



Information for patients having a barium enema

About this leaflet

The leaflet tells you about having a barium enema. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you for the test or the department which is going to perform it.

The radiology department

The department may also be called the X-ray or imaging department. It is the facility in the hospital where radiological examinations of patients are carried out, using a range of equipment, such as a CT (computed tomography) scanner, an ultrasound machine and an MRI (magnetic resonance imaging) scanner.

Radiologists are doctors trained to interpret the images and carry out more complex examinations. They are supported by radiographers who are trained professionals and carry out X-rays and other imaging procedures.

What is a barium enema?

A barium enema is a special X-ray study of the large bowel (colon and rectum). Barium is used as a contrast medium to line the bowel and this shows up on X-rays. During the examination, air can be put into the bowel to distend it, and this helps it to show the bowel more clearly. Both the barium and the air need to be passed into the bowel through a small, soft tube, which is inserted into the rectum, or back passage.

Are there any risks?

All X-ray procedures involve exposure to radiation in varying amounts. In all X-ray examinations, the amount of radiation is kept to the minimum necessary.

However, during the barium enema, you will be exposed to the same amount of radiation as you would receive naturally from the atmosphere over about three years.

There is also a tiny risk of making a small hole in the bowel, a perforation. This happens very rarely and generally only if there is a problem like a severe inflammation of the bowel wall.

There is also some slight risk if you are given an injection of Hyoscine Butylbromide (a muscle relaxant) to relax the bowel. The radiologist or radiographer will ask you if you have any history of glaucoma before giving this injection as this may affect the muscles of the eye.

The risks from missing a serious disorder by *not* having this investigation are considerably greater.

Are you required to make any special preparations?

Yes, it is essential that your bowel should be empty, and an accompanying leaflet will explain what you should eat and how you need to take the laxative provided.

This laxative is vigorous and to avoid inconvenience it is best to stay at home on the day before the examination.

If you are diabetic

If you do take insulin or tablets, you need to make sure you have enough to eat on the day before your appointment to prevent low blood sugars and you should follow the advice given by the radiology department (usually in an accompanying leaflet).

If you are pregnant

This examination is not advisable for pregnant women, unless there are exceptional circumstances. Please advise the department in advance if you think you are, or might be, pregnant.

Can you bring a relative/friend?

Yes, but for reasons of safety, they may not be able to accompany you into the examination room, except in exceptional circumstances. There is also limited waiting space in the radiology department and so we would ask that you limit any accompanying adult to one please.

When you arrive

You should go to the reception desk in the department, after which you will be shown where to wait until collected by a radiographer or other member of staff.

The procedure will be explained to you. You will be shown to a private cubicle where you will be asked to put on the gown provided. You will be asked to place your clothes and personal items in a locker or a basket, which you will keep with you.

Who will you see?

You will be cared for by a small team including a radiographer and a nurse. Whoever is doing the examination will be watching a screen at the time. Either the radiographer who performs the examination (who may be trained in interpreting the images) or a radiologist will subsequently examine the record of the images before writing a report on the findings.

What happens during the barium enema investigation?

You will be taken into the X-ray room and asked to take off your dressing gown, but you can still wear the X-ray gown. You will be asked to lie down on the X-ray table, on your left side at first. The nurse or radiographer will insert the soft plastic tube into your rectum (back passage), and the barium liquid then flows through the tube and around your bowel.

The radiographer watches this on the screen and will move you into different positions, both to help the barium flow and to see other parts of the bowel more clearly. Once sufficient barium is in the bowel, a quantity of air is also introduced through the same tube, and this both expands the

bowel further, and increases the contrast to make the detail clearer.

At this point, several X-rays will be taken with you in different positions – some with you standing up and some with you lying on your side.

You may be given an injection, generally of Hyoscine Butylbromide, to relax the muscles of the bowel wall and make the examination easier. The radiographer will give this routinely at the start of the procedure, unless you have a history of glaucoma, in which case you will be given an injection of glucagon instead.

Hyoscine Butylbromide may cause some blurring of vision, but this usually passes by the time that the examination is completed. If you still feel that you have blurred vision at the end, you are advised not to drive until you are sure that your eyesight is back to normal.

Once the radiographer is satisfied that sufficient X-rays have been taken of the large bowel, the tube will be removed, and you will be allowed to leave the X-ray room and go to the toilet.

Will it be uncomfortable?

This examination should not hurt a lot, although occasionally a patient may feel a cramp-like pain which may persist for a while afterwards. However, during the examination, you might feel the slight discomfort associated with the bowel becoming full.

Some patients are obviously worried about being unable to hold onto the barium and making a mess on the X-ray table. It is obviously important to try and hold on to the barium and air by keeping the muscles of your bottom very tight. It is possible that not enough information will be obtained if you do release the barium on the table. However, it is accepted that this can sometimes happen so try not to worry too much about this.

How long will it take?

The whole process of taking images will take about 30 minutes. Unless you are delayed by having to wait, such as for emergency patients, your total time in the department should be about one hour.

Are there any side-effects?

You will want to visit the toilet immediately after the procedure, and may need to go several times during the rest of the day.

When will you get the results?

The scan will be examined after your visit and a written report on the findings sent to your referring doctor. This is normally available in 14 days.

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Further information

For general information about radiology departments, visit The Royal College of Radiologists' website: www.goingfora.com

Local Information

X-ray appointments office – 01493 453659

Radiology nurses – 01493 452099

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The hospital is able to arrange for an interpreter to assist you in communicating effectively with staff during your stay through INTRAN.

If you need an interpreter or a person to sign, please let us know.

If you require a large print version of this booklet, please contact PALS on 01493 453240