



**Queensland
Government**

PATIENT INFORMATION SHEET ONLY

NO DOCUMENTED CONSENT REQUIRED

Unless patient is renal impaired

Contrast enema

Adult (18 years and over) | Patient information

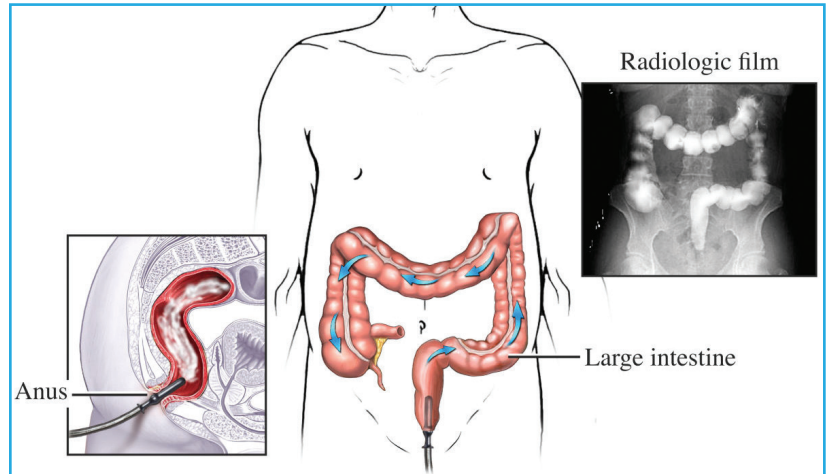
A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The patient information sheet should be included in the patient's medical record.



1. What is a contrast enema and how will it help me/the patient?

A contrast enema is an x-ray procedure that uses contrast (once called x-ray dye), such as Barium and Gastrografin®. The enema is inserted into the anus (back passage). The procedure examines the large bowel/intestine (colon).

Image 1: Contrast enema.
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Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

The bowel must be completely clear for the procedure to be accurate and complete. You will be given a bowel preparation kit to ensure your bowel is empty before the procedure.

Please tell staff if you are pregnant, or suspect you might be.

No anaesthetic is required for this procedure.

During the procedure

A small lubricated tube is gently inserted a short way into your back passage. A tiny balloon on the end of the tube is inflated to help hold it in place and help prevent contrast from leaking out.

Contrast is slowly inserted into your bowel through the tube. You will be directed to move about on the x-ray table so the contrast coats your bowel walls, this will allow your bowel to be seen on x-ray images. Sometimes air is added to the bowel through the tube. X-ray pictures are taken.

Once all the x-ray images have been taken, the contrast will be drained from your bowel through the tube (as much as possible). The tube will then be removed from your back passage.

You may feel discomfort when the tube is inserted into your back passage and the balloon is inflated. You may have a feeling of fullness and mild abdominal cramping during this procedure, this is normal. Sometimes a muscle relaxing drug may be given to ease the discomfort of cramping.



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician. Risks include but are not limited to the following:

Common risks and complications

- constipation – drinking extra fluids and laxatives can help with this
- diarrhoea – causing dehydration, drinking extra fluids can help with this.

Less common risks and complications

- the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications

- an increased lifetime cancer risk due to the exposure to x-rays
- perforation of the bowel. This may require antibiotics and surgery
- bleeding from the bowel. This may require other procedures and/or corrective surgery
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- bacteraemia (infection in the blood). This will need antibiotics
- allergic reaction to the contrast. This could result in a rash, hives, itching, nausea, fainting or shortness of breath. Medication may be given to relieve this
- death as a result of this procedure is very rare.

What are the risks of not having a contrast enema?

There may be consequences if you choose not to have the proposed procedure/treatment/investigation/examination. Please discuss these with the doctor/clinician.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the procedure?

Following the procedure you will be able to visit the toilet. Your stool may appear white for a few days, this is normal.

It is important to drink plenty of water for a few days after the procedure to avoid constipation and dehydration.

What are the safety issues when you leave the hospital?

Go to your nearest emergency department or GP if you become unwell or have:

- a problem with a bowel movement or passing urine
- abdomen tenderness and/or hardness
- severe ongoing abdomen pain
- bleeding from the back passage (more than ½ cup of blood)
- a fever.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination. This could be a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.