

# Micturating cystogram

Information for parents and carers



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## Who is this leaflet for?

This leaflet is for parents and carers of children who need a procedure called a micturating cystogram. It explains why this is needed, what it involves and any possible risks.

## What is a micturating cystogram?

This is a procedure using low dose X-rays to assess how well your child's bladder and the tubes linking bladder and kidneys are working. It uses a special type of X-ray called fluoroscopy, which views images in real time.

## Why does my child need it?

It is used to diagnose why a child might have had a urinary tract infection or to diagnose any abnormalities found within the urinary system.

## Who will perform it?

The procedure will be carried out by a consultant paediatric radiologist. There will also be a radiographer and an imaging assistant in the room. Trainees may also be present from time to time to help their learning.

## What is involved?

If your child is a baby, they will need to be completely undressed. The procedure involves passing a small soft tube called a catheter into the bladder. A sample of urine will then be obtained to ensure there is no current infection present (if your child is found to have an infection at this point, we will not continue with the examination and will rebook another appointment). The bladder is then filled via the catheter with an X-ray dye (some warm liquid) which shows up on the X-ray screen. A series of X-rays is then taken as the bladder is filled and also as your child empties their bladder. The catheter will then be carefully removed and some more X-rays are taken. Older children will be asked to change into gowns.

**To obtain good quality images and make sure that the catheter does not become dislodged, it is important that your child stays fairly still during the procedure. A member of staff will assist you with this.**

## Will my child have any pain or discomfort?

A little discomfort may be experienced when the catheter is introduced into the bladder. To prevent this some numbing gel will be used.

## How long does it take?

The procedure takes around 30 minutes. Some of this time will be taken up with the preparation, such as answering any questions you may have and preparing the sterile trolley.

## Are there any risks or complications?

Although this is a sterile procedure there is a small risk that an infection could be introduced. To help prevent this your child will need to take a course of antibiotics before and after the procedure. If your child is already on antibiotics, the dose will need to be increased. Please see the box overleaf for details.

The X-ray equipment has been especially selected to be used with children.

The level of exposure of X-rays is strictly controlled and kept to a minimum.

You will be given a lead gown to wear in the X-ray room. If a parent/carer is pregnant we will ask that she does not hold the baby but instead stays behind the lead screen in the room. If at all possible, we ask that one parent/carer is present in the room to help hold the child still.

## What happens afterwards?

- The X-ray dye used can be a bit sticky so if there is any left in the bladder after the end of the procedure we advise an early nappy change to prevent any irritation to the skin.
- If your baby shows any signs of being unwell following the procedure please contact your GP.

## When will I get the results?

The consultant who performed the examination will write a report of the results. This report will be forwarded to the consultant who referred your child for the procedure.

## Any questions?

If you have any queries or concerns, please phone the appointment department on:

➔ Telephone: 01872 252289

or the Radiographers on:

➔ Telephone: 01872 252338.

## **If your child is taking prophylactic Trimethoprim**

Trimethoprim is the first line of prophylaxis. This means your child is taking a low dose of medication to prevent urinary infections occurring.

The prophylactic dose is 2 mg/kg/day as a single daily dose at bedtime.

On the day before the micturating cystogram, increase the Trimethoprim dose to double the amount, twice a day, for 3 days. After 3 days, return to the prophylactic dose. If you have any queries your GP may be able to help. Please have this leaflet on hand when you talk to your GP.

## **If your child is taking a different prophylactic antibiotic**

If your child is taking another prophylactic antibiotic (not Trimethoprim), or is not on any prophylaxis, the referring clinician will advise you on the correct medication and dose to take prior to the procedure. Please ask if you are unsure.

## Information for GPs

It may be necessary for you to prescribe antibiotic cover for patients in your care undergoing this examination. Unless otherwise indicated, the treatment dose of Trimethoprim needs to be given for 3 days (4mg/kg twice daily). Thank you for your assistance.



To get this information in a different format call 01872 252690

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