

## Fluoroscopy Department

# Paediatric Micturating Cystogram (MCU or MCUG)

### Introduction

You have been advised by your hospital consultant that your child needs to have a Micturating Cystogram examination and you have been referred to Radiology department to have this procedure. This leaflet will give you general information and is intended to answer most of your questions.

This is not intended to replace the discussion between you and your child's consultant, but may act as a starting point for discussion. If after reading this information you still have concerns or require further explanation, please do not hesitate to call the telephone number 024 7696 7115.

If you feel unhappy with any part of your child's care please ask to speak to the Superintendent Radiographer.

Please read this leaflet carefully to make sure you and your child are successfully prepared for the examination.

### What is a Micturating Cystogram?

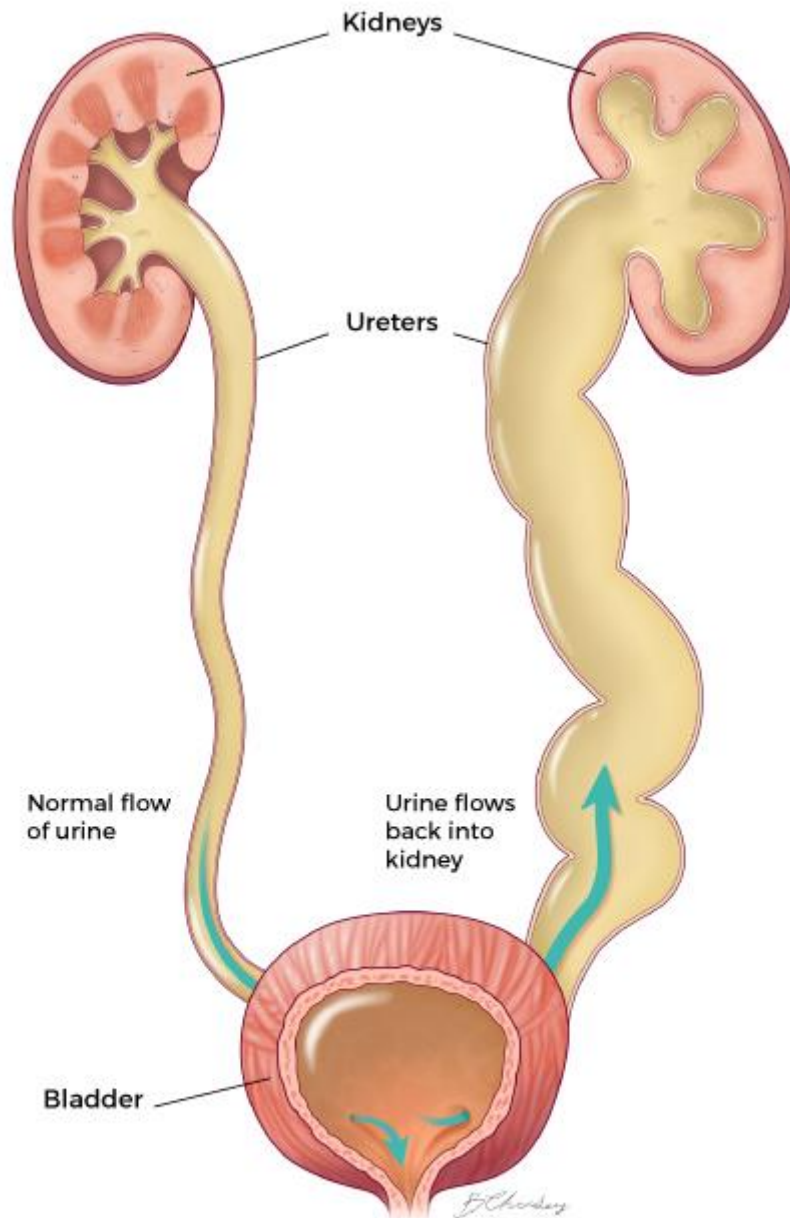
A Micturating Cystogram is a special X-ray examination to show the bladder.

