

ESR Essentials: pelvic floor imaging-practice recommendations by the European Society of Urogenital Radiology

Electronic Supplementary Material

Table S1. Overview of contrast agents used for FD

Organ	Type of contrast	Amount	How to administer?	When?
<i>Rectum</i>	150 mL of Barium Sulphate mixed with 400 mL of water	120-240 mL (Until the patient experiences an urge to defecate)	Via rectal tube or catheter tip syringe	Immediately before the examination
<i>Small bowel</i>	Diluted Barium Sulphate (oral suspension)	180 mL of water added to one pot of E-Z-HD	Oral ingestion	1-2 hours before the examination
<i>Vagina</i>	Iodine-based contrast medium, with water-soluble gel and food thickening agent to form a wallpaper paste consistency	5-30 mL	Via catheter tip syringe	Immediately before the examination

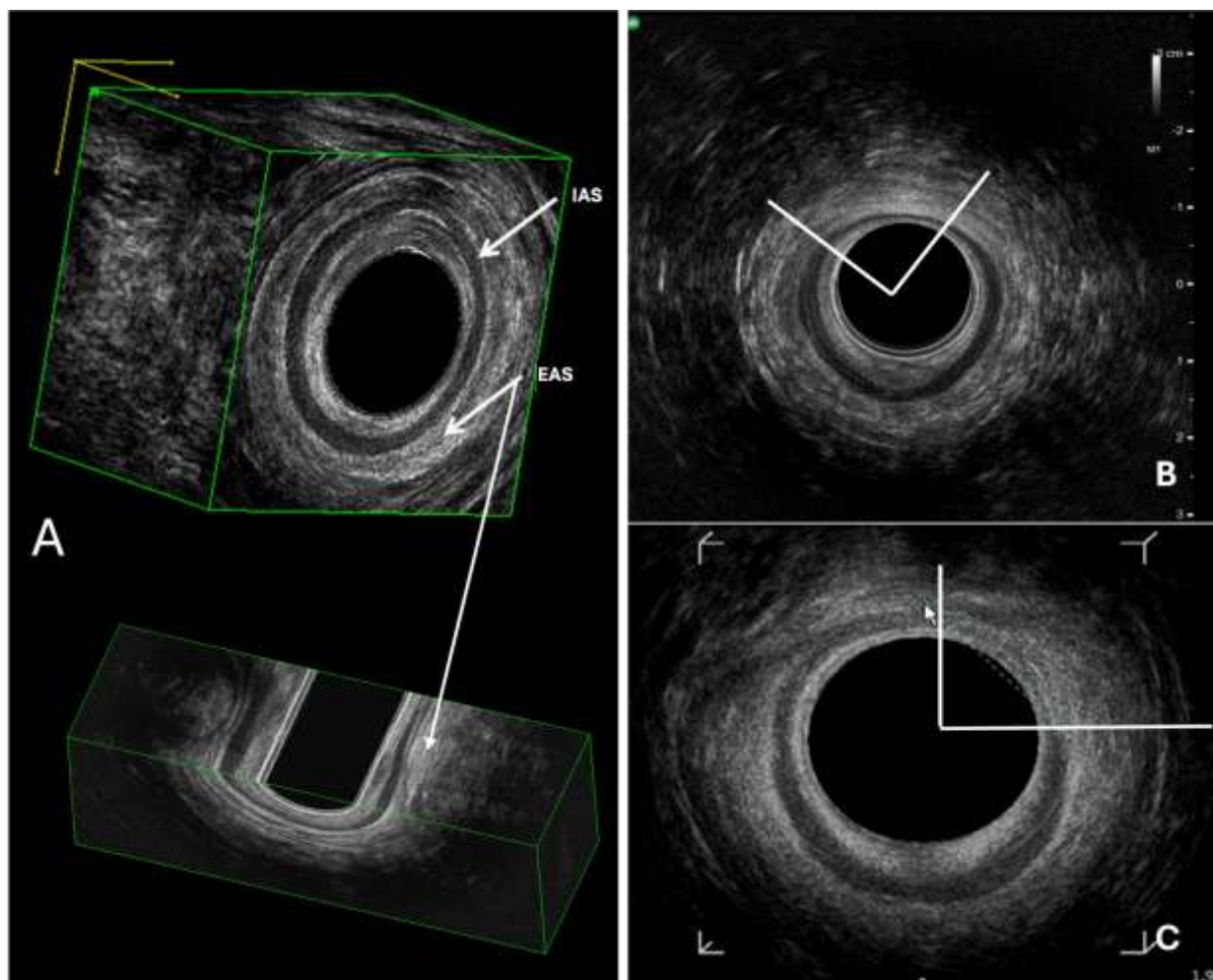


