Fluoroscopy Protocols

**Small Bowel Follow Through**

FLSBFT

Fluoro Time Target Limit: 2.5 minutes

**Due to possible long exam times-Reserve the case to the Radiologist that will be reading it, early in the exam. This will ensure that the TUNAT team does not get a critical issue while exam is still being performed after one hour.**

**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 (L-196 or equivalent)
* 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 the entire container 16 to 20 oz. 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

**New:** 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 of the beginning to drink the barium.

**EXAMPLE:** KUB SCOUT

<table>
<thead>
<tr>
<th>#</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Immediate-9:00am</td>
</tr>
<tr>
<td>#2</td>
<td>9:20am- 20 minute image</td>
</tr>
<tr>
<td>#3</td>
<td>9:40am- 40 minute image</td>
</tr>
<tr>
<td>#4</td>
<td>10:00am- 1 hour image</td>
</tr>
<tr>
<td>#5</td>
<td>10:30am- 1-1/2 hour image</td>
</tr>
</tbody>
</table>

ECT…

**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 and Revised April 5, 2019