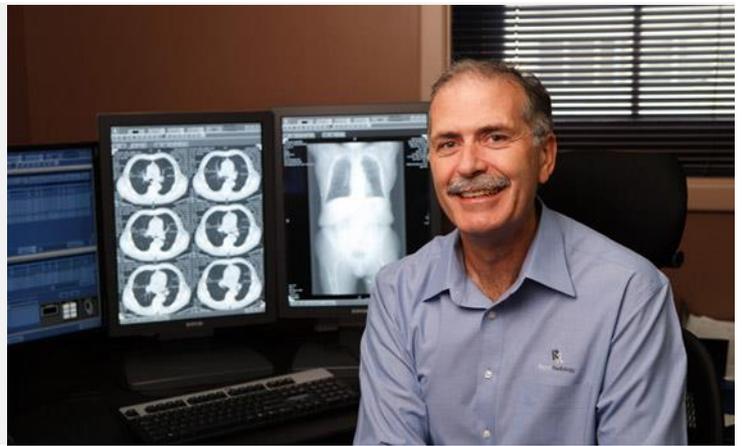


Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ AM / PM

Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## URETHROGRAM PATIENT INFORMATION

### What is a Urethrogram?

A Urethrogram is an examination that shows the urethra (tube that carries urine from the bladder out of the body) using x-ray imaging. This examination is often performed to look for narrowing of the urethra and is generally almost always performed on males, and this information sheet reflects this.

The examination is performed in the main radiology department by a radiologist (specialist doctor who performs and reports on the examination), with the assistance of a radiographer (person who takes and processes x-ray images) and a nurse.

### What preparation is involved?

There is no preparation required.

### Can I take my medications as normal?

All your medications can be taken as normal. If you have any concerns, please contact our nursing staff on 8275 1961 during business hours.

### What will happen during the examination?

The radiographer and nurse will explain what will happen during the examination. You will be required to change into a hospital gown and remove your underwear for the examination

The nurse or radiologist will clean around the penis and urethra (tube that carries urine from the bladder out of the body) with antiseptic solution. The radiologist will then place a narrow catheter (thin plastic tube) into the end part of the penis where the urine comes out. A small balloon is then inflated to hold the catheter in place. During this part of the procedure you may experience some discomfort, local anaesthetic gel is used to numb the area. Contrast (x-ray dye) is then injected through the catheter, this allows good visualization of the urethra on the x-ray images.

The radiologist may ask you to move into a number of different positions, and take a sequence of x-rays to show the urethra clearly.

### Please Note:

#### Please bring the following to your appointment:

- Request form (if referral from GP / Specialist)
- Medicare Card
- Any relevant previous x-rays

#### Obtaining your results:

Your images will be processed and then reported by a Radiologist. A copy of the report will be sent back to the doctor / specialist who referred you for the examination.

You will need to follow up the results of your examination with your referring doctor / specialist.

#### Repatriation General Hospital

Daws Road, Daw Park, South Australia 5041  
Ph: 8275 1906 | F: 8275 1116  
www.repatradiology.com.au | repat.radiology@health.sa.gov.au

Opening Hours: Monday—Friday, 8.30am—5pm

## URETHROGRAM PATIENT INFORMATION

Sometimes it is necessary to view the upper urethra. In this case a catheter will be passed into the bladder and the bladder is filled with contrast, once full the catheter is then removed. You will then be asked to void your bladder. X-ray images are taken as your bladder is being filled, and as you are voiding. This allows for further assessment of the upper urethra.

### How long will the examination take?

The Urethrogram will take approximately 30-40 minutes.

### Are there any risks?

The examination will involve a small dose of x-ray radiation. The potential benefits of diagnosing a medical condition are believed to be greater than the risks from receiving a small dose of x-ray radiation.

