

CT Cystography

GE- 8002

Maximum CTDI__30__

Indication: Bladder trauma, bladder mass

Note: Preferred to have Urology Resident present to do this exam. If unavailable, techs may proceed.

PT Prep: NO Oral contrast/NO IV contrast
Bladder contrast: 50 ml of Omnipaque 350 in 500 ml of sterile water
Instill under gravity through Foley (either indwelling or placed by MD or nurse).
DO NOT ATTEMPT TO PUSH CONTRAST – if it does not flow by gravity contact Radiologists or Urologist before proceeding.

Series 1: Scouts AP & LAT – Supine “O” at Iliac Crest S20 to I350

Series 2: Using a 60cc catheter tip syringe attached to the Foley, pour contrast solution in and allow gravity to fill. When patient states they are uncomfortable, clamp off Foley and scan patient
Scan from iliac crest to bottom of symphysis pubis. Make note of how much fluid was instilled in the comments section.

Technique:

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR 30%
Noise Level	15.86	15.86	14.21	14.21
Interval	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Axial/Helical Thickness	2.5 mm	2.5 mm	2.5 mm	2.5 mm
Pitch	1.375:1	1.375:1	1.375:1	1.375:1
Speed mm/rotation	55	55	55	55
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
Kv/mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA
Scan Type	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7 sec

Series 3: Reattach Foley and let the contrast drain until most of contrast has entered Foley bag.
Rescan pelvis to look for residual contrast or extravasation.

Networking/ PACs: Send scouts
Send series 2 Standard Soft Tissue Algorithm
Recon and send bone images with bone algorithm
Recon and send MPR images in standard algorithm
Record DLP in PACS comments

Original Date: 4-8-04

Approved by: Dr. Reh fuss , MCR _____

Revised Date: 11-9-04, 1-11-10 12/8/10 04/17/13 12/15/2015 2/28/18