

Fig. 1

## Open Medweb® virtualPACS™ Gateway



If Medweb virtualPACS Gateway does not autostart, open by double-clicking the Medweb virtualPACS Software Gateway icon on the desktop.

Medweb virtualPACS Gateway should then open and display the Monitor page (Fig. 1).

Note: Medweb virtualPACS Gateway must stay open in order for studies to be received. The window can be minimized by clicking the minimize icon in the top right corner.

## Send Patient Data

In CT select the destination “BIOMET MICROFIXATION”.

NOTE: IF “BIOMETMICROFIXATION” is not available then please refer to Import Patient Data instructions below and add the destination to your CT.

## Verify Upload Status

Upon completion of importing DICOM files, check the status of studies that have been sent to Medweb virtualPACS Gateway (Fig. 2).

Select the Monitor tab to open the Monitor page. The studies that were imported should appear. Check the status column to confirm the studies have been sent.

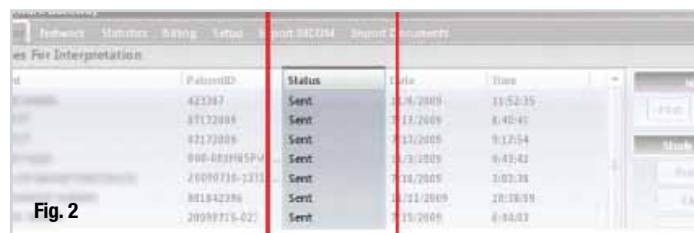


Fig. 2

Note: If the status does not read SENT, upload was not completed. Please re-upload the failed study. If the problem persists, please contact the HTR hotline at 904.741.9242.

## Import Patient Data into Medweb virtualPACS Gateway

NOTE: Use these instructions if destination “Biomet Microfixation” is not available



Fig.3

1. Select the import DICOM tab to access import screen (Fig. 3).
2. To import all DICOM files:
  - ▶ Under the header Import Options, select Import DICOM Files under a folder.
  - ▶ Select Browse. The Browse dialog box should appear. Select the folder that contains the desired DICOM files and click OK to close the dialog box.

The DICOM files in the selected folder should then appear under Files Selected to Import.

3. Select Import DICOM. The DICOM Import Results area at the bottom of the page displays the progress of the import. When the import is finished, successfully imported files will be displayed.

The quality of the CT scan is the most important aspect of creating case-specific anatomical models and prostheses. Biomet Microfixation and Medical Modeling understand concerns about keeping the radiation doses to patients as low as possible; therefore, please use these guidelines as appropriate for your patients. Please do not hesitate to contact our HTR hotline at 904.741.9242 with any questions.

## KEY GUIDELINES

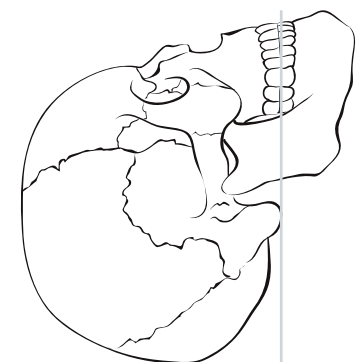
- ▶ Use a 3D scanning routine that provides high resolution images as comparable to image guided surgery, stereotactic planning, or other 3D applications.
- ▶ Acquire scans at a high spatial resolution. Series should be acquired with thin, contiguous image slices (equivalent thickness and spacing of 1.25mm or less) and as small a field of view (FOV) as possible while still including the patient's external contour.
- ▶ Scan 2cm above and below the area of interest. For cranial defects, please include the entire defect plus 2 cm above and below the defect. If unsure, please scan from hard palate through the skull vertex.
- ▶ Provide images in the original scanning plane. If software post-processing is performed to reorient or reformat the scan volume, then a series of thin slice images in the original acquisition plane **MUST** be included.
- ▶ Do **NOT** use a gantry tilt during image acquisition. Images acquired with gantry tilt and then post-processed to reorient images (i.e. "take out" tilt) are not acceptable.
- ▶ Please ensure that scans are free from motion artifact. Patient must remain completely still through the entire scan. If patient motion occurs, the scan must be restarted. Image distortion from patient motion can severely compromise the accuracy of a model.

## PREFERRED SCANNING PARAMETER\*

Scan Spacing:	Less than 1.25mm (equal to slice thickness)
Slice Thickness:	Less than 1.25mm (equal to scan spacing)
Field of View:	25.0cm
Algorithm: (examples)	GE: Standard (not bone or detail) Siemens: H30s Toshiba: FC20 Philips: B
Gantry Tilt:	0°
Archive Media:	CD or DVD
File Type:	DICOM (uncompressed)
Series:	Original/Primary/Axial (No recon, reformat or post process data)

## PATIENT POSITIONING

Occlusal plane should be parallel to the gantry



**NOTE: Please save protocol as Biomet Microfixation HTR, and in the Study Description field, put BIOMETMF. Scans must be less than 6 months old.**

\* If scanner cannot meet above parameters, please contact Medical Modeling for further instructions.

## SHIPPING AND CONTACT: HTR-PMI COORDINATOR

**BIOMET MICROFIXATION** • 1520 Tradeport Drive • Jacksonville, FL 32218 • HTR hotline: 904.741.9242 • Toll-Free 800.874.7711  
 Fx: 904.741.9424 • www.htrpmi.com • E-mail: htrpmi@biomet.com