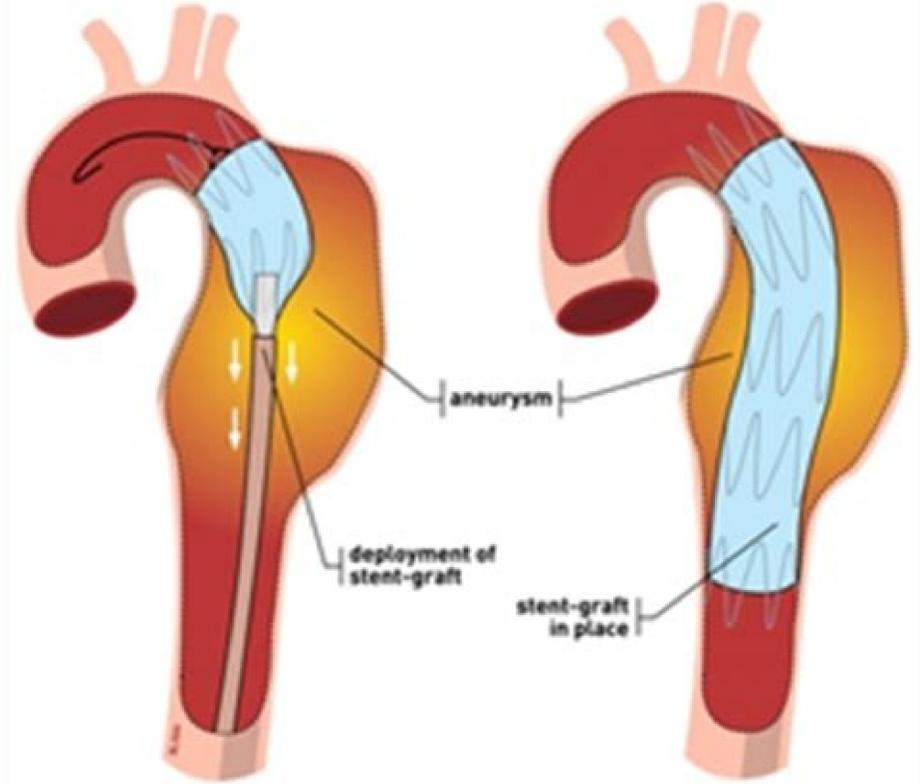
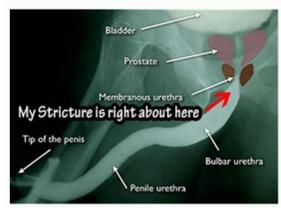
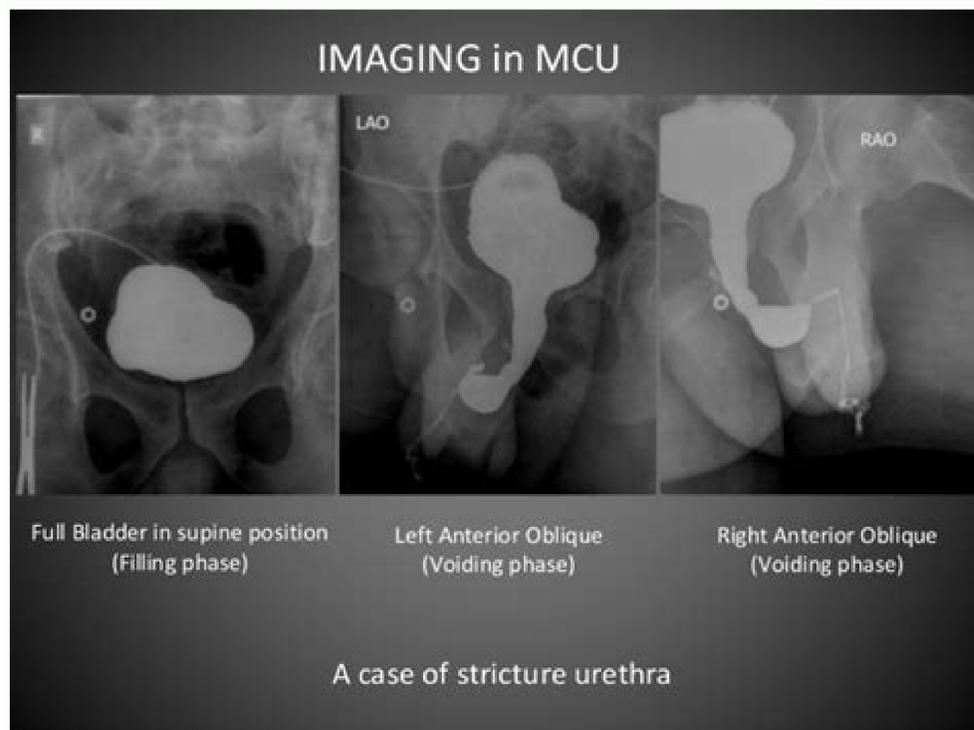
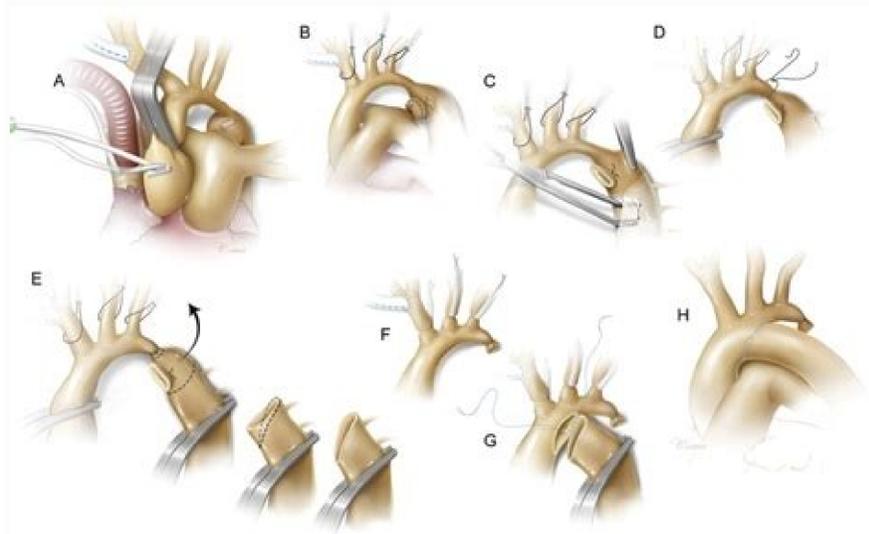


I'm not robot!

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Descending urethrogram procedure. Ascending and descending urethrogram procedure. Ascending urethrogram cost. Ascending urethrogram procedure pdf.

Urethrography refers to the radiographic study of the urethra using iodinated contrast media and is generally carried out in males. When the urethra is studied with instillation of contrast into the distal/anterior urethra it has been referred to as: retrograde urethrography (RUG) ascending urethrography (ASU) When the posterior urethra is studied during micturition, this has been referred to as: The resulting images are known as urethrograms. retract the foreskin and clean the tip of the penis with Betadine® (povidone-iodine) or antiseptic solution inject a small amount of topical local anesthetic (e.g. lidocaine gel) into the urethra with a syringe local anesthetic helps to relax the sphincter as the patient may contract it during the procedure thus leading to a diagnosis of a stricture some advocate against the use of lidocaine gel on the basis that an inadequate seal is formed the patient position should be oblique to visualize the full length of the urethra place the tip of the metallic adaptor into the urethral orifice and attach the contrast loaded syringe to it an alternative is to place a Foley catheter tip in the navicular fossa and gently inflate the balloon with sterile water until a seal is formed making sure not to cause the patient pain or damage the distal urethra inject the contrast and image as soon as a major part of the contrast has been injected, taking spot images when

appropriate ideal images demonstrate the entire length of the urethra with contrast beginning to fill the bladder. ADVERTISEMENT: Supporters need fewer or no ads Generally, a RUG/ASU is carried out to visualize urethral abnormalities and a VCUG/MCU for posterior urethral abnormalities. Additionally, although the bladder is not generally the main target of the exam, as with a cystogram, a VCUG/MCU may be useful in the detection of bladder abnormalities and vesicoureteric reflux (VUR).In a trauma situation, a RUG/ASU should be performed first. A VCUG/MCU should not be performed first because blindly trying to introduce a Foley catheter into the bladder in a trauma setting may lead to additional iatrogenic urethral damage. Retrograde urethrographyUrethrogram showing an urethra stricture in a man.ICD-987.760PS-301 code3-13g[edit on Wikidata]A retrograde urethrography[1] is a routine radiologic procedure (most typically in males) used to image the integrity of the urethra. Hence a retrograde urethrogram is essential for diagnosis of urethral injury, or urethral stricture.[2][3] Uses Some indications for retrograde urethrogram are: urethral stricture, urethral trauma, urethral fistula and congenital urethral abnormalities.[4] There is no absolute contraindication for retrograde urethrogram. There are several relative contraindications such as: allergy to contrast agents, acute urinary tract infection, and recent instrumentation of urethra.