There is a small risk of *infection*, which is minimized by using single use sterile equipment and standard aseptic technique during the procedure. However, if you do experience bladder/abdominal pain, frequency, urgency or pain on passing urine or general flu like symptoms or fever following the procedure, please contact your doctor immediately as this could be a sign of infection.

There is a small risk of a *reaction to the contrast* (x-ray dye) that is used, but as it is not injected into the blood stream the risk of an allergic reaction is very small. If you do experience an allergic reaction, such as itching or swelling of the face, it will be treated immediately with medication.

**If you have had a previous contrast (x-ray dye) allergic reaction, it is important to advise the radiology staff prior to your appointment, please contact the department on 8275 1906.**

There is a rare risk for *urethral injury*. While attempting to pass a catheter into the bladder, injury may occur if the urethra already has a tear or a severe narrowing.

There is a very small risk of *bleeding*, but as a urethrogram does not involve any blood vessels or injections the likelihood of excessive bleeding is very small. Your urine may have a pink tinge for 48 hours following, but if this continues, or becomes darker, please notify your doctor immediately.

### What happens after the examination?

After the examination you will be able to eat and drink as normal.

### Can I drive after the examination?

You will be able to drive after the examination.

### Who can I contact if I am not sure about something?

If you have any questions at all, please do not hesitate to contact our reception staff on 8275 1906 during business hours and they will assist with your questions, or direct you to the most appropriate staff member to assist you.

Version 1 Created December 2015 (Review December 2018)

### Questions?

Please feel free to call us on 82751906 for any questions before or after the procedure and you will be directed to the appropriate health care professional.

### Where can I park?

You may park your car on Daws Road, or in the "Clinics" outpatients car park, this is the first entrance on the left off Daws Road. Follow the walkway to Repat Radiology, it is well signposted.

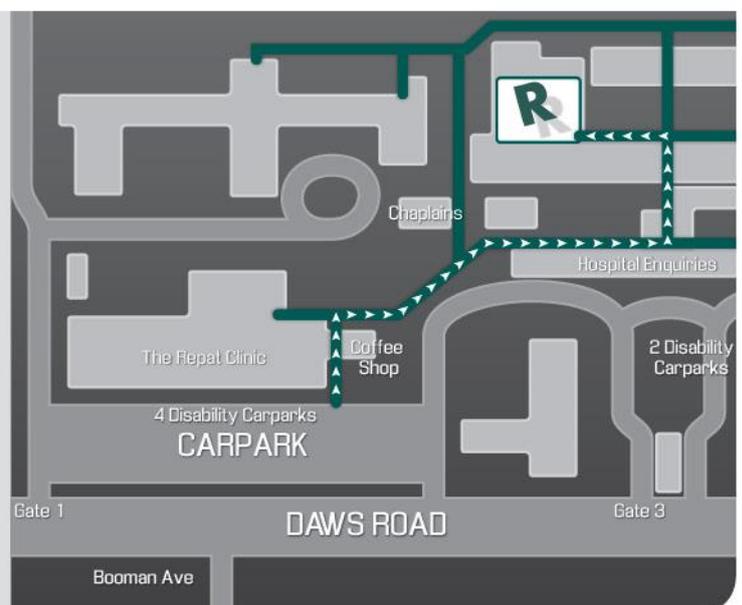
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# /// PATIENT CONSENT FORM

Surname:
Given name(s):
Date of birth:
Sex:
MRN:

I \_\_\_\_\_ have been given the **Urethrogram Patient Information Sheet**.

I have read or have had read to me the patient information sheet and consent to have the procedure.

- I have been informed of the risks and benefits of this procedure.
- I was able to ask questions and raise any concerns about the proposed procedure. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form.

My signature below is evidence that I give my consent to have this medical procedure performed.

Patient Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Radiologist/delegate statement**

I have explained to the patient the proposed procedure and confirm that the above named patient has read or has had read to them and understands the patient information sheet. The patient has consented to proceed with the procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Designation: \_\_\_\_\_

**Additional information discussed with patient:**