Fluoroscopy Protocols

**Retrograde Urethrogram**

**Fluoro Time Target Limit- 2.0**

*If the patient has Medicare, this exam cannot be performed at IDTF sites (SW, RCP, or WC).

**Scheduling and Prep:**
* There is no prep for this exam.
* Patient should urinate prior to the exam.

**Supplies:**
* Sterile tray
* 20cc syringe *HSG catheter or Foley catheter * Safety Needle
* 20cc of Omnipaque 300 contrast *3 – 4x4 *Tablet marker on Fluoro Tower
* Betadine *Safety glasses *Absorbent pad or towels *Sterile gloves

**Room Prep:** *Prepare sterile tray.

**Procedure:** *Place a barium tablet marker on the underside of the Fluoro tower
  *Take a scout KUB
  *Place catheter just inside the end of the penis using sterile technique, Enough to allow for balloon inflation.
  *Gently inflate the balloon.
  *Have the patient hold the catheter in place with non-superimposing hand. * Have him hold the end of his penis and catheter while elongating the Penis over the right thigh.
  *Inject contrast and image the urethra as it fills to the bladder.
SPOT IMAGES:  *Do not use rapid imaging option.

* Sufficient imaging of the urethra as it fills in a retrograde fashion.
* Demonstrate entire length of urethra. Contrast should flow into Bladder.
* Take an image of the urethra obliqued towards the right thigh, in the Center between the legs, and to the left thigh, ensuring full Extension.

* Document any urinary reflux seen and label it as reflux
* Post drainage image after catheter is removed.
* Label scout, right and left, and post drainage image.
* Flip Lateral 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. Care Should be taken to minimize patient and imaging team exposure.

Reviewed and Revised March 1, 2018