

Sinus WITH Image Guidance

Siemens Flash

Application Examples: pre-op sinus surgery

Oral Contrast	No
IV Contrast / Volume	No

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 128 x 0.6 mm
X-Care	Off
Care kV	Off / 120 kV
Care Dose 4D	Off / 100 mAs
Rotation Time	1.0
Pitch	0.8
Typical CTDIvol	14.10 mGy \pm 50%

Topogram: Lateral, 256 mm

Sinus	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	1 x 1	H70h	Off	Sinuses	250	AXIAL 1.0 BONE	PACS	None
Recon 2	Axial	1 x 1	H30s	Off	Base Orbita	250	AXIAL 1.0 STND	PACS	None
Recon 3	Axial	3 x 3	H70h	Off	Sinuses	120	AXIAL	PACS	None
Recon 4	3D:COR	3 x 3	H70h	Off	Sinuses	120	COR	PACS	Coronal MPR
Recon 5	3D:SAG	3 x 3	H70h	Off	Sinuses	120	SAG	PACS	Sagittal MPR

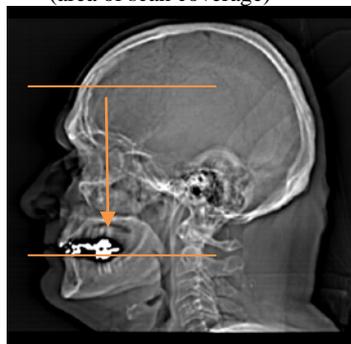
Patient Position: Position patient so IOML is perpendicular to table and head is in a symmetrical position (no rotation or tilt). Do not use cushions or sponges around head or face. The patient's ears must not touch head holder. The patient should be comfortable and must remain completely still through entire scan. If patient motion occurs, the scan must be repeated.

Scan Instructions: Scan patient with eyes closed. No gantry tilt. No restraints across head or face but across chin is okay.

Scan Range: Scan entire frontal sinuses to just below the occlusal surface of the teeth (include entire front teeth).

Lateral Topogram

(area of scan coverage)



Recons and Reformations: Recon 1 and 2 must include ears, maxillary teeth and tip of the nose in display FoV. Recon 3 should be centered for a routine sinus. Coronal and sagittal MPRs are done in examination card using raw data and reconstructed perpendicular to the hard palate.

Networking: Send all series to PACS.