

Vascular Laboratory Guidelines

Lower Limb Venous Duplex- Incompetence

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) The patient should ideally be scanned standing bearing weight on the contralateral limb to encourage venous dilatation. If the patient cannot stand they should sit with the bed elevated and their legs hanging down, facing the sonographer – assessment of the common femoral vein (CFV) and sapheno-femoral junction (SFJ) might not be possible with the patient in this position. Venous scans for varicose veins/venous ulceration/venous insufficiency cannot be performed on a supine or prone patient.
- 2) The CFV, superficial femoral vein (SFV) and popliteal vein should be imaged for patency and competency. Any evidence of acute or chronic DVT should be noted. Only if specifically requested would the calf deep veins be imaged for patency and competency.
- 3) The SFJ, long saphenous vein (LSV) and perforators (if present) are assessed for competency. If reflux is found, the diameter of the superficial vein or perforator should be noted and reported. If any incompetent perforators are found their location should be noted and reported.
- 4) The sapheno-popliteal junction SPJ, (if present), Giacomini vein (if present), short saphenous vein (SSV) and posterior calf perforators (if present) are assessed for competency. If reflux is found, the diameter of the superficial vein or incompetent perforator should be noted and reported. If any incompetent perforators are found or if the SPJ is incompetent, the location of these veins in relation to the popliteal skin crease should be noted and reported.

Criteria:

Incompetency is reflux lasting ≥ 1 second on PW Doppler.

Report:

Any patient in whom acute DVT is incidentally found, the patient should be sent to the anticoagulation team (Monday- Friday 9am-5pm) or A+E, if out of hours.

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 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:

- Spectral Doppler images to show CFV flow, SFV flow, popliteal vein flow, SFJ flow and where necessary SPJ flow on distal compression
- Colour / spectral Doppler images of LSV and SSV competence
- Where superficial vein incompetence is detected, store B-mode image of diameter(s) of LSV / SSV
- Store images of any other 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:	MRSA/ C.DIFF

1. Put on apron and gloves, and collect: disposal mop head and handle, yellow bucket, washing up bowl, Diffe Sachet, disposable paper roll / cloths. Dilute 1Diffe Sachet per litre of Warm Water (Do not use Hot Water)	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.			

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