CT Protocols



The prevention of motion is critical for 3D imaging and modeling. Instruct the patient on the importance of holding completely still during the scan.

The following instructions are very important. Please read them carefully before scanning.

Scanning the Patient and Technical Factors (for all scanners)

Slice Thickness: See specific protocols.

Field of View: Magnify or zoom image so it fills the entire screen without cutting off any of

the anatomy for imaging. The FOV must not be changed during the scan.

Table Position: The CT couch must **not** be raised or lowered between slices. The X and Y

centering must **not** be altered between slices.

Contrast: Do not use Contrast. No postartrogram studies.

Algorithm: A standard or soft tissue algorithm with no edge

enhancement must be used. Do not use bone algorithm.

Notes: Do not use metal artifact reduction (MAR/OMAR).

• To reduce scatter for patients with existing implants, it is recommended to use at least 140kVp

with the thickest slice thickness listed.

• CT Scans shall be no older than six months.

Slice Spacing: All slices must be contiguous or overlapping. Slice thickness and table

increment is dependent on anatomy.

Data Collection: Images can be uploaded via the following applications.

Laurel Bridge

• Nuance Powershare

VPN

Note: First-time users should contact the Zimmer Biomet PACS team via email at PACS@

zimmerbiomet.com to set up direct image transfer.

CD-ROM (no raw data) is accepted in DICOM format off all CT machines. Do not send hard copy X-Rays.

Mailing Physical CD-ROM disks will result in longer lead times for PMI cases and direct image transfer is the preferred method.



Please contact the PMI department for assistance with CT Protocol requirements. via email pmi.imaging@zimmerbiomet.com or by phone at (574) 371-0557.

CT data may be submitted for reconstruction:

Ship to:

PMI Imaging Group Zimmer Biomet

Attn: PMI Imaging - Building D

<u>56 E. Bell Dr</u>

Warsaw, IN 46582



Revision Hip/Acetabulum Replacement (Triflange)

Femurs must be positioned so they are parallel to the horizontal plane of the table. Patient needs to be in A/P position with feet inverted.



Start: Top of Iliac crest

Stop: Mid-femur or below existing femoral

Slice Thickness and Spacing: 2 mm by 2 mm, 2.5 mm by 2.5 mm, or 3 mm by 3 mm

Field of View: 38 – 44 cm FOV, depending on patient size. Needs to include full pelvis.

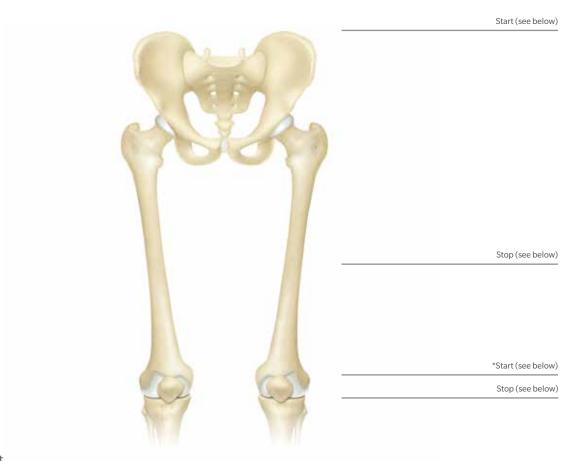
Algorithm: A standard or soft tissue algorithm, no bone enhancement

Note: Do not use metal artifact reduction (MAR/OMAR). To reduce scatter for patients with existing implants, it is recommended to use at least 140kVp with the thickest slice thickness listed.



Primary Femoral Hip Stem (CT based hip)

Femurs must be positioned so they are parallel to the horizontal plane of the table. Patient needs to be in A/P position with feet inverted.



Start: Top of Iliac crest

Stop: Mid-femur or below existing femoral

*Perform two femoral condyle slices (to show anteversion).

Do **not** change FOV or X and Y coordinates.

Slice Thickness and Spacing: 2 mm by 2 mm, 2.5 mm by 2.5 mm, or 3 mm by 3 mm

Field of View: 38-44 cm FOV depending on patient size. Needs to include full pelvis.

Algorithm: A standard or soft tissue algorithm, no bone enhancement



Acetabulum/Pelvis for Oncology

Position patient in A/P with feet inverted, no rotation. Entire pelvis in FOV.



