

MRI Pelvic Fistula

Updated 06/06/26

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Indications: fistulas involving the rectum, colon, bladder or vagina.

There is a separate protocol for perianal fistulas.

Have the patient empty his/her bladder just before getting on the table.

Have female patients administer 30 mL US gel per vagina.

Full Pelvis FOV: Just above bifurcation to few slices below introitus/anus (top/bottom coverage), greater trochanter to greater trochanter (right/left coverage), anterior pelvic wall skin to posterior buttock skin (front/back coverage).

Go to MRIMaster.com for a guide of proper positioning.

Pulse Sequence	PACS Name	plane	fat sat	slice (mm)	gap (mm)	first slice
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GLUCAGON - 1 mg slow IV push **just before** beginning imaging.

T2 HASTE/SSFSE	T2 COR	cor	no	7	1.4	front
T2 TSE	T2 SAG	sag	no	4	1	right
T2 TSE	T2 FS SAG	sag	yes	4	1	left
T2 TSE	T2 AX	ax	no	4	1	top
T2 TSE	T2 FS AX	ax	yes	4	1	top
T1 VIBE/LAVA	T1 FS PRE SAG	sag	yes	3.5	0.6	left
T1 VIBE/LAVA	T1 FS PRE COR	cor	yes	3.5	0.6	front
T1 VIBE/LAVA	T1 FS PRE AX	ax	yes	3.5	0.6	top

GLUCAGON - 1 mg slow IV push **just before** giving IV contrast.

CONTRAST - 2 mL/sec standard dose gadolinium (0.2 mL/kg Clariscan or 0.1 mL/kg Gadavist) followed by 20 mL saline flush.

T1 VIBE/LAVA	T1 FS 35 SEC AX	ax	yes	3.5	0.6	top
T1 VIBE/LAVA	T1 FS 70 SEC AX	ax	yes	3.5	0.6	top
T1 VIBE/LAVA	T1 FS POST SAG	sag	yes	3.5	0.6	left
T1 VIBE/LAVA	T1 FS POST COR	cor	yes	3.5	0.6	front
Diffusion (b50, b800, ADC)	DIFFUSION AX	ax	yes	6	1	top

RECONS:

axial, sagittal and coronal subtractions