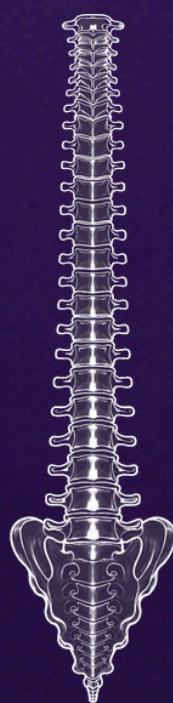


RADIOLOGICAL
PROTOCOL

Unique
anatomies,
customized
solutions

COLUMN



Radiological protocol

CT - Column

The basic requirement for digital surgical planning is a high-quality computed tomography scan with clear and well-defined bone edges. These qualities are essential for the correct design of personalised instruments and implants.

Indications

This protocol is indicated for personalised surgical planning studies of thoracic-lumbar and cervical spinal fusion.

Recommendations

The X and Y centres should be not modified between scans, nor should the table be raised or lowered between slices. The scan should be performed using the same field of view and reconstruction centre.

Acquisition:

Locator	As needed to identify the vertebrae and avoid bone cutting 
Scan acquisition	Continuous axial acquisition of the entire region of interest (ROI)
Scan type	Helical/spiral
Slice thickness	Must not exceed 1.25 mm

Slice spacing	Same as slice thickness
Field of view	Minimise the DFOV to include only the ROI. Do not exceed 50 cm (500 mm)
Matrix	512 x 512
Recommended kVp	Adults: 120-140 kVp Use higher kVp for patients with greater body weight Pediatrics: According to body habitus
Helical pitch	Do not exceed 1 Set as close to 1 as appropriate
Gantry tilt	0°
Series	Original images reconstructed from raw data. Do not apply lossy compression to DICOM images. No reformats, screenshots or multiplanar reconstructions (MPR).
Recommended kernel	Soft tissue, B40 or equivalent
File type	Uncompressed DICOM
Send to PASC	The slice thickness must not be greater than 1.25 mm with contiguous spacing

Appendix- Reduction of metal artefacts (MAR) and noise

Objective

Minimise artefacts caused by prostheses, screws or osteosynthesis along the spine, while preserving bone and soft tissues diagnostic image quality and enabling valid reconstructions for 3D planning and STL export.

Acquisition settings (add without modifying the original ROI)

Parameter	Recommended	Notes / Justification
Region	From the most cranial vertebra indicated to the sacrum	Prevents implant truncation
kVp	140 kVp (fallback 120 kVp)	Reduces beam hardening from metallic materials
mA / AEC	Automatic with an upper limit 20–30% above standard	Compensates for increased noise due to MAR and high kVp
Rotation time	0.5-1.0 s (prioritise 0.5 s)	Minimises motion artefacts
Pitch	0.7-1.0 (recommended 0.8)	Balance between coverage and resolution
Collimation/slice thickness	≤0.625 mm	Isotropy for MAR and 3D reconstructions
FOV	Adjusted to the patient’s anatomy (max 50 cm / 500 mm). Centred on the spinal axis	Prevents the prosthesis from being located at the detector edge

Patient position

Supine or prone, legs flat.
Geometrically centred at the
isocentre

Centring the metal reduces
asymmetrical streaks

ALWAYS generate paired series with and without MAR.

- Reference (without MAR): Soft/moderate kernel, FBP or mild IR; slices 0.6 mm / 0.4 mm increment.
- MAR activated: Soft/moderate kernel + manufacturer algorithm (iMAR/O-MAR/Smart MAR/SEMAR).
- DECT / Spectral (if available): VMI 100–140 keV (save at least 100, 120, and 140 keV); consider 70 keV for soft tissues if artefact saturation is absent.
- 3D volume (planning): Use the series without MAR, isotropic 0.6 mm, intended for STL export.

Post-processing and verification

- Check bone and soft tissue windows; confirm cortical continuity near metal.
- If streak artifacts persist, increase VMI keV (120 → 140 keV) and/or compare with the series without MAR.
- Confirm implant centering and absence of truncation before sending to PACS.
- Always export STL from the series without MAR (MAR can alter geometries).

Console setup sheet

Name: ORTO_[COLUMNN]_MAR

kVp: 140 (fallback 120)

mA (AEC): ON, upper limit +20–30%

Rotation: 0.5–1.0 s

Pitch: 0.8 (≤1)

Collimation: 0.6 mm (recon 0.6 / inc. 0.4)

Kernels: B40s (suave) + B70f (óseo)

Series:

- 1) Standard IR (B70f)
- 2) MAR ON
- 3) VMI 100–140 keV (if DECT)
- 4) 3D export (without MAR)

FOV: 140-160 mm centred on the spinal axis, max 500 mm