

## Fluoroscopy Protocols

# Small Bowel Follow Through FLSBFT

**Fluoro Time Target Limit:** 2.5 minutes

\*\*Due to possible long exam times-<u>Reserve</u> the case to the Radiologist that will be reading it, early in the exam. If not done, the TURNAT team will receive a critical issue after one hour and will contact you to complete.

## **Scheduling and Prep:**

- \*The patient should have nothing to eat or drink from midnight before their exam until after their exam is completed. They should take 2 tablespoons of Milk of Magnesia at 9:00pm the night before their procedure. (Patient is allowed to brush their teeth) (No water, food, chewing gum, smoking, etc...)
- \* These patients should only be scheduled in the morning due to the possible Extensive length of the exam.
- \*No more than ONE SBFT to be scheduled at each Fluoro site per day.
- \*Only medications that the patient deems absolutely necessary, can be taken with a very small amount of water and as early as possible.

\*Patient should be informed that this exam can take several hours.

### **Supplies:**

- \*Thin chilled barium \*Cup with mL measurements.
- \*13mm tablet on Fluoro Image Intensifier if your machine does not have built-in measuring capabilities.

#### **Procedure:**

- \*Supine KUB scout image. Include anatomical side marker and SCOUT marker
- \*\*Consult with the Radiologist if you see any unusual air / gas pattern or retained contrast from a previous study.
  - \*Encourage the patient to drink 3 cups (720 mL) of barium, quickly.
  - \*Images: Take at timed intervals until the barium has reached the cecum.
  - \*Send images in order.

## **Overhead Images:**

- 1 AP KUB Scout
- 2 After drinking approximately 720 mL of thin barium, Take a PA abdomen, high, in order to include the entire stomach.

### 3 PA KUB 20 minutes from start of drinking

<u>New</u>: At this point, if enough barium has filled the upper loops of bowel, you may want to do the spot images of the upper loops of small bowel to prevent missing these later in the exam.

- 4 PA KUB every 20 minutes up to 1 hour, after 1 hour take
- 5 PA KUB every 30 minutes until barium reaches cecum
- \*Label the images with the amount of time that has passed from the time the patient started drinking the barium.

### **EXAMPLE:** KUB SCOUT

- #1 Immediate-(9:00am)
- #2 20-minute image- (9:20am)
- #3 40-minute image- (9:40am)
- #4 1-hour image- (10:00am)
- #5 1-1/2- hour image-(10:30am)

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## **SPOT IMAGES:**

- \*When barium sufficiently fills the cecum, obtain spot images of the filled loops of Small bowel and unsuperimposed terminal ileum.
  - \*Using your trained judgment, the patient may need to drink additional barium to ensure even distribution, at some point during their exam, to ensure upper bowel loops are still filled when it is time to take the spot images with Fluoro.
  - \*With compression paddle, take 2-3 magnified images of the terminal ileum unsuperimposed by other loops of the small bowel. Obliques are usually best to unsuperimpose the terminal ilium.
  - \*Take approximately one image per quarter of the whole small bowel while compressing.
  - \*Take note of any dysmotility, polyps, dilatation, strictures, or any other abnormalities.
  - \*Open to largest field of view and take an AP of entire filled loops of bowel.

\*Communicate to the Radiologist: The **transit time**, which is the time from the start of drinking to the time the barium reaches the cecum and any pathologies seen during the exam.



\*\*If aspiration of the barium occurs, have the patient stop drinking, take note if the Patient coughs or does not cough. Consult the radiologist if he / she feels that The exam should continue or be discontinued. If sufficient amount of barium was ingested, you still acquire images without the patient drinking more barium.

- \*\*The radiologist is relying on the Fluoro technologist to witness and inform Them of reflux, pathology, and motility issues.
- \*\* These are the minimum images needed to demonstrate the proper Anatomy for this exam. More images should be taken to demonstrate pathology or for other reasons.
- \*\* Take care to minimize patient and technologist exposure.
- \*\*Instruct the patient to drink extra fluids for 2-3 days to help prevent constipation from the barium.

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