[5] Procedure A low osmolar contrast agent with concentration of 200 to 300 mg per ml with volume of 20 ml can be used in this study. Warming the contrast medium before infusion into the urethra can help to reduce the chance of getting spasm of external urethral sphincter.[4] The subject lie down on supine position. An 8 Fr Foley catheter is connected to a 50 ml syringe. The syringe is flushed to remove any air bubbles within the Foley catheter and the syringe. The tip of the catheter is then inserted into the urethra using aseptic technique until it park inside the navicular fossa. Fossa navicularis is located just a short distance proximal to urethral meatus within the glans penis. The balloon of the Foley catheter is then inflated with 2 to 3 ml of water to anchor the catheter and occlude the meatus, thus prevent contrast from leaking our from the penis. Contrast is then injected from the syringe with fluoroscopy to visualise the flow of contrast within the penis. The catheter is gently pulled to straighten the penis over the leg of the same side to prevent the overlapping of any pathology in the posterior urethrae. Spot images are taken at 30 to 45 degrees to visualise the entire spongy urethra (penile urethra).[4] If there is no contraindication to full urinary catheterisation such as false passage or stricture, the urinary catheter should be inserted until urinary bladder to perform voiding cystourethrography to visualise the prostatic urethra and membranous urethra. Filling up the bladder with contrast without full catheterisation (the end of catheter inside the urethra) is also possible if the subject is able to relax the bladder neck to allow contrast to follow into the bladder.[4] If a urethral injury is suspected, a retrograde urethrography should be performed before attempting to place a Foley catheter into the bladder. If there is a urethral disruption, a suprapubic catheter should be placed.[citation needed] Complications Among the possible complications are: urinary tract infection, urethral trauma, and intravasation of contrast medium (contrast going into blood vessels) if excessive pressure is used to overcome a stricture.[4] See also Retrograde ureteral, an intervention used to remove kidney stones References ^ Shetty, Aditya. "Urethrography | Radiology Reference Article | Radiopaedia.org". Radiopaedia. Retrieved 2021-11-10. ^ El-Ghar MA, Osman Y, Elbaz E, Refiae H, El-Diasty T (July 2009). "MR urethrogram versus combined retrograde urethrogram and sonourethrography in diagnosis of urethral stricture". Eur J Radiol. 74 (3): e193–e198. doi:10.1016/j.ejrad.2009.06.008. PMID 19608363. ^ Maciejewski, Conrad; Rourke, Keith (2015-12-02). "Imaging of urethral stricture disease". Translational Andrology and Urology. 4 (1): 2–9. doi:10.3978/j.issn.2223-4683.2015.02.03. ISSN 2223-4691. PMC 4708283. PMID 26816803. ^ a b c d e Watson N, Jones H (2018). Chapman and Nakielny’s Guide to Radiological Procedures. Elsevier. pp. 140–141. ISBN 9780702071669. ^ Hota, Parta; Patel, Tejas; Patel, Harshad; et al. (February 2020). "Post-traumatic Retrograde Urethrography: A Review of Acute Findings and Chronic Complications". Applied Radiology. 