

St. Paul's Hospital	ZDIC_PIS55_P		(V1) Jul 2023	
Procedure Information - Ascending Urethrogram	Visit No.: Name:	Dept.: Sex/Age:		
	Doc. No.:	Adm. Date:		
	Attn. Dr.:			
O1 O2 O3 O4 O5 O6 O7 O8 O9   +10 +20 +30 +40 +50 +60 +70 +80 +90	Patient No.: PN	Please fill in / affix patient's labe	/	

### Introduction

- 1. Ascending urethrogram is a study used to study the urethra for a male patient.
- 2. The procedure will be performed by a radiologist. The procedure will generally be performed in the Radiology Department under fluoroscopic x-ray guidance.

## **Contraindication**

1. This examination is contraindicated if the patient has acute urinary tract infection or recent instrumentation.

# **Procedure**

- 1. A foley catheter with inflating balloon is placed inside the urethra. Under fluoroscopy, contrast medium is then injected into the urethra.
- 2. The radiologist will take a series of x-rays. Images will be taken in different positions. Patient has to follow the instruction during the procedure.
- 3. Patient may also be asked to void under fluoroscopy to examine his upper urethra completely.

# Potential Risks and Complications

- 1. Occasionally, local damage to urethra or bladder during catheterization can result in dysuria, hematuria or urinary retention.
- 2. Intravasation of contrast medium may occur especially if excessive pressure is used to overcome a stricture.
- 3. Uncommon but serious complications include infection and allergic reaction due to absorption of contrast medium.



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#### **Disclaimer**

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

### **Reference**

ACR Manual on Contrast Media (2023)

I acknowledge that I have understood the above information and was given opportunity to ask questions concerning my procedure.

Name of Patient / Relative

Signature

Relationship (If any)

Date