

Loopogram/Pouchogram – Surgical Urinary Diversion

PURPOSE / CLINICAL INDICATION:

- To evaluate urinary diversion for capacity, ureteral reflux, filling defects, or extravasation

SPECIAL CONSIDERATIONS / CONTRAINDICATIONS:

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

EQUIPMENT / SUPPLIES / CONTRAST:

- Foley catheter tray
- Connector tubing
- Ionic hyperosmolar contrast (consider nonionic if patient has a history of allergy)

PATIENT PREPARATION:

- Review for contrast allergy

PROCEDURE IN BRIEF:

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COMPLETE PROCEDURE TECHNIQUE:

- Catheterize stoma with aseptic technique.
 - Ask patient whether they prefer to catheterize themselves
 - If patient requests technologist to catheterize, technologist should attempt but do not advance against resistance.
 - Contact radiologist if having difficulty placing catheter.
 - Catheter balloon can be gently inflated to prevent contrast leakage.
- Take scout views.
- Fill urinary conduit by gravity through Foley catheter in SUPINE position. Fluoro intermittently during filling to evaluate for reflux. If evaluating for extravasation or fistula, evaluate urinary conduit more closely during filling. Take urinary conduit images. Note final conduit volume.
 - Once reflux, fistula, or extravasation is confirmed, no further contrast administration is indicated.
 - Note conduit volume when extravasation or fistula is first demonstrated.
- Drain urinary conduit by gravity. Connect to ostomy bag to facilitate complete emptying. Take post drain images.

IMAGE DOCUMENTATION:

- For routine
 - Scout frontal view kidneys and conduit
 - Frontal and oblique views of max fill urinary conduit
 - Post void frontal view kidneys and conduit
- For conduit extravasation or fistula
 - Scout frontal view kidneys, frontal and oblique views conduit
 - Frontal and oblique views of low fill conduit or when fistula or extravasation demonstrated
 - Frontal and oblique views of max fill conduit
 - Post void frontal view kidneys, frontal and oblique views conduit

ADDITIONAL WORKFLOW STEPS:

- Make sure catheter is removed prior to discharging the patient from the radiology department.

UT Southwestern Department of Radiology

REFERENCES:			
<ul style="list-style-type: none">• General Fluoroscopy Considerations• Procedure Contrast Grid			
Last Edit Date:	7/1/2015	Last Review Date:	7/1/2015