49 (1): 24–31. External links New England Journal of Medicine procedure videos: Male Urethral catheterization Ohio State University Patient Education Materials: Retrograde Urethrogram This medical treatment-related article is a stub. You can help Wikipedia by expanding it.vte Retrieved from " Health consumers information Authors: Dr Alan List" Prof Stacy Goergen * What are the generally accepted indications for a urethrogram? A urethrogram is a procedure used to show the location and characteristics of a clinically suspected urethral stricture, which is most often a result of trauma, surgery, prolonged catheterisation or radiation therapy. Those men with poor urinary stream, not thought to be a result of prostatomegaly, may be candidates for this test. Referral is usually from a specialist urologist or on their advice. A urethrogram is a contrast study of the urethra under fluoroscopic control. This is done by placing a catheter into the urethral meatus, expanding the balloon gently to form a seal and running a small volume of contrast into the urethra under image control. Frequently, a voiding study is needed and is carried out by filling the bladder after catheterisation, removing the catheter and having the patient void under imaging control with spot films. What are the prerequisites for having an urethrogram done? Urethrograms are usually carried out after specialist referral. Some urologists may agree to a urethrogram being carried out after a telephone consultation. Urinary infections should be treated before a urethrogram being carried out. In patients with recurrent urinary tract infections, antibiotic prophylaxis should be considered. The study can be carried out towards the end of a course of antibiotic treatment for urinary tract infection. What are the absolute contraindications for a urethrogram? There are really no absolute contraindications. Because the contrast is not injected intravenously, the risk of reaction is minimal. Given the theoretical risk of contrast intravasation with urethral mucosal damage, patients with a history of moderate or severe contrast reaction should be premedicated or an alternative contrast used. Severe urinary tract infection should be treated before a urethrogram is carried out, unless there are exceptional circumstances; for example, the possibility of traumatic catheterisation, or the failure of catheterisation in a patient who needs to be catheterised as part of management. What are the relative contraindications for a urethrogram? Patients may feel embarrassed by the procedure and therefore unwilling to undergo it. However, this can usually be overcome by adequate explanation and a sympathetic attitude of staff present in the room during the procedure. What are the adverse effects of a urethrogram? Mild or minor haematuria after catheterisation is common, short lived and rarely a problem if patients are warned to expect it. Infection after catheterisation may require investigation and treatment. It is rare if the procedure is