Adult Fluoroscopy Protocols

Gastrografin Enema for Rectum Only-Resection Eval

*Patients who have a Colostomy or Ileostomy

*If request is for rectum end only; no prep is needed The request might ask for a RED RUBBER CATHTER

Fluoro Time Target Limit-5.0 min

Supplies:

- *Empty Barium Enema bag (single contrast bag)
- *Gastrografin Contrast
- *24ga Foley catheter "red rubber tube"
- *Lubrication Jelly
- *Absorbent paper sheet on table
- *Paper tape

- **Procedure:** *Take a scout KUB
 - *Mix Gastrografin and warm water 50/50 in the enema bag. Approximately 2 bottles Gastro and 2 bottles warm water for colostomy patients and 4 bottles Gastro and 4 bottles warm water for Ileostomy patients.
 - *Hang bag on IV pole.
 - *Run fluid through the tube to the tip of the catheter, to remove air from the tube. Clamp tubing.

*With the patient in the Sims position, place the lubricated enema tip into the rectum. Do not inflate the balloon!

Tape the patients' buttock cheeks together to help prevent the tube from slipping out.

Wrap the tape around the tube and to their skin to help support placement.

- *In the AP position, for colostomy patients: allow contrast to enter the rectum as far as it will go to reach the blind surgical end. Usually, you will only see a few inches. Once there, clamp the tubing.
- *For Ileostomy patients: The contrast mixture should flow into the colon and begin to fill the ileostomy bag. Once the contrast begins to show up in the bag, you can stop the flow by clamping the tube.

- *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 KUB.

Spot Images: **Instruct the patient to drink extra water for the next 2 days to prevent constipation from the barium.

- 1. AP sigmoid
- 2. RPO sigmoid
- 3. LPO sigmoid
- 4. Left Lateral Rectum
- 5. Post drainage film
- **If Ileostomy: Take images of the length of the colon/intestines that fills.
- **Unsuperimposed flexures.
- *The area of anastomosis should be well demonstrated. Evaluate for any leakage or strictures.
- ** 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.
- **Patient will need to stay near a restroom for the rest of the day since the Gastrografin is liquid
- **Care should be taken to minimize patient and imaging staff exposure.

Reviewed: January 23, 2024