Preparation:
Infant 29 days – 2 years: nothing to eat or drink 4 hours prior to exam
Child 2 – 16 years:
   1. Low residue diet for 24 hours prior to exam
   2. Magnesium citrate (see chart)
   3. Clear liquid supper after 3 p.m.
   4. Clear liquids until 4 hours prior to study.
   5. Nothing to eat or drink 4 hours prior to exam
   6. For double Air Contrast enema, if stool is not clear or yellow at 6 a.m. the day of the exam, give 1 fleets enema.

Anatomy Visualized:
Entire large bowel

Contrast:
Cysto Conray – 250ml

**BE- Single Contrast (FLPBE)**

Imaging Procedure:

- Procedure is explained to patient and parent
  - AP scout films of abdomen
  - Film is reviewed by radiologist
  - Enema tip is inserted and taped with durapore
  - Patient is placed on left side. Flow of contrast is begun.
    - Take 1 image of lateral rectum full of barium
    - (This image may be done as Rt lateral to accommodate patient)
  - Contrast is stopped and patient is turned AP
    - Take 1 image - AP rectum
    - Take 1 image – AP (unwinding sigmoid)
  - Turn contrast on and follow it through the colon.
    - Take 1 image of splenic flexure - open
    - Take 1 image of hepatic flexure - open
  - Follow the contrast till 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
  - Films are checked by the radiologist.
  - Patient is permitted to evacuate the contrast
    - Take 1 image post - evac – AP abdomen
      (if the patient does not evacuate, not necessary to take post evac image)
• Have image checked by radiologist
  
  † If patient does not evacuate adequately, the radiologist may request a 24 hour f/u. 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.