



Adult Fluoroscopy Protocols **Fluoro Time Limit 5.0 Minutes**

Gastrograffin Enema for Colostomy PT's for Reconnect Eval **Fluoro Time Target Limit-5.0 min**

***If Request is for Rectum End Only, there should be NO Prep**

Scheduling and Prep: for Colostomy and Rectum or Colostomy only

- 1: The night before the exam drink 6-8 8oz glasses of clear liquid
 - 2: Between 5pm and 9pm, take 2 Dulcolax or (Bisacodyl U.S.P.) tablets.
- NOTE: DO NOT TAKE DULCOLAX OR BISACODYL TABLETS WITHIN ONE HOUR OF DRINKING MILK OR ANTACID.
- 3: After 6pm, do not have anything else to eat until after your examination. You may drink clear liquids.

*Patient should bring an extra colostomy bag in case the one that we may need to remove cannot be reused.

**** BEFORE EACH COLOSTOMY ENEMA EXAM, CONSULT WITH THE ATTENDING RADIOLOGIST FOR THEIR CHOICE OF SUPPLIES ****

- Supplies:**
- *2 enema bags of Gastrografin mixed with warm water 50/50. (Usually, one bag with 2 bottles Gastrografin and 2 bottles of warm water for the rectum end) (The other bag with usually 4 bottles of Gastrografin with 4 bottles of warm water for the ostomy end)
 - *2-24F Foley Catheters for the rectum end and colostomy access.
 - *Paper tape

Do Not Inflate the Balloon without Radiologist's Approval

- *Flexi-Stome Nipple Colostomy Tip CAT.NO. 9517 – or Cone Colostomy Tip Cat. No. 9515 from EZ EM- if the Radiologist prefers to use either of these
- *Lubrication Jelly
- *Absorbent paper sheets
- *20cc syringe for inflating the Foley balloon- if approved and deemed necessary by the Radiologist

*Male urinal (optional) for catching flow of contrast from the ostomy when the patient sits up

Procedure: *Take a scout KUB to evaluate the effectiveness of the bowel Preparation. If unsure if the patient is prepped well enough, consult with the on-site Radiologist.
*Prepare both bags with Gastrografin and warm water.
*Attach enema tip with balloon inflating device to one of the bags.
*The other bag will have a 24F Foley catheter or other devices attached for inserting into the ostomy.
*Flush air from tubing by running contrast liquid through to the tip of the catheter.
*With the patient in the Sims position, place the lubricated enema tip into the rectum. **Do Not Inflate the Balloon.**

***Tape the patient's buttock cheeks together with paper tape to help prevent the tube from slipping out.**

*In the AP position, allow contrast to enter the rectum until it reaches the blind surgical end. Usually, you will only see a few inches.
*After taking spots listed below, allow the contrast that is in the rectum to drain back into the bag.
*Remove the enema tip and allow the patient to go to the restroom.
*Take the post drainage image.

Spot Images:

1. AP sigmoid
2. RPO sigmoid
3. LPO sigmoid
4. Left Lateral Rectum
5. Post drainage KUB

Ostomy Access:

*Remove the clamp from the bottom of the colostomy bag.
**Save the clamp
*If possible, you can insert the catheter through the unclamped end of The bag so that you don't have to remove the ostomy bag. This can be the least messy method. Have the patient assist by holding the end of the bag around the catheter and elevate to reduce spillage.

Otherwise: *Remove the ostomy bag from the patient's ostomy.

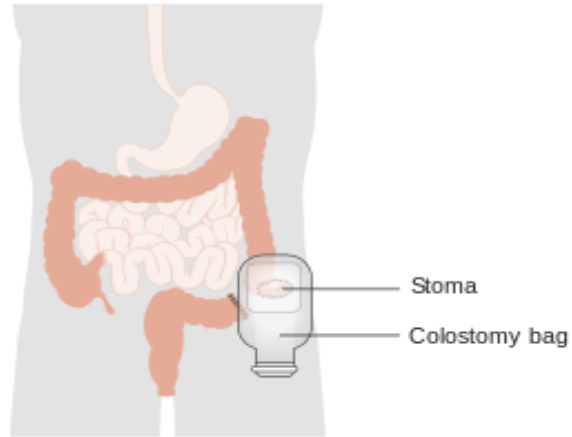
- Insert the catheter about 6-8 inches into the upper colon.
- Attempt to allow the contrast to flow into the colon. If the contrast leaks back out of the ostomy, consult the Radiologist for possible inflating of the balloon.

****ONLY inflate the balloon if the radiologist approves.**

- **If approved by the Radiologist: Be sure that the catheter tubing is inserted approximately 6-8 inches before inflating the balloon. This will place the balloon away from the ostomy / surgical site.**
 - * If the Radiologist approves the balloon to be used; inflate the balloon gently. **If you feel resistance, stop inflating.**
 - ** Once the balloon is inflated, gently pull back to create a seal deep to The ostomy/ surgical site.
 - **If using the Flexi-Stome, insert tip up to the base of the blue cone and peel to uncover sticky edge. Stick down to the patient's skin.
 - **If using the Cone Colostomy Tip, insert the tubing gently into the ostomy up to the widest part of the cone. Have the patient hold the cone between fingers and snug up against their body. This is to avoid leakage of contrast around the cone.
- *Unclamp tubing slowly and allow contrast to fill the proximal colon until it reaches the cecum.
- *Watch closely for leaks around the tubing at the ostomy.

Spot Images:

- *Take spot images of all sections.
 - *Take unsuperimposed images of flexures.
 - *Open to largest field of view or take an overhead to include all the proximal and distal colon in one image.
 - *Attempt to drain the contrast back into the bag with gravity. Remove the tubing/ tip.
 - * Reclamp the bottom of the ostomy bag. The bag will fill with contrast.
 - *If the bag was removed for the exam; using a male urinal is helpful to catch the contrast when removing the catheter and while the patient is getting up to go to the bathroom. Have the patient hold the opening of the urinal over the ostomy to capture any fluid that will drain out of the ostomy while sitting up.
 - *The patient may now attach a clean bag to the ostomy.
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** These are the minimum images needed to demonstrate the proper anatomy for this exam. When deemed necessary, more images may be taken to demonstrate pathology or by radiologist's request. Care should be taken to minimize patient and imaging staff exposure.

**Patient will need to stay near a restroom for the rest of the day since the contrast will drain into their ostomy bag quickly.

Reviewed January 23, 2024