Fluoroscopy Protocols
Loop-O-Gram
Fluoro Time Target Limit 2.5

Scheduling and Prep: *There is no prep for this procedure.
*Have the patient bring an extra collection bag if it is unable to be reused once removed.

Supplies: *Foley catheter*5cc Syringe*Cystografin or Cysto-Conray II or equivalent
*Extension tubing *Absorbent pad *IV pole
*Anatomical side marker in place on Image Intensifier
*13mm Tablet-if your machine does not have measuring capabilities built in

Room Prep: *Hang contrast from IV pole and spike with extension tubing.
*Flush air from the tubing.

Procedure: *Scout KUB
*Position anatomical marker to be visible in the images
*Place absorbent pad at patient's side for any leakage of contrast
*Remove urinary collecting bag
*Using sterile technique; Insert tip of Foley catheter into the Ostomy. Inflate the balloon just inside Ostomy
*While gently pulling on catheter, seat balloon up against the inside of the ostomy opening, to prevent leakage around balloon.
*Allow contrast to flow into pouch.

Spot Images: *Take spot images as contrast flows into the pouch.
*Document contrast as it refluxes up into the ureters and into Kidneys-Contrast should reflux up into both ureters and into both Kidneys
*Take oblique images to demonstrate the pouch, ureters and kidneys
**Deflate the balloon and remove the catheter.
*Reattach collection bag or allow the patient to reattach a new one.
*Take a post drainage image.

*After the exam is performed, QC your images. Ensure that an anatomical side marker is present on all images, that the images are flipped correctly, sufficient collimation is used and that the amount of contrast used is documented on the first full image.

*These are the minimum images needed to demonstrate the proper anatomy for this exam. When deemed necessary, more images may be taken to demonstrate pathology or for other reasons.

**Take care to minimize exposure to the patient and imaging team.

Reviewed January 23, 2024