

- I. **Equipment** *(May vary between sites)*
  - a. Cystografin (300cc's) (double check order to verify limit)
  - b. Sterile catheter tray (if needed)
  - c. Foley catheter w/ 30cc balloon (assortment of sizes 12,14,16,20,22)
  - d. 10 cc saline syringe for inflating balloon
  - e. Cystogram tubing
  - f. IV pole
  - g. Hemostats
  - h. Sterile pack of 4x4's (have extra available)
  - i. Betadine
  
- II. **Personnel**
  - a. Radiologist/RA
    - i. Responsible for administering contrast and taking spot images
  - b. Hospital Technologist
    - i. Prints order for radiologist/RA approval
    - ii. Documents patient history, allergies, and pregnancy status prior to exam
    - iii. Assists the radiologist/RA during procedure
    - iv. Provides patient with aftercare instructions and communicates with floor nurse
  
- III. **Procedure**
  - a. Scout KUB
  - b. Remove top of stoma bag
  - c. Wipe away stoma residue with sterile 4x4's covered in betadine
  - d. Place catheter into stoma gently and drain residual urine/residue (do not disturb ureteral stents)
  - e. Connect blue Christmas tree attachment to catheter and attach IV tubing
  - f. Instill contrast via gravity drip
  - g. Capture AP, Lateral and Oblique images of ileal conduit and ureters
  - h. Keep a fresh blue towel/4x4's on the ostomy to collect contrast that flows back out of the ostomy or ureteral stents
  - i. Post drain KUB
  - j. Replace stoma cover
  
- IV. **Special Considerations**
  - a. Follow contrast allergy protocol
  - b. RA's may be asked to inject contrast for CT loopograms

<b>Approved by:</b>	Keith Dangleis, MD
<b>Role:</b>	Physician Supervisor, RIA Fluoroscopy Technologists