



Kit Carson County Memorial Hospital  
286 16th Street  
Burlington, CO 80807  
**719-346-5311**

## HIDA Scan / Gallbladder Exam – PATIENT INSTRUCTIONS

**\*\*If you are unable to keep this appointment, PLEASE call to cancel\*\***

**719-346-5311 ask for Imaging Department**

Your Physician has ordered HIDA scan. A hepatobiliary iminodiacetic acid (HIDA) scan is an imaging procedure used to diagnose problems of the liver, gallbladder and bile ducts.

### Test Preparation

- **No FOOD or DRINK 6 hours prior** to your exam
  - **NOTE: If you are Scheduled @ 1230 or after, you may have a light FAT FREE breakfast between 6-7am.**
- **DO NOT** take any **PAIN medications for 24 hours prior** to your exam.
- Wear comfortable clothing with **NO METAL.**
- **It is recommend that any lab/blood work NOT be drawn for up to 24 hours AFTER this exam.** If you can, get your lab work drawn prior.
- The imaging department will call you 1-3 days before the test.

### HIDA SCAN Procedure:

- You will be given an explanation of the test and asked to sign a consent form.
- A nurse/tech will start an IV in either your hand or arm.
- A small amount of radioactive tracer will be injected through the IV
- When imaging occurs you will be asked to lie on an imaging table for the next 60 minutes
  - There will be a time during the images that your are able to move around
- At 1 hour, a second A small injected through the IV is given to empty the gallbladder
  - At this time you may feel abdominal discomfort, similar to what you have been feeling. That sensation will pass shortly are the injection is complete.
- imaging occurs again for the next 30 minutes
- Imaging time is approximately 90 minutes.

**\*\* THE ENTIRE TEST WILL TAKE 1.5-2 HOURS TO BE COMPLETED \*\***



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**HIDA SCAN Procedure Nuclear Material:**

Place patient Sticker here

By signing this, I acknowledge that if I DO NOT cancel my appointment for HIDA Scan Procedure by 11am the day before or DO NOT show to my appointment. I WILL ACCEPT responsibility for PAYING for the cost of the nuclear material brought for my exam.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

