Fluoroscopy Protocols

**Barium Enema with Air Contrast-Adult**

**Scheduling and Prep:**
*Patient should follow the Lo Sol Bowel Prep Kit Instructions.

**Supplies:**
*Air contrast barium enema bag with inflation bulbs for balloon and For air insufflation of cuff balloon.
*Up to 1500 ml warmed thick barium enema barium (Liquid Polibar Plus, L-168 or equivalent).
*Lubrication Jelly

**Procedure:**
*Obtain a scout KUB to evaluate the effectiveness of the bowel prep.
*If unsure if the patient is prepped well enough, consult with the on-site Radiologist.
*Prepare barium bag-fill about ½ full of barium- flush air from tubing.
*Hang the barium filled bag from the IV pole. Inflate the balloon to test And prime. Ensure that it inflates and deflates.
*With the patient in the Sims position, place the lubricated enema tip into The rectum and gently inflate the balloon.
*Allow barium to flow into the colon just past the splenic flexure.
*Quickly lower the barium bag to drain the barium.
*Reclamp the tubing. Place bag at the foot of the table.
*Begin puffing air into the colon: 5 puffs, roll the patient ¼ turn (left) Towards their abdomen, 5 puffs and roll patient to the prone position, 5 Puffs and roll patient to the RAO position, 5 puffs and roll the Patient onto right side, 5 puffs and roll the patient to the RPO position, Roll to supine position.
*Watch periodically while patient is rolling to ensure that air does not get In front of the barium column.
*Ensure that all of colon is coated with barium and the cecum is well Visualized.
*Have patient roll completely around in the opposite direction in order To coat the inside of the colon thoroughly.

**Spot Images:**
1. AP sigmoid
2. RPO sigmoid
3. LPO sigmoid
4. Left lateral rectum - be sure to flip this image when doing QC
5. Upright unsuperimposed splenic flexure
6. Upright unsuperimposed hepatic flexure
7. Supine cecum
8. Image any pathology in any part of the length of the colon.

**Overhead Images:**
1. AP KUB
2. AP-Crosswise upper abdomen to include flexures
3. 30 degree cephalic sigmoid with LPO oblique
4. PA KUB
5. PA-Crosswise upper abdomen to include flexures
6. 30 degree caudal sigmoid with RAO oblique
7. Right Lateral Decubitus
8. Left Lateral Decubitus
9. X-table rectum – patient prone (with enema tip removed -if radiologist prefers)

*QA your images before removing the enema tip.*

**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 Radiologists request.

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

**Instruct the patient to drink extra water for the next 2 days to prevent Constipation from the barium.

**Patient will need to stay near a restroom for the rest of the day.

Reviewed and Revised April 1, 2019