Fluoroscopy Protocols- Adult

Ileostomy Patients-Barium Enema Single Contrast-FLBE
Gastrografin is used instead of barium
The bag will be oriented on the patient’s right abdomen

Fluoro Time Target Limit – 5.0 min

Scheduling and Prep: **There is NO prep for this exam.

Supplies: *Gastrografin and warm water
* Empty Enema bag
* 24F Foley or equivalent
* 20cc Syringe
* Lubrication Jelly

Procedure: *Take a scout KUB
* Mix Gastrografin with warm water. Approximately 4 bottles Gastrografin with 4 bottles warm water.
* Allow contrast to flow through the tubing to flush out the air.
* With the patient in the Sims position; insert the lubricated Foley catheter into the rectum. Tape the buttock cheeks together with paper tape to prevent the Catheter from slipping out. **Only inflate the balloon if absolutely necessary and If patient has not had surgery near the rectum.**
* In the AP (supine) position, fill the colon until the contrast flows into the Ileostomy bag.
* Watch periodically and palpate as the contrast flows in to the colon- looking for pathology
* Clamp the tubing. Place bag at the foot of the table

Spot Images:

1. AP sigmoid
2. RPO sigmoid
3. LPO sigmoid
4. Left lateral rectum
5. Unsuperimposed splenic flexure
6. Unsuperimposed hepatic flexure
7. Cecum
8. Image any pathology in any part of the length of the colon.
*QA your images.

*Place the enema bag on the floor and unclamp. Allow contrast to Drain back into the bag as much as possible.

*Remove the enema tip.

*Have the patient evacuate any remaining contrast and empty their Ileostomy bag if full, in the restroom and return for the last image.

1. Post drainage / evacuation KUB

** 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 the Radiologists’ request.

**Care should be taken to minimize patient and imaging team exposure.

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

Reviewed and Revised March 29, 2019