Fluoroscopy Protocols

**Retrograde Urethrogram**

**Fluoro Time Target Limit- 2.0**

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

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

**Supplies:**
* Urinary catheterization tray or: *Sterile Field Drape
* 20cc syringe * Safety Needle *3 – 4x’s
* 20cc contrast Cysto-Conray II/Omni 300 or equivalent
* Betadine soap *Safety glasses *Absorbent sheet/pad or towels
* Sterile gloves *HSG catheter or Foley catheter
* Anatomical side marker in place
* 13mm Tablet-if your machine does not have measuring capabilities built in

**Room Prep:**
* Place absorbent sheet on table top
* Prepare sterile tray
* Draw up contrast

**Procedure:**
* Take a scout KUB
* Position anatomical marker to be visible in the images
* 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. Slightly oblique the patient to the right
* Inject contrast gently 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 images 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.

● 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.