

# Having a contrast enema

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**Your doctor has recommended that you have a contrast enema. This leaflet will explain about the test and how the Radiology Department works.**

## What is a contrast enema?

The test is used to take x-ray pictures of your large bowel. As the large bowel does not normally show up on x-rays, you will need to have a contrast liquid instilled into your large bowel to coat the inside, allowing it to show up on the pictures. In order to get clear pictures you will need to alter your diet and take laxatives (medicines to empty the bowel) in the days before your test. Instructions for this are provided with the laxatives. It is advisable that you stay at home during this time.

A radiologist, a doctor who specialises in x-rays and scans, or a radiographer, a specialist in taking x-rays and scans, performs the procedure.

It is your decision to go ahead with it or not.

This leaflet tells you the purpose of the test, what is involved and what the risks are. You will also receive an appointment letter telling you where to go and your appointment date and time.

## What are the benefits?

Your doctor is concerned that you may have a problem with your large bowel. The purpose of the test is to find out what may be causing your symptoms.

## Are there any alternatives?

A colonoscopy is a procedure to look at the inside of your large bowel using a flexible telescope. Some minor problems can be treated during a colonoscopy and your doctor can perform biopsies (remove small samples of tissue).

However, a colonoscopy has a higher risk of serious complications and not all people are able to tolerate the procedure. This can allow your doctor to make a diagnosis of some problems e.g. inflammatory bowel disease and polyps, but sometimes loops in the bowel can make this difficult. The liquid used in a contrast enema can flow easier round the bowel and reach areas that the flexible telescope might not.

## What will happen if I decide not to have a contrast enema?

Your doctor may not be able to find out the cause of your symptoms or recommend the best treatment for you.

If you decide not to go ahead, you should discuss this carefully with your doctor.

## What does the procedure involve?

### Before the contrast enema

If there is any possibility you could be pregnant, you must let the radiology team know before your procedure as x-rays can be harmful to an unborn baby.

**You must follow the bowel preparation on the day before your contrast enema to ensure the bowel is clear. If the bowel is not sufficiently empty, the examination cannot go ahead.**

You must not eat after the time stated on your bowel preparation instruction, but you may continue to drink clear fluids until your appointment time. This is to ensure your bowel is empty to give clear pictures. If you usually take medicines in the morning, do not take them, but bring them with you to take afterwards.

**If you have Parkinson's disease**, please contact Radiology Nurses on 01493 452099 to discuss when is best to take your medicines on the day of your procedure.

**If you have diabetes**, let the Radiology Nurses know as soon as possible on 01493 452099. We will try to give you the earliest appointment to allow you to eat and drink as soon as possible after the procedure.

### **When you arrive**

The radiology reception desk staff will send you to the correct waiting area. One of our team will greet you and confirm with you your name and the procedure you are having. Most clothes fastenings and decoration i.e. zips, buttons, poppers, drawstring eyelets, printing, beading and jewellery will show up on x-rays so you will be asked to get changed into a gown to give a clear view.

### **In the x-ray room**

A contrast enema usually takes about 30 minutes in the x-ray room and about 15 minutes in an adjoining bathroom where you can freshen up and dress afterwards.

The radiologist or radiographer will confirm your name and the procedure you are having again. They will check if you have any allergies, answer any questions you may have and gain your consent for the procedure.

You will start off lying down on your left side on the x-ray machine. The nurse will insert a short, soft and flexible tube into your bottom to allow the radiologist or radiographer to pass the contrast and air into your bowel. The tube is about the size of your index finger. It is secured in place with some sticky tape to the skin of your bottom. You will need to turn over to coat your bowel in the contrast.

You will be asked to lie in a number of different positions for the pictures.

The x-ray machine may move you into a standing position for some pictures. Finally you will have some pictures taken with a different x-ray machine, in the same room, lying on your stomach and each side.

There are two types of contrast. Barium sulphate liquid, which most people have, is a chalky liquid. A water-soluble alternative, Urografin150®, is used if a leak is suspected (perforation). You will also have some air pumped in to your bowel to distend it. You will feel a bit windy or bloated at the time, but it should not hurt a lot. You may need an injection of either Buscopan® or Glucagon®, similar to a blood test, to relax the muscles of your bowel during the procedure and get the best pictures. Any contrast liquid and air will pass out of the bowel in the normal manner after the enema.

Some patients are concerned about being unable to keep the contrast in the bowel and 'having an accident'. In order to get the best pictures we do need you to try to keep your bottom muscles tight and not pass the liquid or air, but we accept that this sometimes happens, so do not worry.

Once we have checked we have all of the pictures we need, you will be shown to the adjoining bathroom where you can freshen up and dress.

You can eat and drink again as you normally would, but we prefer it if patients stay in our department for 15 minutes afterwards to have a drink and something to eat and take any medication because of the long fasting before the procedure.

### **What complications can happen?**

The radiology team will try to make the procedure as safe as possible, but complications can occur. Some of these can be serious and can even cause death, but this is an extremely rare occurrence.

The possible complications are listed below. Your doctor may be able to tell you if your risk of complication is higher or lower, however they feel that the benefits of having the test are greater than the risks of having it done.

- Radiation exposure. The amount of radiation you receive is kept to a minimum, equivalent to the amount of background radiation you would normally receive in 12-18 months.
- Perforation – contrast leaking out of your digestive tract. This is serious, but rare and usually only happens if there is severe inflammation, if there has been recent injury or surgery. If you are at risk, we will use the safest contrast, Urografin150®. If barium leaks out it can cause peritonitis (inflammation of the lining of the abdominal cavity).
- Allergic reaction to the equipment, materials or medication. The radiology team are trained to detect and treat any reactions that may occur. Let them know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blurred vision. The injection of Buscopan® can cause blurring of vision for around 30 minutes afterwards in some people as the drug can also affect the muscles that focus the eyes. If you have driven to the hospital, please ensure your eyesight has returned to normal before driving if you have been affected.

You may feel a little bloated afterwards whilst the barium and air works its way through your digestive system. We advise you to have plenty of fluids and fibre for 36 hours afterwards to help you pass the barium. Your poo will look white and can remain looking paler for a number of days. Some people may get slightly constipated; a mild laxative may help if needed.

## Getting your results

The radiologist or radiographer will examine your pictures and send a report of the results to the doctor who sent you for the test.

- If your GP sent you for the test the results will be sent to them. Please make an appointment for 10-14 days after your contrast swallow.
- If a doctor / consultant from the outpatient department sent you for this test, the results will be sent to them. If you have not already got an appointment to see them again, you will be sent one in the post. If you do not hear anything within one month, please contact your consultant's secretary for advice.

If you have any questions, you can contact us using the telephone number on your appointment letter.

## Further Information

[www.rcr.ac.uk](http://www.rcr.ac.uk) (Royal College of Radiologists)

[www.nhs.uk](http://www.nhs.uk)

## Your Feedback

We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

**Before leaving please complete a Friends and Family Test feedback card.**

Help us transform NHS services and to support patient choice.

## OUR VALUES

### Collaboration

We work positively with others to achieve shared aims

### Accountability

We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan

### Respect

We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride

### Empowerment

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

### Support

We are compassionate, listen attentively and are kind to ourselves and each other



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

**For a large print version of this leaflet, contact PALS 01493 453240**