

Radiology Imaging Associates Hospital Fluoroscopy Protocols Date Updated: 6.16.2023 Procedure: Voiding Cystourethrogram (VCUG)

I. <u>Equipment</u> (May vary between sites)

- a. Cystografin 3 x 300mL bottles (open as needed)
- b. Chux & towels
- c. Catheter tray & sterile towels
- d. Sterile gloves
- e. Hemostats
- f. IV Pole
- g. Urinal for male patients
- h. Cystogram tubing
- i. Blue Christmas tree connector
- j. Footboard must be on the fluoro table

II. Personnel

- a. Radiologist/RA
 - i. Places catheter
 - ii. Administers contrast
 - iii. Takes spot images
- b. Hospital Technologist
 - i. Prints order for radiologist/RA review
 - ii. Documents patient history and pregnancy status prior to exam
 - iii. Assists the radiologist/RA during procedure
 - iv. Provides patient with aftercare instructions

III. Procedure

- a. Catheter placed RA using sterile technique
- b. Scout KUB
- c. Cystografin administered via gravity drip
- d. Spot images taken periodically as the bladder fills with contrast
- e. Do not remove the catheter until the patient feels full
- f. When the bladder is filled (pt should feel ready to void), take saline out of the catheter balloon and have the patient begin voiding around catheter (tech to remove catheter when told by rad/RA)
- g. Capture images of the urethra and ureters during voiding
- h. If incomplete emptying is observed, patient may use restroom

IV. Required Images

- a. Scout KUB
- b. Spot images of bladder
 - i. Immediate fill
 - ii. Partial fill
 - iii. Complete fill
 - 1. AP, Lateral and both Obliques
 - iv. Voiding Images of urethra (without catheter) and vesicoureteral reflux
- c. Post void KUB

V. Special Considerations

a. Follow contrast allergy protocol

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