

CT CYSTOGRAM

INDICATIONS

recurrent UTI	suspected vesicouretero reflux	bladder morphology
bladder diverticula	suspected rupture	sustected fistulae
integrity of post-op anastomosis or suture lines	bladder outlet obstruction	incontinence
hematuria	neoplasia	evaluation of post-void residual volume

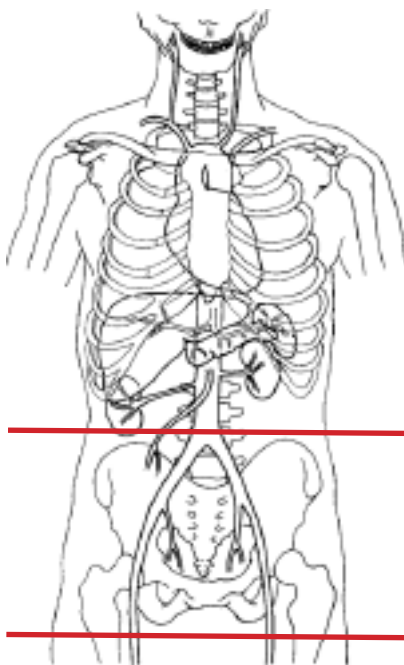
CONTRAINDICATIONS Pregnancy is a relative contraindication to cystography/urethrography

Supplies

- foley catheter kit
- 500cc normal saline
- cystogram connector tubing - high flow
- 50 cc syringe
- 18g needle
- 30cc IV contrast

PROCEDURE

- Remove and discard 30cc normal saline from 500cc bag
- Place 30cc of 60% contrast into 500cc bad normal saline
Ex: use 30cc omnipaque 300 or 350. makes overall solution 5% dilution
- Shake bag to mix
- Insert cystogram connector tubing into IV bag port. Be sure tubing is occluded first with flow control device to control leakage
- Fill connection tubing with contrast mixture to expel air
- Insert cystogram connector tubing tip into foley catheter securely
- Be sure foley has been to gravity drainage prior so the bladder is empty before beginning the exam
- Disconnect the foley bag from the catheter and insert the contrast bag connector into the same large lumen that the foley was connected to. The smaller catheter lumen is for the balloon - Do not connect here
- Open flow control device on connector tubing to begin instillation



Pt Position	Supine
Contrast	Retrograde dilute contrast solution
Injection Rate	Bladder distended/filled via foley catheter *See procedure above
Respiration	Breath - hold
Volume	Appropriate to achieve images as specified in the following table - next page
Aquisition Specs	Dome of diaphragm to symphysis pubis

After exam, send images to radiologist to receive instructions before draining contrast from bladder

- if complete, disconnect contrast tubing and reconnect foley bag. Drain bladder to gravity

Ct cystography should be performed after abd/pel CT and renal images so that dense extravasated contrast does not obscure other significant pathology

CT CYSTOGRAM

Topogram (Scout)				
*drain bladder via gravity prior to pre-contrast scans				
PLANE	ALGORITHM	THICKNESS	DFOV	
Axial	Abdomen	5.0 mm	pt largest + 4cm	no contrast in bladder
Coronal	Abdomen	5.0 mm	pt largest + 4cm	no contrast in bladder
Sagittal	Abdomen	5.0 mm	pt largest + 4cm	no contrast in bladder
Fill bladder with dilute contrast solution. Continue filling until 350-400cc used or pt indicates discomfort. DO NOT use pressure/squeeze bag for filling bladder. Injury to patient could result document amount of contrast used/instilled				
Axial	Abdomen	3.0 mm	pt largest + 4cm	bladder filled via foley
Axial +C	Abdomen	3.0 mm	pt largest + 4cm	bladder filled via foley
Sagittal +C	Abdomen	3.0 mm	pt largest + 4cm	bladder filled via foley