Pediatric Fluoroscopy Protocol  
Barium Enema- Single Contrast (FLPBE)

This Prepped PBE Exam Is Rarely Performed On Pediatric Patients.  
Do Not Schedule on Fridays

- **Preparation:** Contact CIC for Preparation Instructions Ext. 2500 or 2532

- **Anatomy Visualized:** Entire large bowel (colon)

- **Contrast:** Cysto- Conray II – 250ml Bottle or thin Barium- Radiologist preference

**Procedure:**

- Explain the procedure to patient and parent
  - AP scout film of abdomen

  ** Have the Radiologist review the Scout Image.**

- Insert lubricated enema tip into the rectum and tape with paper tape
- Position the patient on their left side.
- Unclamp tubing to allow the contrast to begin flowing into the colon.
  - Take 1 image of lateral rectum full of contrast
    - (This image may be done as a Right lateral to accommodate patient)
- Clamp the tubing to stop the flow of contrast.
- Position the patient Supine
  - Take 1 image - AP rectum
  - Take 1 image – AP (unsuperimposing the sigmoid)
- Unclamp tubing to allow the contrast to flow through the colon.
  - Take 1 image of splenic flexure - open (unsuperimposed)
  - Take 1 image of hepatic flexure - open (unsuperimposed)
- Follow the contrast until it just reaches the cecum (do not over fill), using gravity to move the contrast.
  - Take 1 image of the cecum
  - Take 1 image – full AP abdomen
*Have the images checked by the Radiologist.

- Patient is now permitted to evacuate the contrast
  
  ➢ Take 1 image Post - Evacuation – AP abdomen
  (If the patient does not evacuate, not necessary to take Post Evacuation image)

*Have the images checked by the Radiologist.

** If patient does not evacuate adequately, the radiologist may request a 24 hour follow up image.

**The patient and parent should be given specific instructions that no rectal stimulation or suppositories or laxatives are to be used during this 24-hour period.

**Care should be taken to reduce radiation exposure to the patient and the imaging team.

Reviewed February 1, 2023