Fluoroscopy Protocols

Gastrograffin Enema for Colostomy PT’s for Reconnect-Adult

*If Request is for Rectum End Only, There should be no Prep

Fluoro Time Target Limit-5.0 min

Scheduling and Prep: for Ostomy and rectum

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

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

Supplies: *2 enema bags of gastrograffin mixed with warm water 50/50. (Usually one bag with 2 bottles Gastrograffin and 2 bottles of warm water for the rectum end) (The other bag with usually 4 bottles of Gastrograffin with 4 bottles of warm water for the ostomy end)

*24ga Foley catheter with a 30cc balloon- Pending Radiologist approval

*20cc syringe for inflating the Foley balloon

*Enema tip for the rectum end.

*Blue bulb for inflating the enema tip balloon for the rectum end.

*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
*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 Foley catheter with a 30cc balloon or other devises attached for inserting into the ostomy.
*Flush air from tubing by running liquid through to the tip.

*With the patient in the Sims position, place the lubricated enema tip into the rectum and inflate balloon gently. You may not need to inflate completely since the patient has not used their rectum in several months

**If their surgery was at the rectum, do not inflate the balloon in the rectum at all. Tape the patients cheeks together to help prevent the tube from coming out.

*In the AP position, allow barium to enter the rectum as far as it will go to reach the blind surgical end. Usually, you will only see a few inches.
*After taking spots listed below, allow the barium 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 film

**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.
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.

- 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 up against their body. This is to avoid leakage of contrast around the cone.**

*Unclamp tubing 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 of 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.
*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.
*The patient may now attach a clean bag to the ostomy.

** 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.

**Instruct the patient to drink extra water for the next 2 days.
**Patient will need to stay near a restroom for the rest of the day since the contrast will drain into their ostomy bag fairly quickly.

Reviewed and Revised March 5, 2018