

## Vascular Laboratory Guidelines

### **Abdominal Aorta Duplex Scan**

#### **Patient Preparation:**

Check patient's identification (2 forms of i.d)

Explain test procedure

Obtain verbal consent or implied consent (if patient gets undressed / lies down for scan)

Take relevant history from patient

Ask patient to undress as appropriate

#### **Scanner Preparation:**

The probes should be cleaned with Clinell wipes (green packet) after each patient. If a patient is infectious, all staff should follow the Trust's guidelines/policy on infection control. For infectious patients the cleaning of the ultrasound room should be done as outline in the form shown in appendix A. This form should be signed and kept in the department for audit purposes. The scanners and probes must be cleaned to the manufacturer's guidelines.

#### **Procedure:**

- 1) Using the curvilinear transducer start the scan transversely to locate the distal abdominal aorta and the bifurcation.
- 2) The aorta should be imaged in transverse and in longitudinal section to obtain an overall view of the aneurysm shape. Ideally measurements should be recorded in longitudinal AP section in systole at the widest point, measuring from inner wall to inner wall. Obtain coronal/oblique views if required to measure largest diameter. The size of the lumen may also be recorded if there is a large amount of mural thrombus.
- 3) The mean of two or more AP diameters should be found and reported if aorta is ectatic / aneurysmal.
- 4) Where possible the location of the renal arteries in relation to any aortic aneurysm can be reported.
- 5) At the first scan, the iliac arteries should be scanned as described in point 2 to assess for aneurysms and any abnormalities reported.
- 6) The proximal common iliac arteries should be assessed for aneurysms.

#### **Criteria:**

An abdominal aortic diameter of 2.5 to <3cm is considered to be ectatic. An aorta >3cm is considered to be aneurysmal.

**Report:**

Written reports will be available on Rad Centre/PACS. Diagrams can be drawn in complex cases and where they add value to the report. These diagrams will be scanned onto electronic medical records (EMR). However General Practitioners (GP) cannot access EMR to review diagrammatical results, therefore, the scan results should be as a written report on RADCentre/PACS.

If during the scan there is an incidental finding that is serious and unexpected then at the bottom of the report the following caption should be added: [ALERT]

**Recommended images to be stored on PACS:**

- Longitudinal image(s) of abdominal aorta showing maximum inner to inner wall diameter measurement(s)
- If iliac arteries are scanned, store longitudinal images of bilateral CIA showing maximum outer to outer wall diameter measurements
- If iliac arteries are scanned, store spectral Doppler image of flow in distal EIA bilaterally
- Store images of any relevant pathology detected
- Nb. In a one-stop clinic environment where time is limited, it may be difficult to record all of the above images

## Appendix A

### TERMINAL CLEAN CHECK-LIST FOR IMAGING DEPARTMENT

Area/Room to be cleaned:	
Requesters Name:	
Date of Request:	
Time of Request:	
Reason:	<b>MRSA/ C.DIFF</b>

1. Put on apron and gloves, and collect: disposal mop head and handle, yellow bucket, washing up bowl, Diffe Sachet, disposable paper roll / cloths. <b>Dilute 1Diffe Sachet per litre of Warm Water (Do not use Hot Water)</b>	Yes	No	N/A
2. Place used linen in a soluble pink/red bag tie it and put it inside a normal white laundry bag and seal it and put it in the dirty linen cupboard to await collection			
3. Should any disposable curtains be used in the room they should be removed and put in an orange clinical waste bag and sealed. The hooks should be cleaned with Diffe solution and when dry new disposable curtains put up.			
4. Clean hand high horizontal surfaces with Diffe Solution (include worktops, ledges, sinks, viewing boxes).			
5. Clean x-ray and ultrasound machinery/equipment.			
6. Clean x-ray table/ examination couch including hand set and leads if electric.			
7. Clean clinical equipment (include drip stands, trolleys), steps, doors and door handles using Diffe Solution.			
8. Fully wash floor and place mophead and cloths in orange clinical waste bag. Wipe mop handle and bucket and store dry.			
9. Remove rubbish in secured orange bags. Clean outside of rubbish bin.			
10. The equipment and room is not decontaminated until everything is dry so do not use until then.			

<b>Signature of Nurse/Radiographer in charge.....</b> <b>Date of Completion.....</b> <b>Time of Completion.....</b>	<b>REMEMBER</b> <b>ISOLATION CLEANS</b> <b>ARE ONLY CARRIED</b> <b>OUT USING YELLOW</b> <b>EQUIPMENT</b>
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Updated: Amanda Rhodes, Senior Sister – 5/8/16