Start: Top of Iliac crest

Stop: Ending slice just below ischial tuberosity

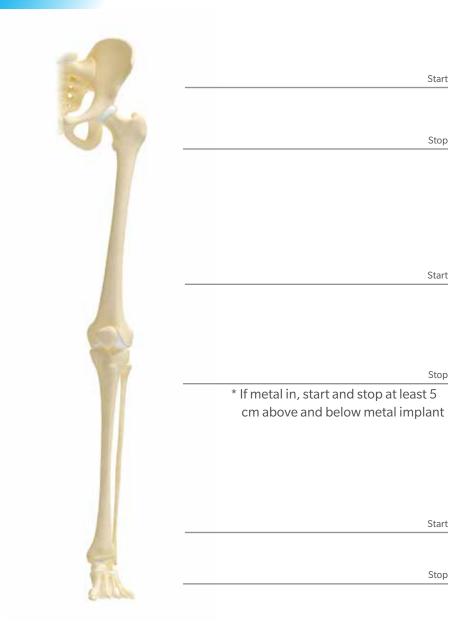
Slice Thickness and Spacing: 2 mm by 2 mm, 2.5 mm by 2.5mm, or 3 mm by 3 mm

Field of View: 38-44 cm FOV, depending on patient size. Needs to include full pelvis.

Algorithm: A standard or soft tissue algorithm, no bone enhancement



Knee: Primary or Revision



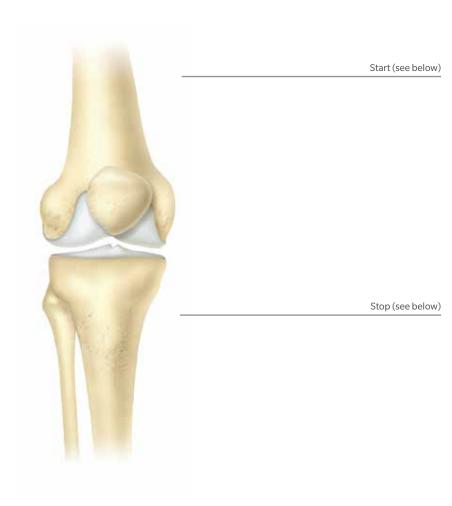
Slice Thickness and Spacing: 1 mm by 1 mm, 1.25 mm by 1.25 mm, or 2 mm by 2 mm

Field of View: 25–35 cm FOV, depending on patient size

Algorithm: A standard or soft tissue algorithm, no bone enhancement



Patella / Femoral Implant



Start: 10 cm above joint line **Stop**: 3 cm below joint space

Slice Thickness and Spacing: 1 mm by 1 mm, 1.25 mm by 1.25 mm, or 2 mm by 2 mm

Field of View: 25 cm FOV, depending on patient size

Algorithm: A standard or soft tissue algorithm, no bone enhancement



Shoulder: Primary or Revision (VRS)

(Implant Example: Vault Reconstructive Shoulder System (VRS))

Start (see below)





Start: Above acromion process

Stop: 15 cm below top of humerus or 3 cm below existing implant

Slice Thickness and Spacing: 1.25 mm by 1.25 mm, 1.5 mm by 1.5 mm, 2.5 mm by 2.5 mm, or 3 mm by 3 mm is acceptable

Field of View: 25-30 cm FOV, depending on patient size. Needs to include entire scapula.

Algorithm: A standard or soft tissue algorithm, no bone enhancement

Note: Do not use metal artifact reduction (MAR/OMAR). To reduce scatter for patients with existing implants, it is recommended to use at least 140kVp with the thickest slice thickness listed.

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^{*} A physical CD-Rom must be mailed to Zimmer Biomet PMI department.

Elbow: Primary or Revision



Start (see below)

Stop (see below)

Note: Have patient fully extend arm if possible.

Note: It is imperative that the technologist input the correct directional instructions before data acquisition is initiated (head first vs. feet first).

