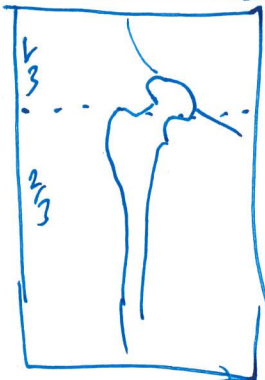


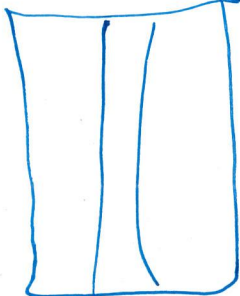
- #1. Aortogram: polar cutoff
 AP if body at both iliacs (default)
 LAO 15-20° if focusing only on R iliac system

Ensure NO collimation in top-to-bottom orientation
 Use collimation in side-to-side orientation
 all injections refer to 50:50 contrast: keep saline mixture



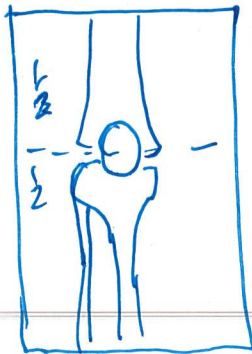
#2. CFA/DFA/SPA

- 20° RAO
- femoral head at top 1/3rd of view
- power injector: 4 for 4, 300 PSI
no delay
- catheter tip @ fem. head



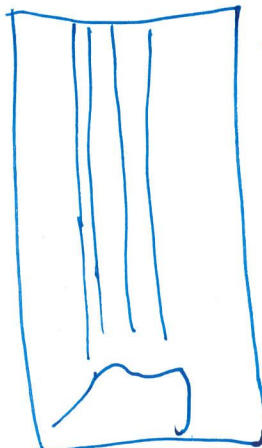
#3. thigh

- AP
- position with hemostat to get some overlap
- power injector 4 1/2 for 4 of catheter
at fem. head



#4. popliteal dist

- 20+° RAO - open up fto-hts space
- knee joint at mid point of screen
- power: 4 for 8 if catheter at fem head, delay 2+ seconds
4 for 4, no delay if catheter repositioned in distal SPA (preferred if SPA patent)

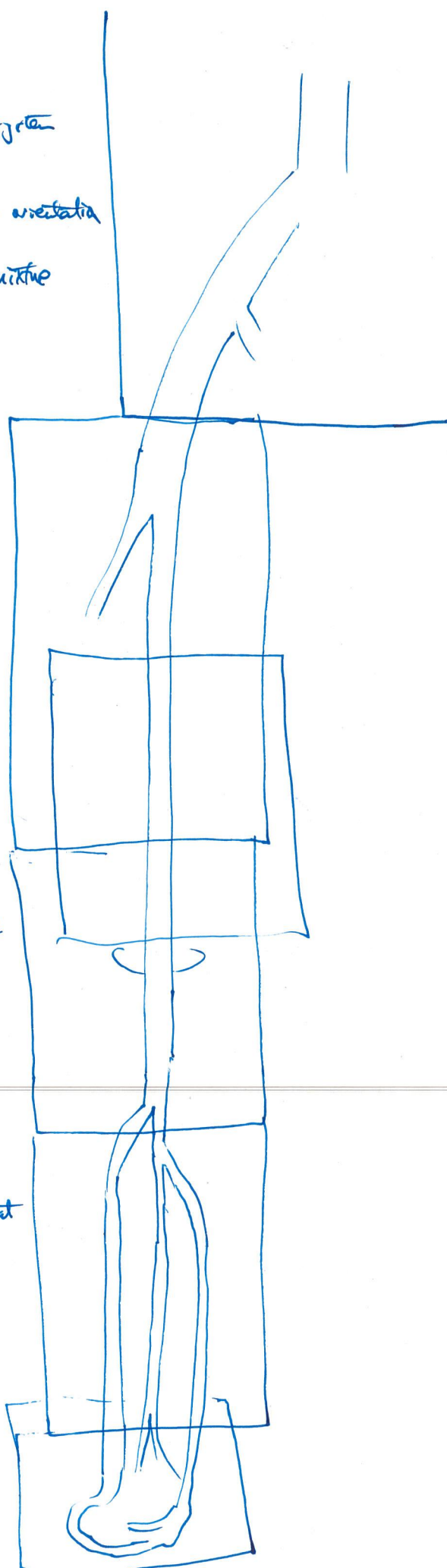


#5. tibial

- same orientation as #4; use hemostat
- if catheter at knee: 4 for 6 at 300
- if catheter at groin: 4 for 12

FOOT VIEWS x2:

see page #2



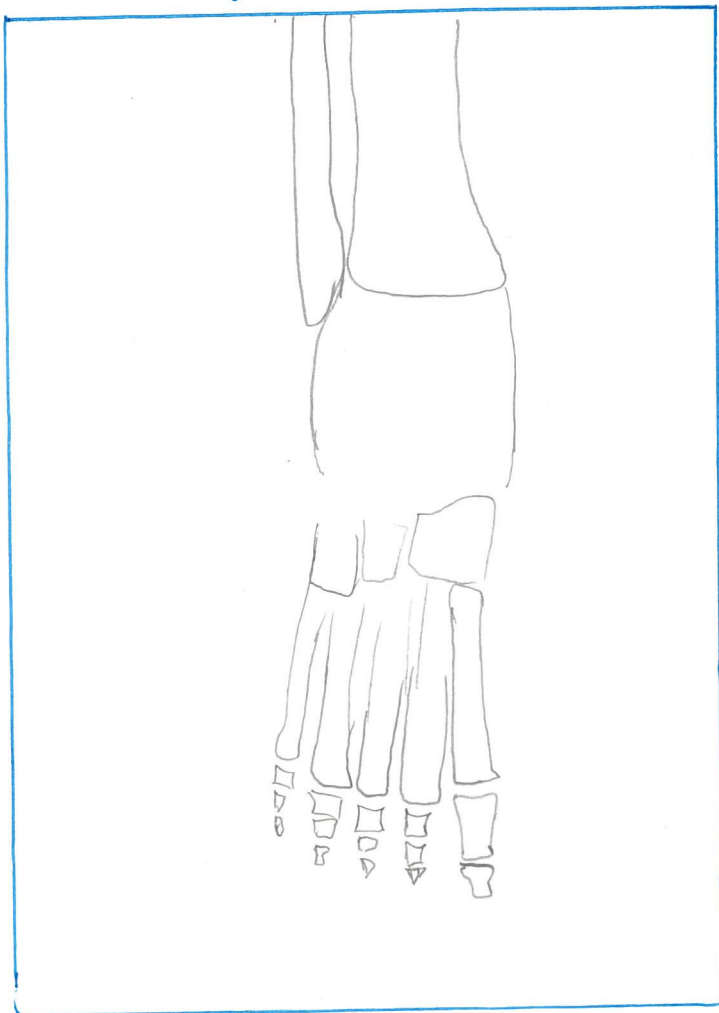
FOOT ANGIOGRAMS

#1: CRANIOCAUDAL VIEW

use 4 for 8-12 if catheter at the knee

use 4 for 16 if catheter at the groin

typically 20-30° (or more) RAO - same as tibial view
cranio-caudal angulation until II is (nearly) touching the tibia



#2. LATERAL VIEW

use 4 for 8-12 if catheter at the knee
4 for 16 if catheter at the groin

typically 30+ degrees LAO for the right foot.

(optional: use shutters)

position & open collimation
to allow the entirety
of all toes to be seen

rotate LAO until the
base of the fifth metatarsal head
is seen

note heel
is in view

