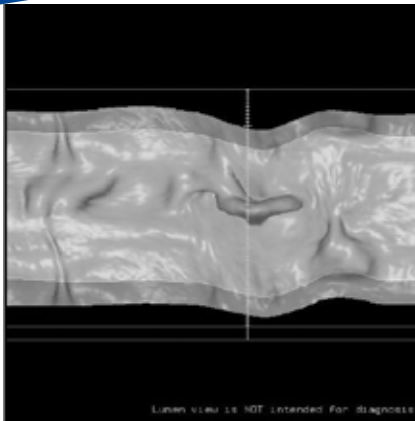
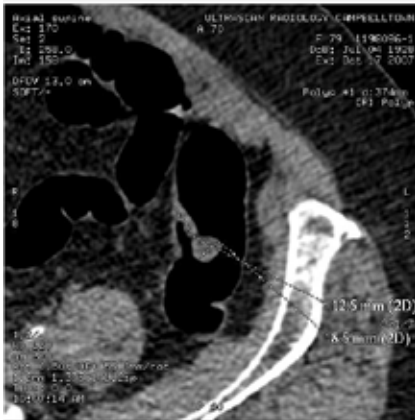


# CT Colonography



Lumen view is NOT intended for diagnosis

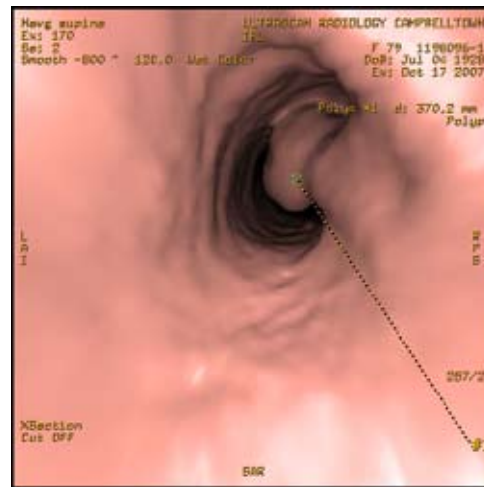
Axial



Above: Dissection and standard axial view showing large polyp

CT colonography is a safe and alternate test to barium enema and has a greater sensitivity in the detection of colonic lesions compared to traditional fluoroscopic techniques.

The examination involves introducing air into the bowel following a 2 day bowel



Above: Colour lumen view showing polyp

preparation followed by acquisition of CT images on our Siemens 64 slice CT scanner.

The images are manipulated on a dedicated workstation with special software enabling colonographic views and a virtual 'fly through' of the colon. The images are then viewed by the radiologist.

NCDI Radiologists have developed particular expertise in this type of examination and are happy to answer any queries you may have; phone (02) 6124 1900.

Please find, overleaf, a summary of the current MBS requirements.



# CT Colonography

To be eligible for patients to be rebated by **MEDICARE** for CT Colonography, one of the following indications must be noted:

For exclusion of colorectal neoplasia in symptomatic or high risk patients if:

- *the patient has had an incomplete colonoscopy in the 3 months before the scan; and*
- *the date of incomplete colonoscopy is set out on the request for scan*

The request for scan states that one of the following contraindications to colonoscopy is present:

- *suspected perforation of the colon*
- *complete or high-grade obstruction that will not allow passage of the scope*

## High Risk

Asymptomatic people fit into this category if they have:

- *three or more first-degree or a combination of first-degree and second-degree relatives on the same side of the family diagnosed with bowel cancer (suspected hereditary non-polyposis colorectal cancer or NPCC), or*
- *two or more first-degree or second-degree relatives on the same side of the family diagnosed with bowel cancer, including any of the following high-risk features:*
  - *multiple bowel cancers in the one person*
  - *bowel cancer before the age of 50 years*
  - *at least one relative with cancer of the endometrium, ovary, stomach, small bowel, ureter, biliary tract or brain.*
- *at least one first-degree relative with a large number of adenomas throughout the large bowel (suspected familial adenomatous polyposis or FAP) or*
- *somebody in the family in whom the presence of a high-risk mutation of the adenomatous polyposis coli (APC) gene or one of the mismatch repair (MMR) genes has been identified*