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Name # Numan Ali Shah

ID # 15337

Paper # CRP and CP

Maam # Maheen Gull

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Q No: 1, #

Ans:- Procedure for the renal system.

In this procedure the radiological performed the Intravenous pyelography (IUP) test for the congenital anomalies renal system.

Procedure:

- The median antecubital vein is the preferred injection site because flow is retarded in the cephalic vein as it pierces the clavipectoral fascia.
- A 19-G-needle is advanced up the vein to reduce the risk of a perivascular injection and the injection is given rapidly as

2

as bolus to maximize the density of the nephrogram.

- upper arm ~~groove~~ shoulder pain may be due to stasis of contrast medium in the ~~vein~~ vein. this are relieved of the abduction of the arm.

Q No: 2 #

Ans :- Procedure for the Female Infertility evaluation we are using hysterosalpin-ography for the Female Infertility evaluation.

Procedure:

- The patient lies supine on the table with knee flexed, legs abducted and heels together.
- Using aseptic technique the operator inserts a speculum and cleans the vagina and cervix with chlorhexidine.
- The anterior lip of the cervix is steamed.

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with the vulsellum forceps and the cannula is inserted into the cervical canal. If Foley catheter is used there is cervix with the vulsellum forceps.

- care must be taken to expel all air bubbles from the syringe and cannula, as these would otherwise cause confusion in interpretation. Contrast medium is injected slowly under intermittent fluoroscopic ~~under~~ control.

- Spasm of the uterine cornu may be relieved by iv glucagon.  
N/B opiates increase pain by stimulating smooth muscle contraction.

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Q:- No 3 #

Ans:- we performed the arthrography in the joints, ligament and tendon.  
Procedure For the Arthrography.

- The patient is positioned on the ~~the~~ examination table. X-rays are the joint may be taken prior to the procedure to help in guiding the injection and also to provide a baseline exam to be compared later with the arthrogram images.
- Next the skin around is cleaned with antiseptic in is open covered with a sterile surgical drape. using a small needle the physician injects local anesthetic in to the area. you may feel a minor sting that will usually ~~clear~~ subside after 15-20 seconds.

5.

- After the local anaesthetic has taken effect a longer needle is then inserted into the joint.
- The contrast material ~~and~~ ~~is~~ ~~also~~ ~~is~~ injected to the joint.

Q No: 4 #

Ans:~ we ~~are~~ performed this Percutaneous transhepatic cholangiography (PTC) for the investigation to extrahepatic biliary obstruction.

Procedure:

- The patient lies supine under fluoroscopic control a metal marker is placed on scap. in the right mid-axillary line such that position overlies the liver during full inspiration and expiration. A second metal marker is placed on the Xiphisternum.
- Using the aseptic technique the skin, deeper tissues and liver capsule

b)

are anesthized at the site of the ~~the~~ first metal marker.

• During suspended respiration the chiba needle is inserted into the liver, but once it is within the liver parenchyma the patient is allowed shallow respiration. It is advanced parallel to the table top in the direction of the xiphisternum until just short of right little margin: of the spine.

• The stylet is withdrawn and the needle connected to a syringe and extension tubing pre-filled with contrast medium. contrast medium is injected under fluoroscopic control while the needle

• Excessive parenchymal injection should avoided in vein does occur is result occupation in intrahepatic lymphatic

## Q No 3 #

Ans - We performed IUV and CTU for the ureteral segment. And CTU the best procedure for the ureteral segment.

Procedure:

After the patient has been anesthetized the procedure begins by ensuring proper positioning of the patient in the dorsal lithotomy position.

- Once positioning is complete a cystoscopy is performed. The physician uses the cystoscope to identify the left and right ureteral orifices.

- The physician then uses a BF or BF open ended or cone tipped catheter to cannulate the ureter that needs to be imaged.

8)

At this point ~~uses~~ radio-graphic cine taken to ensure proper placement of the catheter.

- Once placement is confirmed the physician the contrast through the catheter.

Typically 5-8 ml of contrast is needed to completely opacify the ureter and renal collecting system is the contrast is being injected. Several images are taken using fluoroscopy.

- If there is pelviureteric junction obstruction the contrast medium in the pelvis is aspirated.

The End