



**SNS COLLEGE OF ALLIED HEALTH SCIENCES**  
SNS Kalvi Nagar, Coimbatore - 35  
Affiliated to Dr MGR Medical University, Chennai



**DEPARTMENT OF RADIOGRAPHY AND IMAGING TECHNOLOGY**

**COURSE NAME : CONTRAST AND SPECIAL RADIOGRAPHY PROCEDURES**

**II YEAR**

**UNIT : 5**

**TOPIC : FISTULOGRAM**

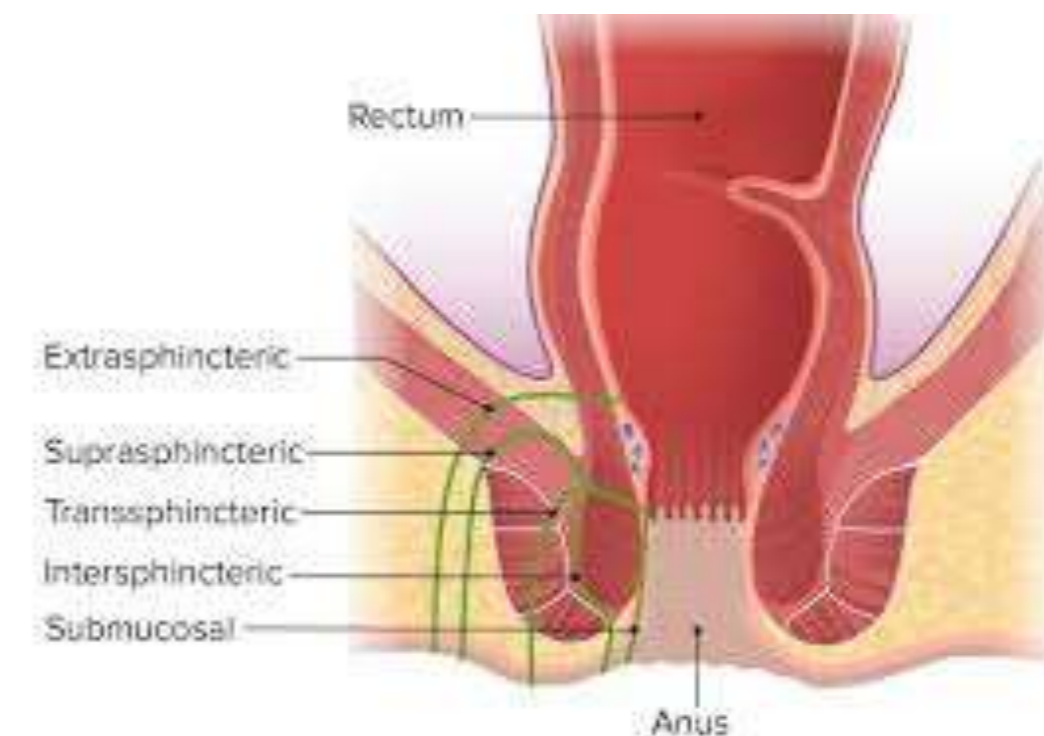


# INTRODUCTION



Fistulogram is a radiology procedure to evaluate the size and shape of the fistula tract before surgery or medication. The fistulogram is performed by the radio technologist in the presence of the radiologist.

**Fistula** – The fistula is abnormal connection between two natural hollow structures or two body cavities or one body cavity and skin surface. The fistula may be congenital or develops after surgery or injury of an organ.

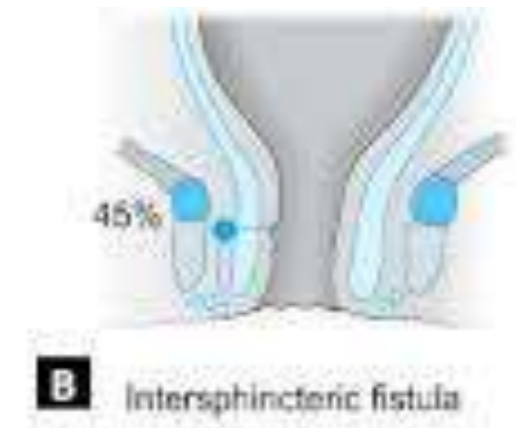
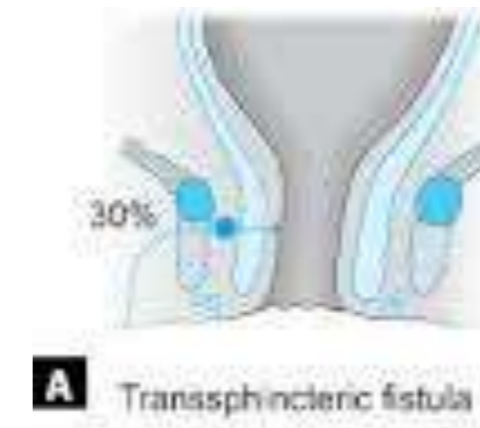




