinely recommended</p>	<p>Thresholds for Treatment – INR - <1.5 PTT- corrected to value <1.5x control Platelets - >50 or transfusion recommended Anticoagulants to be held as per SIR guidelines</p>

Interventional Procedures – Detailed List

Drainages	
Paracentesis	<ul style="list-style-type: none"> - Follow Category 1 preparation -INR/PTT required for patients with known liver disease or any coagulopathy -If patient requires a large volume paracentesis due to liver disease, referring physician to arrange Albumin infusion
Thoracentesis	<ul style="list-style-type: none"> -Follow Category 1 preparation -Bilateral thoracentesis will not be done same day
Tenchkoff Insertion	<ul style="list-style-type: none"> -Follow Category 2 preparation - referrals should come from Oncology or Palliative
Pleurx Insertion	<ul style="list-style-type: none"> -Follow Category 2 preparation -referrals should come from Oncology, Palliative, or Respiriology
Tube Insertions	
Abscess Drain Insertion	<ul style="list-style-type: none"> -Follow Category 2 preparation
Chest Tube Insertion	<ul style="list-style-type: none"> -Follow Category 2 preparation -Timed Chest X-Rays may be ordered post procedure
Gastrostomy Tube Insertion	<ul style="list-style-type: none"> -Consult to GI should be done first regarding potential for endoscopically placed tube -Follow Category 2 preparation -NG Tube required -NPO from Midnight day of procedure
Gastrostomy Replacement	<ul style="list-style-type: none"> -hold feeds at least 4 hours prior -anticoagulants may be requested to be held if upsizing tube or changing from endoscopically placed tube to IR placed tube
Percutaneous Cholecystostomy	<ul style="list-style-type: none"> -Follow Category 2 preparation
Transhepatic Biliary Drain Insertion	<ul style="list-style-type: none"> -Follow Category 3 preparation -Patient will be restrained during procedure
Biliary Drain Replacement	<ul style="list-style-type: none"> -Follow Category 1 preparation
Percutaneous Nephrostomy Insertion	<ul style="list-style-type: none"> -Follow Category 3 preparation -includes nephroureterostomy and internal stent placement
Nephrostomy Replacement	<ul style="list-style-type: none"> -Follow Category 1 preparation
Imaging Guided Biopsies	
Superficial Biopsy (Thyroid, Cervical Node, Inguinal Node, Axillary Node etc.)	<ul style="list-style-type: none"> -Follow Category 1 preparation -Lymph node biopsies must be done prior to 1300hrs if querying lymphoma
Biopsy (Lung, Liver, Pancreas, Skeletal, Para-Aortic Lymph Node etc.)	<ul style="list-style-type: none"> -Follow Category 2 preparation -Lymph node biopsies must be done prior to 1300hrs if querying lymphoma -Timed chest X-rays may be required post lung biopsy

Transjugular Liver Biopsy	-Follow Category 2 preparation -only performed if contraindications to transabdominal liver biopsy exist
Kidney Biopsy (Targeted)	-Follow Category 3 preparation
Kidney Biopsy (Random)	-Follow Category 3 preparation -Procedure must be done early AM -Patient must have had Nephrology consult prior
Vascular	
PICC Insertion	-Follow Category 1 preparation
Portacath Insertion	-Follow Category 2 preparation -Port should not be used for one week after insertion
IVC Filter Insertion	-Follow Category 1 preparation -Should only be placed in patients with acute pulmonary embolism or acute proximal DVT with contraindications for anticoagulation -If filter is placed, a planned removal date should be set prior to insertion if possible
Angiography (Embolization, Angioplasty, Stenting)	-Follow Category 2 preparation -Referring physician should contact IR radiologist to discuss each case -Patient must be able to lay completely flat for duration of procedure and four hours post-procedure
Venography	-Follow Category 1 preparation
Fluoroscopic Procedures	
Joint Injection/Aspiration	-Follow Category 1 preparation -performed Wednesdays and Fridays unless requested by referring physician
Lumbar Puncture	-Follow Category 2 preparation -should be attempted at bedside prior to ordering image guided puncture -referring physicians must give clinical history and specify tests to be performed on specimens
Barium Series (Upper GI Study, Esophagus Study)	-only performed Wednesdays and Fridays -patient must be NPO from midnight the night before -Barium will be used unless requested otherwise -Barium Series may delay other abdominal imaging by up to one week (eg. CT Abdomen/Pelvis)
Cystogram	-patient needs Foley catheter in place prior to procedure -Foley will be left in place unless requested otherwise