

Cutaneous Fistulagram

PURPOSE / CLINICAL INDICATION:

- To evaluate cutaneous fistula or sinus tract.

SPECIAL CONSIDERATIONS / CONTRAINDICATIONS:

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	ORDERABLE NAME:	EPIC BUTTON NAME:	NOTES:
UTSW	XR Sinus/Fistula Tract Study		
PHHS	XR Fistula or Sinus Tract Study	Fistulagram	

EQUIPMENT / SUPPLIES / CONTRAST:

- Water soluble, nonionic contrast
- Catheter (Foley, HSG catheter, pediatric feeding tube)
- Syringe
- Alcohol swab
- 4 x4 gauze
- Surgilube

PATIENT PREPARATION:

- Review for contrast allergy

PROCEDURE IN BRIEF:

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COMPLETE PROCEDURE TECHNIQUE:

- Assess the cutaneous opening of the fistula and choose the largest caliber catheter possible for a secure fit.
- Use full strength water soluble, nonionic contrast since we never know where the fistula might connect.
- Connect the contrast filled syringe and flush the catheter.
- Obtain AP scout
- Insert the catheter into the cutaneous opening and advance slowly, making sure to stop if there is any significant resistance. Catheter size and depth of placement may be sufficient to create a seal. If needed, minimal gentle inflation of balloon within the tract may be necessary to create a seal. Alternatively, the balloon may be inflated and held against the fistula opening to create a seal.
- Start injecting contrast and take spot films in multiple projections as the tract opacifies. If bowl opacifies, obtain images to document location. If the tract ends blindly or ends in an abscess cavity, obtain AP and lateral spot images.
- Obtain overhead AP film
- Remove catheter
- May consider a noncontrast CT in problem cases to delineate fistula/sinus tract with catheter and contrast still in the tract.

IMAGE DOCUMENTATION:

- AP scout
- AP, lateral, or oblique spot images to best display fistula tract in profile
- Overhead AP post procedure

ADDITIONAL WORKFLOW STEPS:

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REFERENCES:

- [General Fluoroscopy Considerations](#)
- [Procedure Contrast Grid](#)

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