## RIH - FACE / ORBITS / SINUS GE LIGHTSPEED VCT PROTOCOL

Application: fracture, tumor, cellulitis, sinusitis

Position/Landmark	Supine head first or feet first			
Topogram Direction	Zero at outer canthus of eye.  Craniocaudal			
Respiratory Phase	Any			
Scan Type	Helical			
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation)	120kv / smart mA (50-330) / 0.5 sec 1.375:1, 55.00mm			
Noise Index / ASiR / Dose Reduction  Detector width x Rows = Beam	10 / 20 / 20% 0.625mm x 64 = 40mm			
Collimation Average Tube Output	ctdi – 8.3 mGy dlp – 185 mGy.cm			
Helical Set Slice Thickness/ Spacing Algorithm	body recon part	thickness/ spacing	algorithm	recon destination .
Recon Destination	1 face orbit sinus bone 2 thin face orbit sinus 3 face orbit sinus std	2.5mm x 2.5mm .6mm x .6mm 2.5mm x 2.5mm	bone+ bone+ standard	pacs for dmpr pacs
Scan Start / End Locations	Sinus: 1cm inferior from the maxilla  Face: 1cm inferior from the chin			
DFOV	1 cm superior to the frontal sinuses 25cm decrease appropriately			
IV Contrast Volume / Type / Rate	70mL Iohexol (Omnipaque 350) / 2mL per second hand or power inject, if required			
Scan Delay	50 seconds			
2D/3D Technique Used	DMPR of <b>3mm x 3mm coronal</b> series (auto-batch off), average mode, auto transferred to PACS			
	For mandible ct: 3mm x 3mm sagittal-oblique series parallel to the right and left mandibular body, average mode, auto transferred to PACS			
<b>Comments:</b> This protocol is the routine for all face, sinus, and orbit studies. Recon 2 is a thin bone algorithm for reformats. Coronal reformats, 3.0mm x 3mm, average mode are routine for this protocol. Use a symmetrical sagittal image as the reformat reference image. The coronal plane is perpendicular to the hard palate.				
Images required in PACS	Scouts, 2.5mm x 2.5mm sharp axial face/sinus, 2.5mm x 2.5mm standard axial face/sinus, 3mm x 3mm sharp coronal face/sinus, Dose Report			
	For mandible ct: 3mm x 3mm sagittal-oblique series parallel to the right and left mandibular body			