carried out with the appropriate sterile technique. In the setting of acute urethral injury, an attempted urethrography may result in swelling or oedema, and may cause subsequent urinary retention. Are there alternative imaging tests, interventions or surgical procedures to a urethrogram? Magnetic resonance imaging is the preferred procedure for examining the female urethra, where the study is usually for determining the presence of a diverticulum. In the male, the functional information about flow limitation produced by strictures is better shown by a urethrogram. There has been some recent interest in carrying out studies of the urethra using ultrasound. This still requires distension of the urethra with jelly or fluid, so is still as invasive in that respect. Voiding studies are difficult and need to be carried out by someone who is experienced in this study. Further information about urethrogram Urethrograms for trauma can be carried out in the acute situation to confirm the presence of a rupture or partial rupture of the urethra. An ascending study is usually all that is needed. The study can be delayed for some weeks and the patient managed with a suprapubic catheter throughout the acute injury and recovery phase, and an elective repair carried out at an interval post-injury. A urethrogram is often useful for operative planning at this stage. *The author has no conflict of interest with this topic. Page last modified on 26/7/2017. Which radiology tests are absolutely contraindicated during pregnancy? No radiological examination is absolutely contraindicated during pregnancy. As there are no... Read more Radiation oncology uses radiation (radiation therapy) to treat cancer and other non-malignant diseases. It is a safe and effective treatment... Read more What are the prerequisites for having a cerebral perfusion study done? Due to the complexity of neurological conditions, generally these... Read more What is a whole body MIBI myeloma scan? A whole body MIBI myeloma scan is a nuclear medicine scan which... Read more

Enter the email address you signed up with and we'll email you a reset link. The two-stage procedure has become preferable over the past few years because of lower recurrence of ventral curvature and more favourable results with variable long-term complication rates [300,305,312-316]. 3.6.5.6. Re-do hypospadias repairs. For re-do hypospadias repairs, no definitive guidelines can be given. Patient selection and proper surgical procedure choice are paramount to maximize the chance of successful outcome in the treatment of urethral stricture. ... Is ascending urethrogram mandatory for all urethral strictures? J Pak Med Assoc. 2008 Aug;58(8): 429-31. Andersen J, Aagaard J, Jaszczak P. Retrograde urethrography in the postoperative ... 04/10/2021 · Procedure Technique. urine is drained from the bladder via a Foley catheter or suprapubic catheter. remember in a trauma situation with a possible pelvic injury, a retrograde/ascending urethrogram should be performed first to exclude urethral injury; a bag of dilute water-soluble contrast (e.g. Cystografin) is hung to instill contrast into the ...