Start: 10 cm above joint line or 5 cm above existing implant

Stop: 8 cm below joint line or 5 cm below existing implant

Slice Thickness and Spacing: 1 mm by 1 mm, 1.25 mm by 1.25 mm, or 2 mm by 2 mm

Field of View: 15-20 cm FOV, depending on patient size

Algorithm: A standard or soft tissue algorithm, no bone enhancement



Wrist/Hand

Start (see below)

Stop (see below)

Start: Tip of fingers

Stop: 4-5 cm proximal to carpal bones

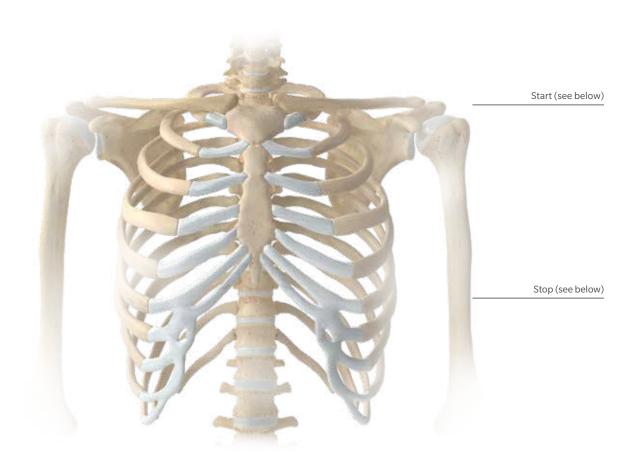
Slice Thickness and Spacing: 0.625 mm by 0.625 mm, 1 mm by 1 mm, or 1.25 mm by 1.25 mm

Field of View: 15 cm FOV

Algorithm: A standard or soft tissue algorithm, no bone enhancement



Sternum



Start: 5 cm above top of sternum

Stop: 5 cm below sternum

Slice Thickness: 1 mm by 1 mm, 1.25 mm by 1.25 mm, or 2 mm by 2 mm

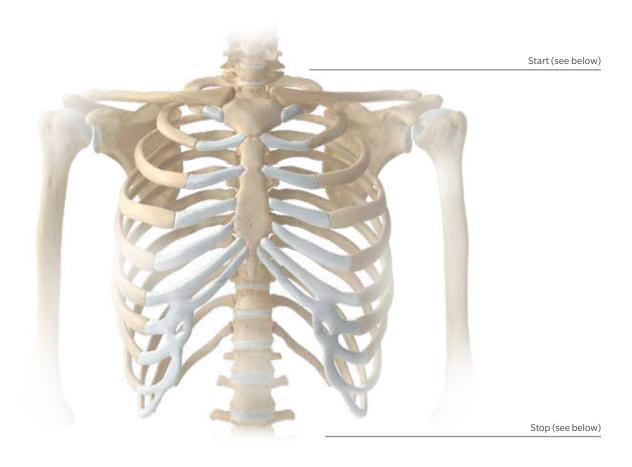
Field of View: 25 cm-30 cm depending on patient size

Algorithm: A standard or soft tissue algorithm, no bone enhancement

 $\textbf{Note:} \ \mathsf{Do} \ \mathsf{not} \ \mathsf{use} \ \mathsf{metal} \ \mathsf{artifact} \ \mathsf{reduction} \ (\mathsf{MAR}/\mathsf{OMAR}).$



Ribs



Start: 5 cm above 1st rib **Stop**: 5 cm below last rib

Slice Thickness: 1 mm by 1 mm, 1.25 mm by 1.25 mm, or 2 mm by 2 mm

Field of View: 35 cm-44 cm depending on patient size

Algorithm: A standard or soft tissue algorithm, no bone enhancement



Ankle



Start: 15 cm above ankle joint

Stop: bottom of foot

Slice Thickness: .625 mm by .625 mm, 1 mm by 1 mm, or 2 mm by 2 mm

Field of View: 35 cm-44 cm depending on patient size

Algorithm: A standard or soft tissue algorithm, no bone enhancement



Long Bone Study (Oncology tumor case or long stem)

Start (see below)

Stop (see below)

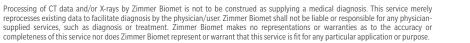
Start (see below)

Start/Stop: Include both joints of the bone

Slice Thickness and Spacing: 1.25 mm by 1.25 mm, 1.5 mm by 1.5 mm, or 2 mm by 2 mm

Field of View: 25-35 cm FOV, depending on patient size

Algorithm: A standard or soft tissue algorithm, no bone enhancement





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