

Cystogram/Urethrogram/ Micturating Cysto-Urethrogram (MCU)

Adult and Child/Young Person | Informed consent: patient information

A copy of this patient information sheet should be given to the patient or substitute decision-maker or parent/legal guardian/other person* of a child or young person to read carefully and allow time to ask any questions about the procedure. The patient information sheet should be included in the patient's medical record.

In this information sheet, the word 'you' means the patient unless a substitute decision-maker, parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker, parent, legal guardian or other person when used in the context of the person providing consent to the procedure.



1. What is a cystogram/urethrogram/Micturating Cysto-Urethrogram (MCU) and how will it help me?

A **cystogram** is an x-ray procedure of the bladder. It will look at the bladder's position and its shape.

A **urethrogram** is an x-ray procedure that looks at the urethra (the tube that drains urine from the bladder).

A **Micturating Cysto-Urethrogram (MCU)** may be done as an extra step during a cystogram procedure. An MCU is a dynamic x-ray of the bladder and urethra and shows how well they function while you pass urine.

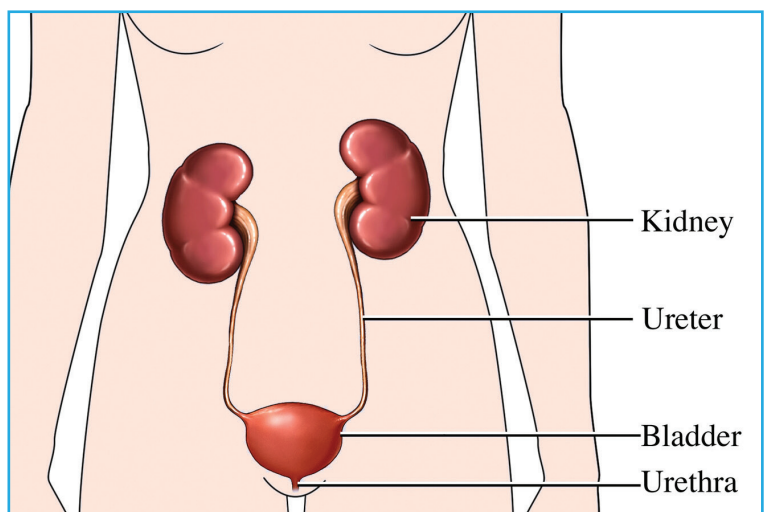


Image: Urinary system (adapted). Illustration Copyright © 2019 Nucleus Medical Media. All rights reserved. www.nucleusmedicalmedia.com

These procedures are performed using fluoroscopy. Fluoroscopy is an imaging technique that uses x-rays to create moving images of the inside of your body.

For all of these procedures, iodinated contrast (also known as x-ray dye) is injected into your urethra and bladder via a thin, plastic tube called a catheter. Contrast allows your urinary structures (urethra, bladder, ureters and kidneys) to be seen more clearly.

Preparing for the procedure

The Medical Imaging department will give instructions on how to prepare for the procedure. Your procedure might be delayed if you don't follow all of your preparation requirements.

Please tell the doctor/clinician if:

- You are breastfeeding or pregnant, or suspect that you may be pregnant.
- You have or have recently had a urinary tract infection. Special precautions may need to be taken to ensure the infection doesn't come back or get worse.



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For a parent/legal guardian/other person of a patient having a cystogram/urethrogram/MCU

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff a parent/adult (unless pregnant) may be invited into the procedure room to support the patient.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

During the procedure

You will be required to change into a hospital gown and remove your underwear and any metal/jewellery from the area of interest.

You will be positioned lying on your back on a fluoroscopy table. It is important that you lie still while the x-rays are being taken. Supporting straps, foam pads and light weights may also be used to help support you.

After the skin around your urethra and surrounding genital area is cleaned, a thin plastic tube called a catheter will be inserted into the opening of the urethra.

Sterile water-based gel will be used to lubricate the catheter, this will help to reduce discomfort as the catheter passes through the urethra to the bladder. Once there, a small balloon on the end of the catheter is inflated to hold it in place during the procedure.

If you already have a urinary catheter in place, this will be used for the procedure.

Once the catheter is in place, contrast is injected through the catheter whilst a series of x-ray images are taken of the urethra and/or the bladder.

Throughout the procedure you may be asked to change positions (for example, lying on your side).

At the end of the procedure, the balloon will be deflated, and the catheter will be removed.

If an MCU is also required, the bladder will be filled with contrast. When the bladder is full and you feel you are able to pass urine, the catheter is removed from your urethra and a container will be provided for you to pass urine into. This will be done either lying down on the table or in a standing position. Staff members will be in the room with you during this part of the procedure. A series of x-ray images will be taken whilst you do this.



2. What are the risks?

In recommending the procedure, the doctor/clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician.

Common risks and complications

- minor pain, bruising and/or bleeding at the insertion site from the catheter. This should resolve on its own
- difficulty or stinging when passing urine. This is only temporary.

Uncommon risks and complications

- infection, requiring antibiotics and further treatment
- allergic reaction to the contrast or anaesthetic gel. This could result in a rash, hives, itching, nausea, fainting or shortness of breath. Medication may be given to relieve this
- damage to the urethra. This may require surgery
- the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications

- death because of this procedure is very rare.

Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure¹.

What are the risks of not having a cystogram/urethrogram/MCU?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring doctor/clinician.



3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available. Please discuss any alternative procedure options with your doctor/clinician.



4. What should I expect after the procedure?

You may return to your normal activities after a cystogram/urethrogram/Micturating Cysto-Urethrogram (MCU) unless the doctor/clinician tells you otherwise.

The radiologist (doctor) will review the final images after the procedure and send the report to your treating team.

You will receive the results of your procedure from your treating team at your next follow-up appointment. Please make an appointment if you do not already have one.



5. Who will be performing the procedure?

Radiographers, doctors, nuclear medicine technologists, sonographers, nurses, and medical imaging assistants make up the medical imaging team. All or some of these professionals may be involved in your procedure.

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could include a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss this with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient.

You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit www.health.qld.gov.au/consent/students.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

Further information about informed consent can be found on the Informed Consent website www.health.qld.gov.au/consent. Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the Medical Imaging department via the main switchboard of the facility where your procedure is booked.

8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

References:

1. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from www.arpansa.gov.au

* Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures.