

Antegrade Nephrostogram

PURPOSE / CLINICAL INDICATION:

- To evaluate for patency of upper tract collecting system to bladder, extravasation, filling defects (including residual stones or hematoma), and appropriate positioning of PCN

SPECIAL CONSIDERATIONS / CONTRAINDICATIONS:

- None

	ORDERABLE NAME:	EPIC BUTTON NAME:	NOTES:
UTSW	XR Pyelogram Antegrade XR Urogram Antegrade Via Ureterostomy		
PHHS	XR Antegrade Pyelogram		Maybe performed in Urology clinic or Radiology fluoroscopy

EQUIPMENT / SUPPLIES / CONTRAST:

- Connector tubing
- Immediate postoperative patients
 - Gravity drip: Ionic hyperosmolar contrast (100 cc bottle Cystografin)
- All other indications
 - Hand injection: 50% dilution nonionic contrast in 60 cc syringe (see contrast guide)
- Optional: Christmas tree adaptor, syringe

PATIENT PREPARATION:

- Review for contrast allergy
- For PHHS, confirm if to be done in Urology clinic (by urologist, but interpreted by radiologist) or in Radiology Fluoroscopy
- For immediate postoperative patients, perform after completion and review of noncontrast CT

PROCEDURE IN BRIEF:

- See complete technique

COMPLETE PROCEDURE TECHNIQUE:

- Review CT done just prior to Antegrade Pyelogram to assess tube position in case PCN needs to be repositioned by Urology prior to proceeding with exam.
 - Tip should be clearly within the collecting system
- Position patient in SUPINE or PRONE position (whichever is more comfortable for patient). Connect tubing to PCN (verify PCN of interest with UROLOGY if more than one). Make sure you are not connecting to the PCN balloon port. Clamp all other tubes (PCN, Foley, suprapubic catheter). Take scout views.
- Fill upper tract collecting system with contrast. Fluoro intermittently to monitor opacification of renal pelvis/calices, ureter, and bladder. Take images.
 - If using gravity drip, open vent on tubing adjacent to bottle. Unclamp PCN of interest.
 - If hand injecting, use gentle pressure. Never inject against resistance or patient's pain.
 - Use various positions to facilitate drainage of contrast into the ureter and bladder (upright, semi-upright, oblique, prone)
- Drain via PCN. Connect to PCN bag. Unclamp other tubes. Take post drain images.
 - If hand injecting, draw back contrast gently. Flush with 10-20 cc sterile saline. Draw back saline gently.

IMAGE DOCUMENTATION (FOR PACS):

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- Overhead
 - Scout frontal view – include kidney and bladder
 - Frontal and bilateral oblique view – include kidney and bladder
 - Post drainage frontal view KUB
- Spots
 - Area of interest (i.e. extravasation, filling defect, stone, fistula tract, etc...)
 - Tangential views of abnormality if needed

ADDITIONAL WORKFLOW STEPS:

- Ensure all tube clamps placed in Radiology are removed prior to release from department.

REFERENCES:

- General Fluoroscopy Considerations
- Procedure Contrast Grid

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