

- I. **Equipment** *(May vary between sites)*
 - a. Isovue 300/ Omnipaque 240/300
 - b. 20cc luer lock syringe
 - c. Extension tubing w/ luer lock adapter
 - d. 18G needle (for drawing contrast)
 - e. Lidocaine gel
 - f. Povidone-iodine swabs / sterile cotton balls w/ shur-clens
 - g. Sterile fenestrated drape
 - h. Sterile 4x4 gauze
 - i. 5F HSG catheter or 8F pediatric feeding tube
 - j. Sterile towels
 - k. Sterile gloves (check latex allergy)
 - l. Hemostats

- II. **Personnel**
 - a. Radiologist/RA
 - i. Responsible for administering contrast and taking spot images
 - b. Hospital Technologist
 - i. Prints order for radiologist/RA review
 - ii. Documents patient history and allergies prior to exam
 - iii. Assists the radiologist /RA during procedure
 - iv. Provides patient with aftercare instructions

- III. **Procedure**
 - a. Place HSG catheter or pediatric feeding tube using sterile technique
 - b. Gently inject contrast under fluoroscopy guidance
 - c. Remove catheter

- IV. **Required Images**
 - a. Urethral images
 - i. AP and lateral urethra
 - ii. Capture contrast refluxing into bladder
 - iii. Different views of strictures/ abnormalities

- V. **Special Considerations**
 - a. Follow contrast allergy protocol

Approved by:	Keith Dangleis, MD
Role:	Physician Supervisor, RIA Fluoroscopy Technologists