Fig. S1: EAUS in a female patient with grade 3 perineal tear presenting with faecal incontinence. **(A)** 3D cube acquisition of the anal canal in the axial plane (top) and coronal reformatting (bottom). Cube acquisition can be reformatted to different planes to assess sphincter integrity. **(B)** axial image illustrating the EAS injury with disruption of the outer hyperechoic ring anteriorly from 10 to 1 o'clock position. **(C)** axial image showing IAS injury with discontinuity of the inner hypoechoic layer at the left anterolateral quadrant (12 to 3 o'clock position).

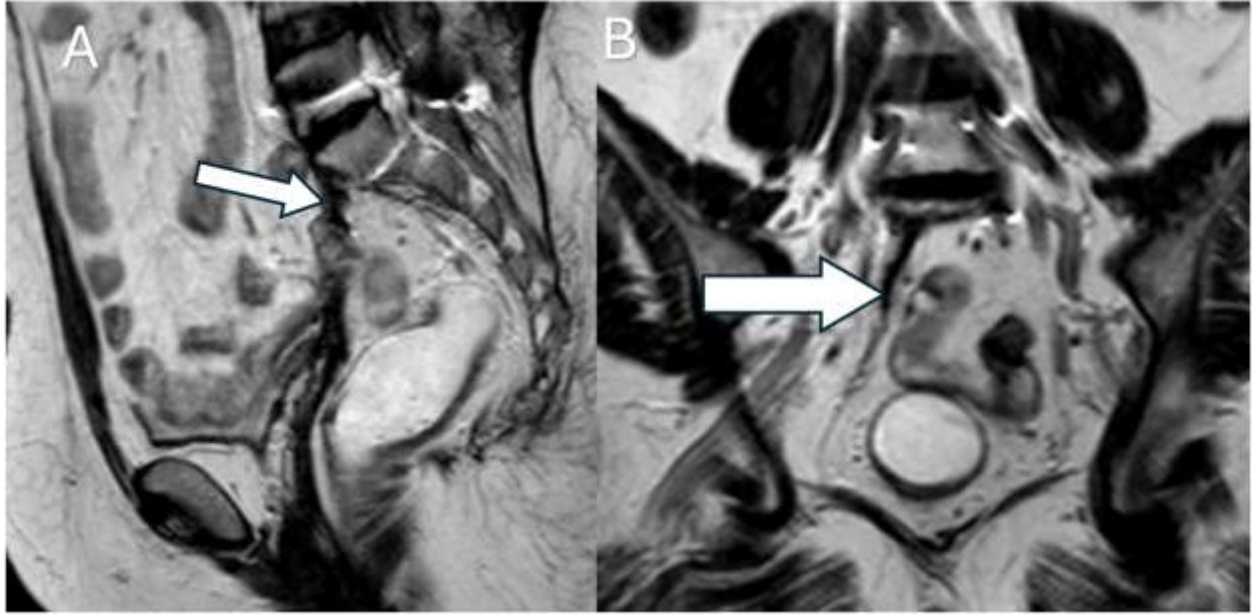


Fig. S2: (A) Sagittal T2 and (B) coronal T2 static MRI images showing the appearance of mesh sacrocolpopexy in a 65-year-old for treatment of vaginal prolapse post hysterectomy.



Fig. S3: (A) AP and (B) lateral plain radiographs of the sacrum illustrating the normal positioning of an implanted sacral nerve stimulator (SNS) in a 47-year-old female patient complaining of faecal incontinence. The lead appears in situ with no evidence of disconnection, fragmentation or complications.