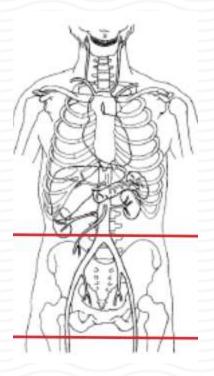
Reviewed: Jan 2025 Updated: Sept 2020





## **CT CYSTOGRAM**

Indications	recurrent UTI, bladder diverticula, post-op anastomosis, hematuria, neoplasia, incontinence, vesciouretero reflux, suspect fistula, evaluate post-void residual volume	
Contraindications	Pregnancy is a relative contraindication	
Patient Position	Supine	
Contrast	Retrograde dilute contrast solution	
Injection rate	Bladder distended/ filled via foley catheter * see procedural notes below	
Respiration	Breath- hold	
Scan Parameters	dome of diaphragm through ischial tuberosity	
Special instructions	After exam, send images to Radiologist to receive instructions BEFORE draining contrast from bladder. If complete by Rad, disconnect contrast tubing & reconnect foley bag. Drain bladder by gravity.	
	CT Cystography should be performed after A/P CT and renal images so the dense extravasated contrast does not obscure other significant pathology.	

PLANE	ALGORITHM	THICKNESS	DFOV	
Axial	Abdomen	5.0 mm	pt largest + 4 cm	No contrast in bladder
Coronal	Abdomen	5.0 mm		No contrast in bladder
Sagittal	Abdomen	5.0 mm		No contrast in bladder
FILL BLADDER	WITH DILUTE	CONTRAST	SOLUTION	Continue filling until 350-400 cc used or patient feels discomfort. DO NOT use pressure or squeeze bag for bladder filling!
Axial + C	Abdomen	3.0 mm		bladder filled via foley
Axial + C	Abdomen	3.0 mm		bladder filled via foley
Sagittal + C	Abdomen	3.0 mm		bladder filled via foley

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## **CT CYSTOGRAM**

## **Supplies:**

Foley catheter kit
500 cc normal saline
Cystogram connector tubing (high flow)
50 cc syringe
18 g needle
30 cc IV contrast

## PROCEDURE:

- Remove and discard 30cc normal saline from 500cc bag
- Place 30cc of 60% contrast into 500cc bad normal saline
- \*Example: 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 connecctor 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 catherter 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