The examination will be performed by a Radiologist (X-ray doctor) who may be assisted by a Radiographer and a Radiology nurse or Radiology Department assistant.

The examination is usually performed if a child or baby has urinary tract infections (UTI's), and will highlight backflow of urine from the bladder to the kidneys (reflux), or an obstruction at the bottom of the bladder. It may also be performed if an antenatal ultrasound scan has suggested that one or both kidneys in the foetus may be enlarged before birth. It is generally only performed on children between the ages of six weeks and six months of age. The younger the child: the simpler the procedure.



## Patient Information



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### Preparation

- There is no special preparation for this procedure; although you should bring a wash kit and/ or clean nappy.
- Your baby /child may eat and drink as normal.
- If your baby/child is taking antibiotics, please ensure they receive their normal dose on the day of the procedure. If your baby/child is on any other form of medication from their doctor, they should continue to take it as normal.

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### **Note to mothers / guardians**

If you are or might be pregnant, you may wish to bring someone else to accompany your child during the examination as there is a risk to the unborn child from X-rays.

### **What will happen when we arrive?**

- On arrival at the Radiology/X-ray Department, please report to the reception desk where, once you have been registered, you will be directed to the Fluoroscopy reception and waiting area.
- You will need to get your child changed into an examination gown.

### **During the examination**

You will be taken into the X-ray room where the examination will be explained to you both and you can ask any questions that you may have.

### **Micturating Cystogram**

- The examination is performed under sterile conditions so the Radiologist will wear sterile gloves.
- Your baby/child will lie on the X-ray table and a small soft tube (called a catheter) is passed through the opening of the urethra and into the bladder. This is usually a very quick and simple procedure, which generally causes little or no distress; any distress which does occur should quickly pass.
- Distraction may help to relax your baby/child while the tube is passed into the bladder. You may want to bring a favourite book or toy with you.
- A contrast medium (a colourless liquid that shows up on X-rays) is run slowly into the bladder through the tube whilst it is being watched using X-rays.
- Once the bladder is full a series of pictures (X-rays) is taken while your baby/child is passing urine. This has to be done twice after which the catheter is removed. As the bladder fills your child may become restless. This settles as soon as they start to pass urine.

### **After the examination**

- Once the examination is complete your child may go home.
- He/she should drink plenty of fluids over the next few days.
- If there are any problems after the examination please see your GP.
- If your child is on long term antibiotics, please ensure they continue to take them unless advised otherwise by their Consultant.

### **Risks of the procedure**

- X-rays are a type of radiation. We are all exposed to natural background radiation every day of our lives; this comes from the sun, food we eat, and the ground. Exposure to X-rays carries a small risk, but your doctor feels

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that this risk is outweighed by the benefits of having the test. We will take all precautions to minimise the amount of X-rays your child receives.

- This examination is performed with sterile equipment; however there is always a risk that infection may be introduced into the bladder during the procedure.
- Sometimes the baby or child may pass a little blood in their wee (haematuria) because of minor injury to the lining of the urethra. This usually clears very quickly and is not a cause for alarm.
- It is not unusual for children/babies to experience some temporary discomfort following the procedure, or when they pass urine. If they are experiencing this discomfort they may be given a dose of Paracetamol (Calpol) as directed on the label. Should the discomfort continue, please contact your child's GP.

### How do we get the results?

The results will not be given to you immediately. They will be sent to the doctor who referred you to us for this examination (either a Consultant Paediatrician or your own GP).

### Other Sources of Information:

For information about the effects of X-rays read the NRPB publication: "X-rays how safe are they?" on the Health Protection Agency website:

[www.hpa.org.uk](http://www.hpa.org.uk)

Please note that the views expressed in these websites do not necessarily reflect the views of UHCW NHS Trust or the NHS.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact the telephone number on your appointment letter and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

#### Document History

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