Seizures / Dementia: Ceretec™ (TC-99m HMPAO Hexamethylpropylene)

INDICATIONS:
- Presurgical localization of epileptic foci.
- Evaluation of patients with suspected dementia.

CONTRAINDICATIONS:
- Inability to cooperate with SPECT or SPECT/CT brain imaging.
- Pregnancy, evaluate clinical benefit.

ADVERSE REACTIONS:
- Rash with generalized erythema, facial edema and fever has been reported in less than 1% of patients.
- A transient increase in blood pressure was seen in 8% of patients.

SUPPLIED AND STORAGE:
- The Ceretec™ vial is supplied as a sterile, non-pyrogenic, freeze-dried mixture of exametazime, stannous chloride dihydrate and sodium chloride.
- Store kit at 15o to 25o C (59o to 77oF).
- Store formulated drug for up to 30 minutes at 20o to 25o C (68o to 77oF) using appropriate radiation shielding.

PATIENT PREPARATION:
- Evaluate patient’s ability to cooperate.
- Achieve a consistent environment at the time of injection and uptake. Place patient in a quiet, dimly-lit room for uptake period. Instruct patient not to speak or read during uptake period.
- If sedation is required, it should be given after injection of the radiopharmaceutical, when possible.

DOSE AND ADMINISTRATION:
- Adults: 555 MBq to 1,110 MBq (15 to 30 mCi) administered intravenously.
- Children: 7.4 to 11.1 MBq/kg (0.2 to 0.3 mCi/kg) administered intravenously.
- For Tc99m-Ceretec™ (unstabilized) inject no more than 30 minutes post-reconstitution when possible, for seizure disorders inject as soon as possible after reconstitution.
- For Tc-99m-Ceretec™ (stabilized) inject no more than 4 hours post-reconstitution.
- Inspect the radiopharmaceutical dose solution prior to administration and do not use it if it contains particulate.

IMAGING PARAMETERS:
- Perform SPECT Images 90 minutes post injection for best image quality.
- Keep the patient supine with the head positioned to center the brain in the scanner field of view.
  Reduce head movement with tape or other flexible head restraints if necessary.

PATIENT INSTRUCTION:
- Advise patient to hydrate and void often for 24 hours after procedure to reduce radiation exposure if possible.