

Hemangioma Scan

How to prepare and what to expect

This handout explains what a hemangioma scan is, how it works, what to expect, and how to get your results.

What is a hemangioma?

A *hemangioma* is a *benign* (non-cancerous) mass in the liver. It is made up of a large bundle of blood vessels.

A hemangioma scan is done to check your liver for a hemangioma. Radiation is used to take pictures of the inside of your body.

How does it work?

First, we will place a thin tube called an *intravenous* (IV) line into a vein in your arm. We will take a small sample of your blood through this IV.

You will then lie inside the SPECT/CT camera. You must lie very still inside the camera, with your arms above your head, for about 30 minutes.

We will add a small dose of radioactive *tracer* to your blood sample and return it to your body. As the radioactive blood moves through your body, it will give off gamma rays. These gamma rays are picked up by the SPECT/CT camera.

Wherever there is more blood, the camera will pick up more gamma rays. Because a hemangioma has so many blood vessels, it should show up clearly on the scan.

A SPECT/CT camera takes 2 types of pictures:

- The **SPECT scan** picks up on the gamma rays and shows where the tracer has collected.
- The **CT scan** shows your body organs and other structures.

Together, the SPECT and CT images help your doctor find out if you have a hemangioma.



You will lie inside a SPECT/CT camera for this scan.

How do I prepare?

- Please tell your doctor if you:
 - Are *claustrophobic* (afraid of small spaces)
 - Cannot lie still for 30 minutes
 - Cannot lie with your arms above your head for any reason

If needed, you may bring a mild *sedative* (medicine to make you relax) for this scan. This medicine may be Ativan (lorazepam) or Valium (diazepam).

You must fill the prescription yourself and then bring the medicine with you on the day of your scan. Do **not** take the medicine at home. The technologist will tell you when to take it.

- Tell the scheduler if you have a *heparin* allergy or *heparin-induced thrombocytopenia* (HIT).
- *Women*: Tell the scheduler if you are pregnant or breastfeeding, or think you may be pregnant.

How is the scan done?

- The technologist will place an IV line into a vein in your arm. The technologist will draw a blood sample through this line.
- The technologist will inject the tracer into this blood sample. It will make your blood slightly radioactive. This takes 20 minutes.
- The technologist then will inject the blood back into your body through your IV line.
- About 1 hour later, you will lie on your back on an exam table. The technologist will help you get comfortable.
- You must lie still, with your arms above your head, while the camera rotates around your abdomen. If you move, the pictures will be blurry and may have to be repeated.
- You will be in the camera for about 30 minutes.

What will I feel during the scan?

- You may feel some minor discomfort from the IV.
- Lying still on the exam table may be hard for some people.

What happens to the tracer?

Most of the tracer passes out of your body in your urine or stool. The rest simply goes away over time.

Who interprets the results and how do I get them?

A nuclear medicine doctor will review your images, prepare a written report, and talk with your provider about the results. Your own provider will talk with you about the results of your scan.

You may also read your results on your eCare Results page. If you need copies of your images on disc, call 206.598.6206.

You and your provider will decide the next step, such as treatment for a problem, as needed.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

- UW Medical Center
Imaging Services:
206.598.6200
- Harborview Medical
Center Imaging
Services: 206.744.3105