# FDG-PET Workshop 2026
# Patient Preparation and Setup

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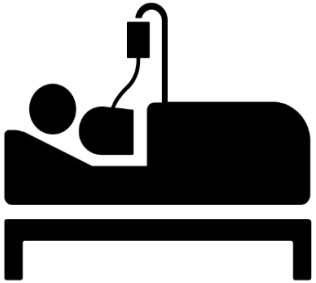
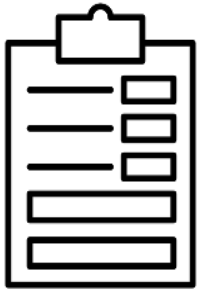
# Before the PET-CT scan

- Retrieve **patient information** to be sent to the nuclear medicine department :
  - Weight
  - Height
  - Infections
  - Diabetes
  - Etiology
  - Reason for the examination





# Before the PET-CT scan

1) **Turn** **scan**
2) Glycer **on**

**!**

# Importance of glycemia

Kawasaki et al., Ann Nucl Med (2008)

- If glycemia levels are outside of the acceptable range (80-120 mg/dl)

→ Results of the exam will not be reliable!

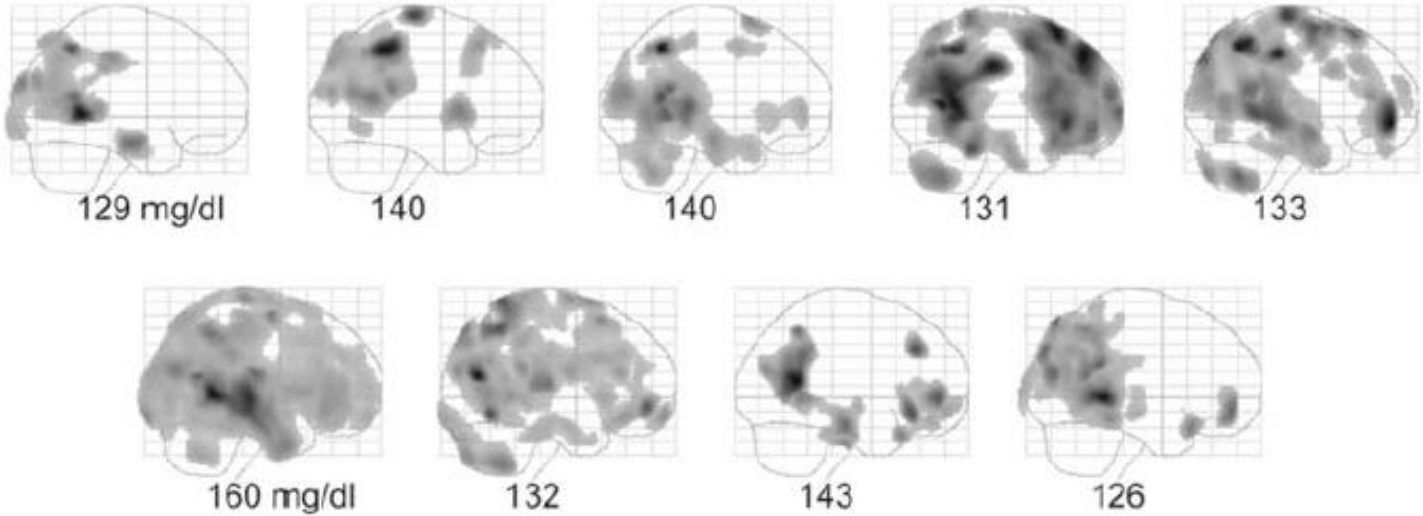



**Figure 1:** SPM analysis of 9 healthy subjects in mild hyperglycemic condition. *Grey areas = hypometabolic*

# Arousal protocol

## Indication

- Purpose: increase arousal
- If eye closure (repeatedly)

## Intervention

- Pressure stimulation to the muscles of the face, neck, shoulder, arm, hand, chest, back, leg, foot, and toes
- Roll the muscle 3 to 4 times
- Repeat to the contralateral side of the body

**Avoid deep pressure stimulation in case of injuries**

# During the PET-CT scan

- We start with the CT scan (attenuation correction) and then the measurement of the metabolic activity (10min).

- During the FDG measurement: monitor the patient to see if he/she does not move.

- The nuclear medicine technician checks if the PET images are good.

→ If not, the acquisition must be repeated.

→ If the poor quality is due to patient movement : check with the anaesthesiologist if the patient need to be sedated

# PET sheet

- Report demographic information (weight, height, etiology, gender…)
- Report **glycemia**
- Note the time the lights go out, the time of injection , the time of the PET-scan
- Specify if there was anaesthesia :

If yes → note the dose + ask the anaesthetist if feeding can be resumed immediately or not

# PET sheet

*Neurocrit Care (2023) 39:611–617*
https://doi.org/10.1007/s12028-023-01794-2

NEUROCRITICAL CARE SOCIETY

**COMMON DATA ELEMENTS FOR DISORDERS OF CONSCIOUSNESS:**

Check for updates

## Common Data Elements for Disorders of Consciousness: Recommendations from the Working Group on Neuroimaging

Brian L. Edlow[1,2*†], Varina L. Boerwinkle[3†], Jitka Annen[4,5], Melanie Boly[6,7], Olivia Gosseries[4,5], Steven Laureys[4,5,14], Pratik Mukherjee[8], Louis Puybasset[9], Robert D. Stevens[10], Zachary D. Threlkeld[11], Virginia F. J. Newcombe[12‡] and Davinia Fernandez-Espejo[13‡]and the Curing Coma Campaign and its Contributing Members

# PET sheet

Edlow et al., Neurocrit Care (2023)

- Patient information
- Technical information
  - Radiopharmaceutical
  - Hardware
  - Type of camera
  - Acquisition informations (duration, matrix and voxel size, etc.)
  - Concurrent coma-therapies
  - Processing, analysis, etc.
- Results
- Mechanism: Presumed etiolog(ies) of imaging finding(s)

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# Thank you

**Estelle Bonin**