

Pelvis Cystogram

Siemens go.All

Application Examples: bladder leak or rupture

Oral Contrast No

IV Contrast / Volume No

Technical Factors

Injection Rate	N/A
Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	N/A
Breath Hold	Hold breath

Detector Collimator	Acq 32 x 0.7 mm
Care kV	On / 120 kV
Care Dose 4D	On / 110 mAs
Rotation Time (seconds)	0.5
Pitch	0.6
Typical CTDIvol	10.14 mGy ± 50%

Topogram: Lateral & AP, 512 mm

Pelvis	Recon Type	Width / Increment	Algorithm	Safire	Window	Series Description	Networking	Post Processing
Recon 1	Axial	3 x 3	Br40	2	Abdomen	AXIAL	PACS	None
Recon 2	3D:COR	3 x 3	Br40	2	Abdomen	COR	PACS	Coronal MPR
Recon 3	3D SAG	3 x 3	Br40	2	Abdomen	SAG	PACS	Sagittal MPR
Recon 4	Axial	0.6 x 0.6	Br36	2	Abdomen	AXIAL 0.6 STND	TeraRecon	None

This protocol is used for the detection of a bladder leak or rupture. Foley catheter must be placed prior to arriving in CT suite.

Patient Position: Patient lying supine with arms above head.

Supplies: Supplies are kept in the upper cupboard closest to control room in CT scan room 1. Restock supplies from NORTH Imaging supply room, located by Fluoroscopy.

- 30 mL Omnipaque 300
- 500 mL 0.9% Sodium Chloride
- Female Foley Adapter (large blue Xmas tree)
- Needleless Med Prep Cannula
- Vented Fluid Set with Luer Lock (IV tubing)
- Luer Lock syringe 60 mL
- Catheter clamp (blue)

Exam Instructions:

1. Inject 30 mL Omnipaque 300 into 500 mL bag of saline. Gently shake bag to mix contrast.
2. Connect vented IV tubing to saline bag and run contrast into IV tubing.
3. Connect to catheter
 - Option 1 is to hook directly to catheter hub and clamp off urine collection bag.
 - Option 2 if connection hub is not present, a blue Xmas tree is needed. Clamp patient catheter above connector and carefully disconnect urine collection bag. Insert blue xmas tree to patient catheter and place end of urine collection bag into large blue xmas tree sleeve for clean keeping.
4. Unclamp catheter and hang back to run contrast in bladder, approximately 300-500 mL. Once bladder is full, clamp tubing and scan pelvis.
5. After scan is complete, unclamp IV tubing and lower bag to drain.
6. Disconnect tubing
 - Option 1 is to unclamp and disconnect line.
 - Option 2 is to clamp catheter and exchange IV tubing set for urine collection bag and then unclamp line.

Scan Range: Scan pelvis to including entire bladder.

Recons and Reformations: Adjust FoV to fit body contour.