# TYPES OF FISTULA

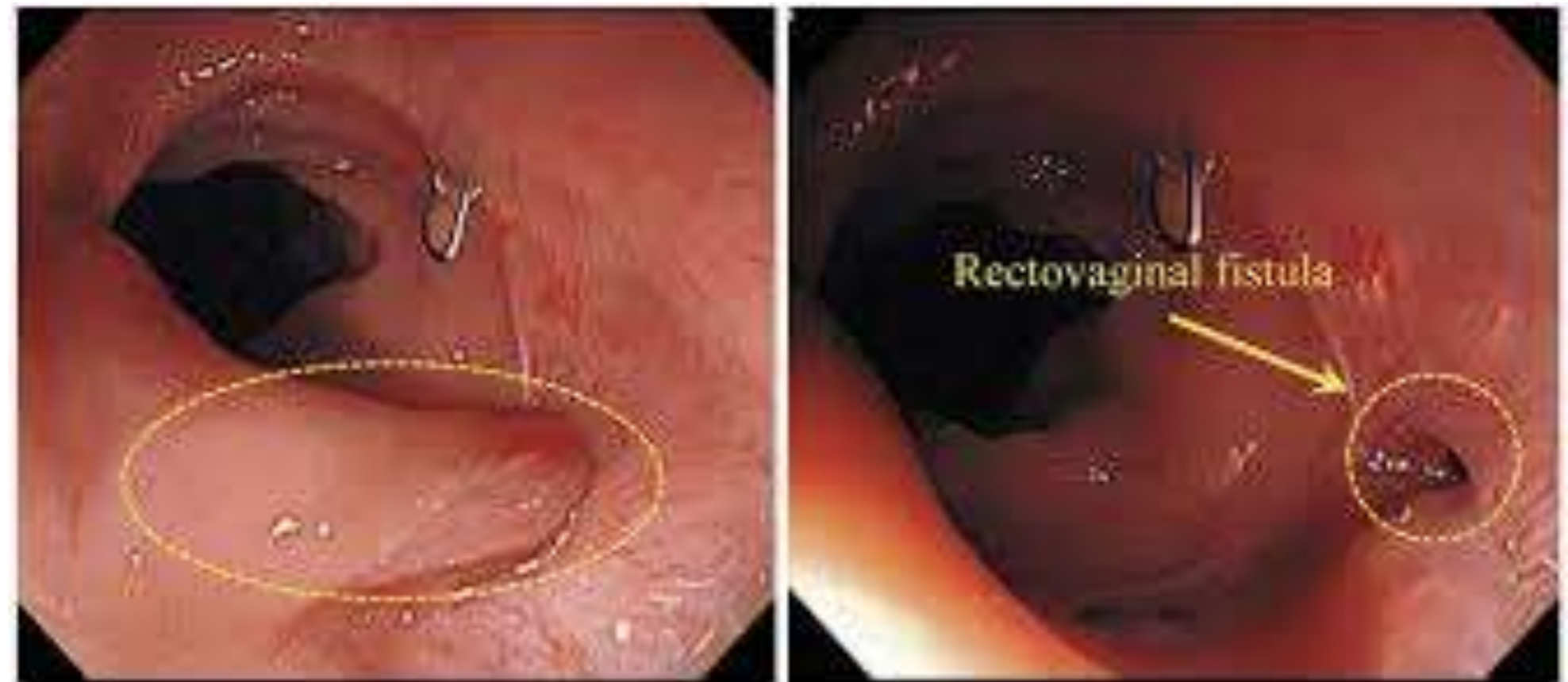


- Anal canal/bowel loops and skin fistula.
- Vagina and rectum fistula.
- Intestine and bladder fistula.
- A fistula between the two or multiple loops of intestine.



# INDICATION

- Opening near sutures wound or any body part like anus or vagina.
- Pus,fluid,waste leak from the opening.
- Throbbing pain.
- Swelling near the affected area.





# CONTRAINDICATION



- Hypersensitivity to Iodine.
- Suspected pregnancy.





# PATIENT PREPARATION



- No special preparation is required for the examination.
- Women should inform about any possibility of pregnancy. Pregnant women should not have a radiologic examination because of the risk of radiation exposure to the unborn baby.
- The patient is instructed to remove all metallic objects and metallic jewelry from the region of interest.





# EQUIPMENT



- Fluoroscopy unit with spot film device.
- Local anaesthesia.
- Catheter or cannula sleeve.
- Contrast media – Water soluble ionic contrast media for fistulography examination. The water soluble ionic contrast media better than Barium sulphate to evaluate intestinal fistula.
- Normal saline.
- Gauze.
- Sterile towel.
- Antiseptic solution.





# PROCEDURE



The examination is performed in the radiology department.

