

**RIH - FACE / SINUS
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL**

Application: fracture, tumor, cellulitis, sinusitis

Position/Landmark	Supine head first or feet first Zero at outer canthus of eye.
Topogram Direction	Craniocaudal
Respiratory Phase	Any
Scan Type	Helical
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation) Noise Index / ASiR / Dose Reduction	120kv / smart mA (50-200) / 0.5 sec 1.375:1 , 13.75mm 10 / 20 / 20%
Detector width x Rows = Beam Collimation	0.625mm x 16 = 10mm
Average Tube Output	ctdi – 8.3 mGy dlp – 185 mGy.cm
Helical Set	body thickness/ recon part spacing algorithm recon destination .
Slice Thickness/ Spacing	1 thin face sinus .6mm x .6mm bone+ for dmpr
Algorithm	2 face sinus bone 2.5mm x 2.5mm bone+ pacs
Recon Destination	3 face sinus std 2.5mm x 2.5mm standard pacs
Scan Start / End Locations	Sinus: 1cm inferior from the maxilla Face: 1cm inferior from the chin 1cm superior from frontal sinus
DFOV	25cm decrease appropriately
IV Contrast Volume / Type / Rate	70cc omni 350 / 2cc per second hand or power inject, if required
Scan Delay	50 seconds
2D/3D Technique Used	DMPR of 3mm x 3mm coronal 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
Comments:	This protocol is the routine for all face and sinus studies. Recon 1 is a thin bone algorithm for reformats. Coronal reformats, 3mm 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