



Fluoroscopy Protocols
Voiding Cystourethrogram-VCUG-Male
Fluoro Time Target Limit 2.5

Scheduling and Prep:

- *There is no prep for this exam
- *Patient must fill out a contrast questionnaire
- *Patient should empty bladder before exam.

Supplies:

- *Cystografin or Cysto-Conray II or equivalent
- *Absorbent sheet/pad *Foley catheter kit *Sterile gloves
- *Foley Catheter-Appropriate size for the patient
- *5cc syringe to inflate the Foley balloon *Extension tubing
- *Urinal *Anatomical marker
- *13mm Tablet- if your machine does not have built-in measuring capabilities

Room Prep:

- *Place absorbent sheet on tabletop
- *Position anatomical marker to ensure it will be visible on each image
- *Prepare sterile catheterization kit
- *Hang contrast from IV pole and spike with extension tubing
- *Flush air from the tubing

Procedure:

- *Take a Scout KUB *Use anatomical marker and Scout marker
- *Position anatomical marker on the Image Intensifier
- *Catheterize the patient using sterile technique. (When possible, have a Male nurse or paramedic catheterize the male patient.)
- *Allow contrast to flow into bladder until the patient feels **very** full.
(This will vary from patient to patient)
- *Once the bladder is full, clamp the tubing to stop the flow of contrast.

Spot Images:

1. AP- full bladder- document amount of contrast used on this image in the Lower right or left corner
2. Right oblique bladder
3. Left oblique bladder

4. Left lateral bladder (Flip this image after the exam)

*Place absorbent pad over the patient's right thigh

*Have patient position his penis over the right thigh and oblique his pelvis slightly to the right in order to image the entire urethra

*With urinal ready, remove the catheter

*Have the patient urinate into the urinal with a forceful stream

*While the patient is voiding, look for any urinary reflux

5. Right kidney spot image

6. Left kidney spot image

*Document any urinary reflux seen and label it as "reflux" and with an up arrow.

7. Take 1 or 3 images or hold images of the full urethra while the patient is urinating into the urinal. (Do not use rapid imaging)

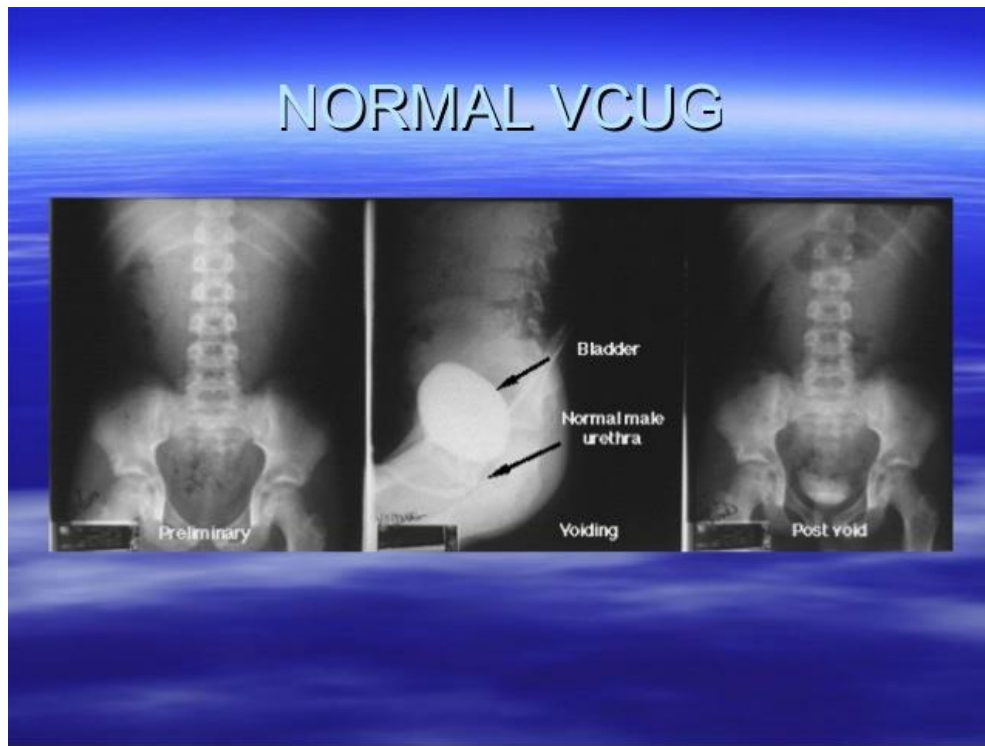
8. Post void spot - after patient feels empty. You may need to allow the patient to finish emptying their bladder in the restroom first.

**Be sure to flip the lateral image correctly and that all images are labelled. Scout, Right, Left, Post Void image and the amount of contrast used (on the full bladder 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 patient and technologist exposure.

EXAMPLES



VESICoureTERAL REFLUX