- On the day of the examination, the technologist should describe the whole procedure to the patient and obtain written consent from the patient, for permission of procedure.
- The patient is asked to remove clothing and wear a hospital gown.
- The patient is placed in the supine position with an empty bladder on the fluoroscopic table.
- An intravenous line is inserted into the patient arm. If necessary, sedative medication is given through the line to make the patient relax.
- The fistula is cleaned with an antiseptic solution, and the local anaesthesia is applied near the fistula for numbing the area.





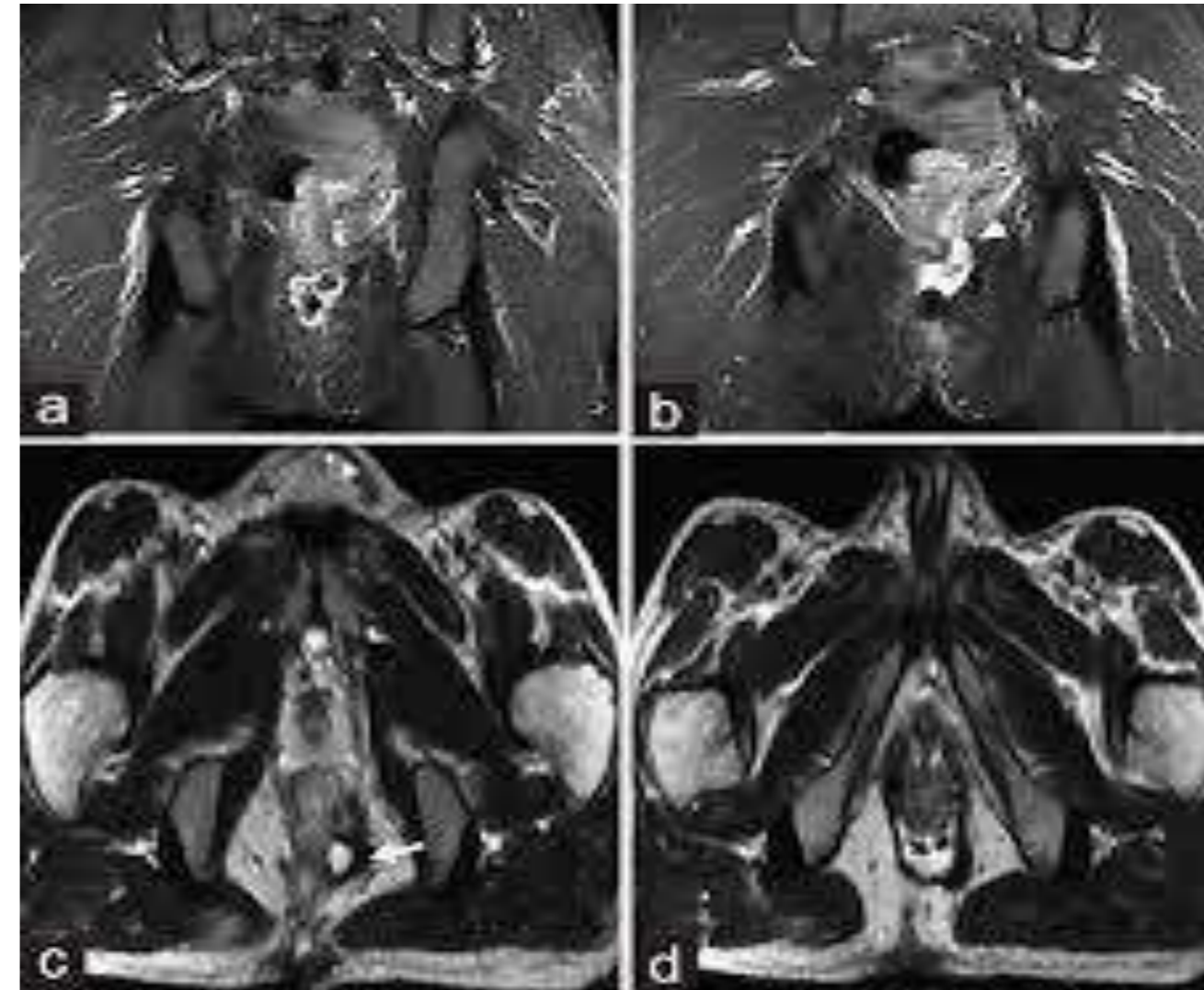
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- Then the radiologists selects a catheter or cannula sleeve according to the size of the fistula.
- Then the radiologist advances a catheter or cannula sleeve into the fistula tract.
- Afterward, the radiologist slowly injects 5ml dilute ionic contrast mixed with normal saline into the fistula tract under fluoroscopy guidance.
- After filling the tract, several x-rays or aspot films are taken in anteroposterior, lateral and in oblique positions to access the fistula tract.
- After completion of the procedure, the catheter is removed and the wound must be cleaned and covered with the dressing.



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# AFTERCARE



The patient is allowed to leave the examination room after completion of the examination.







**THANK YOU**