

Pelvic Floor Imaging (Defecography)

(revised 9/2012) Empty bladder immediately prior to scanning (full bladder interferes with prolapse of other organs)

Prepare ultrasound gel, 2 60ml syringe, enema kit and enema ring Remove vaginal pessary if present. Supine position

Eliminate any right to left pelvic tilt. Maintain good mid-sagittal plane

Knees are bent with cushion or pillow support under knees

Position legs slightly apart so there is no interference with organ prolapse

Fully explain procedure including how to perform Squeeze (Kegel), Valsalva, and the evacuation maneuvers. Maneuvers always start 3 seconds after the noise starts

1. **AXIAL T2 SSFSE** 6mm thick (Large: iliac crest to buttocks)
2. **SAGITTAL T2 FSE** (R – L Coverage: side wall to side wall)
3. **CORONAL T2 FSE** – Perirectal area
4. **SAG T2 SSFSE SQUEEZE** (sidewall-sidewall)
5. **SAG CINE FIESTA SQUEEZE-25 sec** (one slice in mid-sag plane; instruct patient “**SQUEEZE - LIKE YOU’RE TRYING TO HOLD IT IN**” 3 seconds after noise begins)
6. **SAG T2 SSFSE VALSALVA** (sidewall-sidewall)
7. **SAG REAL TIME FIESTA CINE VALSALVA 25 sec** (one slice in mid-sag plane; instruct patient to “**PUSH BUT DON’T LET IT OUT**” 3 seconds after noise begins) location for one slice
8. **SAG REAL TIME FIESTA CINE EVACUATION 30 sec** (one slice in mid-sag plane; instruct patient bear down and evacuate the gel 3 sec after noise begins)

Slice location for - Relaxed

Valsalva and

Evacuation images:

