Fluoroscopy Protocols

Small Bowel Follow Through
FLSBFT

**Fluoro Time Target Limit:** 2.5 minutes

### Scheduling and Prep:

*The patient should be NPO from midnight before their exam until after their exam is completed.*

(Patient is allowed to brush their teeth) (No water, food, chewing gum, smoking, etc...) Only Medications that the patient deems absolutely necessary, can be taken with a very small Amount of water and as early as possible.

*2 tablespoons of Milk of Magnesia should be taken at 9pm the night before the exam.*

### Supplies:

*16-20oz cup of thin chilled barium (L-196 or equivalent). More if Necessary to refill upper Bowel loops later in the exam.*

### Procedure:

*Supine KUB scout image. Include Right marker and SCOUT marker*

*Encourage the patient to drink the entire 20oz of barium quickly.*

*Images are taken at timed intervals until the barium has reached the cecum.*

*Send images in order.*

### Overhead Images:

1. AP KUB Scout
2. After drinking approximately 20 oz. of thin barium, PA high To include all of the stomach
3. PA KUB 20 minutes from start of drinking
4. PA KUB every 20 minutes up to 1 hour, after 1 hour take
5. PA KUB every 30 minutes until barium reaches cecum
**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 TI.*

*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.*

*The transit time from the beginning of drinking to the time That the barium reaches the cecum should be communicated To the radiologist.*

**If aspiration of the barium occurs; stop the patient from 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.*

**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. When deemed necessary, more images may be Taken to demonstrate pathology or for other reasons.*

**Care should be taken to minimize patient and technologist exposure.*

**Following the procedure, the patient should be instructed to drink extra Fluids for 2-3 days to help prevent constipation from the barium.*

Reviewed March 1, 2018