Procedure Title: **Hepatobiliary (Gallbladder) Scan or HIDA Scan**

**Patient Name:** ________________________________

**Appointment Time:**

When: __________________ Date: __________________ Time: __________________

**Where:**
You will report to the Admitting Office (main hospital entrance) 30 minutes prior to your appointment time. Admitting will direct you to Radiology.

**Purpose:**
To evaluate the gallbladder and biliary ducts for obstruction.

**Preparation:**
Ingest nothing by mouth 6 hours prior to the test. No morphine or narcotics 24 hours prior to the tests. Patients may have Ibuprofen, Tylenol, or Toradol for pain.

**Procedure:**
A small amount of a radioactive tracer will be injected in one of the veins located in your arm. The liver will excrete the tracer into the biliary tree.

You will be lying down comfortably on your back for the test while a Gamma Camera, positioned over your abdomen, takes images for about 2 hours (sometimes longer).

A Radiologist will evaluate your scan and may request additional images.

**After Care:**
You may resume your normal lifestyle.

If you have any questions about your scheduled test, please contact the Nuclear Medicine Department at (812) 254-8851.

**Reviewed:** 02/11/2013