Static Cystogram

PURPOSE / CLINICAL INDICATION:

- To evaluate for bladder extravasation, bladder fistula, or bladder volume for neurogenic bladder or renal transplant evaluation

SPECIAL CONSIDERATIONS / CONTRAINDICATIONS:

- For bladder injury/surgery in the last 10 days, review urology clinical documentation for justification for exam. If unclear, confirm with urology/ordering provider prior to exam.

	ORDERABLE NAME:	EPIC BUTTON NAME:	NOTES:
UTSW	XR Cystogram		
PHHS	XR Cystogram	Cystogram	

EQUIPMENT / SUPPLIES / CONTRAST:

- Foley catheter tray
- Connector tubing
- Ionic hyperosmolar contrast

PATIENT PREPARATION:

- Review for contrast allergy
- Most patients arrive with an indwelling Foley or suprapubic catheter. Do not remove catheter at end of exam unless specifically asked by clinical team.
- If the patient does not have a Foley catheter or Suprapubic tube, the nurse or tech will need to place a Foley.
    - In the setting of recent bladder surgery or injury, confirm with the ordering provider whether they or Radiology personnel is to catheterize the patient and if the catheter is to be removed at the end of the exam.

PROCEDURE IN BRIEF:

- As below.

COMPLETE PROCEDURE TECHNIQUE:

- Protocol for bladder volume for neurogenic bladder or pre-renal transplant
    - Position patient supine
    - Obtain scout images (frontal view kidneys and pelvis)
    - Begin filling bladder with contrast by gravity
    - Fluoro intermittently during bladder filling to evaluate for reflux or other abnormality
    - Fill bladder to:
        - Maximum based on patient tolerance
        - For recent bladder surgery – maximum patient tolerance but not to exceed 200 mL
        - If fistula or extravasation identified, stop further administration. Note volume administered
    - Obtain full volume bladder images (frontal and bilateral obliques)
        - Document volume
    - Drain bladder by gravity. Connect to Foley bag to facilitate complete emptying.
    - Take post drain image (frontal view kidneys and pelvis)
- Protocol for suspected bladder fistula or injury
    - Position patient supine
    - Obtain scout images pelvis
        - Frontal and Lateral for suspected fistula to vagina or rectum

- Frontal and bilateral oblique for all other indications
- Position the patient to optimize visualization of the area of suspected bladder fistula or injury (if known)
- Begin filling bladder with contrast by gravity
- Fluoro intermittently during bladder filling to evaluate for fistula or extravasation
  - Document any abnormality as identified during filling
- Fill bladder to:
  - Maximum based on patient tolerance
  - For recent bladder surgery – maximum patient tolerance but not to exceed 200 mL
  - If fistula or extravasation identified, stop further administration. Note volume administered
- Obtain full volume bladder images
  - Frontal and Lateral for suspected fistula to vagina or rectum
  - Frontal and bilateral oblique for all other indications
    - Consider additional UPRIGHT imaging if suspected fistula or extravasation along anterior/inferior bladder.
- Drain bladder by gravity. Connect to Foley bag to facilitate complete emptying.
- Take post drain images
  - Frontal and Lateral for suspected fistula to vagina or rectum
  - Frontal and bilateral oblique for all other indications

IMAGE DOCUMENTATION:

- For bladder volume for neurogenic bladder or pre-renal transplant:
  - Scout frontal view kidneys and pelvis
  - Frontal and bilateral oblique views of max fill bladder – document volume
  - Post drainage frontal view kidneys and pelvis
- For bladder injury or fistula:
  - Scout
    - Frontal and Lateral for suspected fistula to vagina or rectum
    - Frontal and bilateral oblique for all other indications
  - Max fill bladder – document volume
    - Frontal and Lateral for suspected fistula to vagina or rectum
    - Frontal and bilateral oblique for all other indications
  - Post drainage
    - Frontal and Lateral for suspected fistula to vagina or rectum
    - Frontal and bilateral oblique for all other indications

ADDITIONAL WORKFLOW STEPS:

- If a Foley is placed in radiology for the procedure, it must be removed prior to the patient leaving the department unless otherwise specified by clinical team.

REFERENCES:

- General Fluoroscopy Considerations
- Procedure Contrast Grid

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