

# Enteroclysis/Small Bowel Study

Adult and Child/Young Person | Informed consent: patient information

**A copy of this patient information sheet should be given to the patient or substitute decision-maker or parent/legal guardian/other person\* of a child or young person 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.**

*In this information sheet, the word 'you' means the patient unless a substitute decision-maker, parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker, parent, legal guardian or other person when used in the context of the person providing consent to the procedure.*



## 1. What is an enteroclysis/small bowel study and how will it help me?

An enteroclysis or small bowel study is a procedure that examines the small bowel using contrast (either barium or iodinated contrast [also known as x-ray dye]).

Both types of contrast are used to show your internal organs and structures more clearly on the x-ray images. The radiologist (doctor) will decide whether barium or iodinated contrast is required, depending on your medical history.

This procedure is done using fluoroscopy. Fluoroscopy is an imaging technique that uses x-rays to create moving images of the inside of your body.

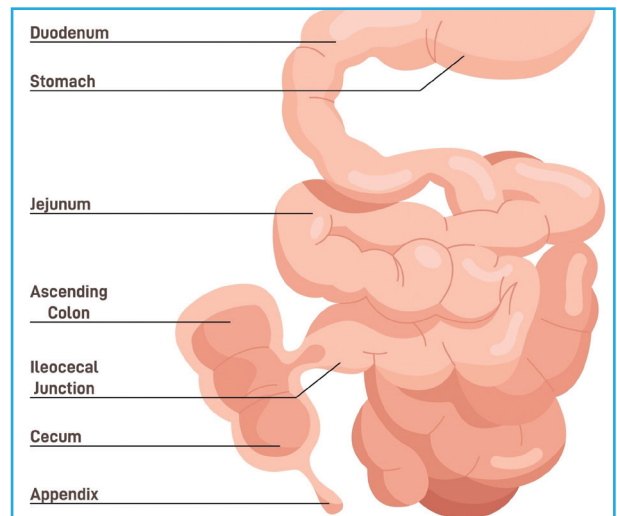


Image: Small bowel anatomy.

ID: 2193032609. [www.shutterstock.com](http://www.shutterstock.com)

## Preparing for the procedure

The Medical Imaging department will give you instructions on how to prepare for the procedure. Your procedure might be delayed if you don't follow all of your preparation requirements.

Please tell the doctor/clinician if you are breastfeeding or pregnant, or suspect that you may be pregnant.

A soft tube will be inserted through your nose into the stomach. A local anaesthetic spray helps to minimise the discomfort as it numbs the inside of your nose. You may feel some mild abdominal cramping during this procedure, this is normal.

### For a parent/legal guardian/other person of a patient having an enteroclysis/small bowel study

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will assist you with this.

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff a parent/adult (unless pregnant) may be invited into the procedure room to support the patient.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.



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## During the procedure

You will be required to change into a hospital gown and remove some of your jewellery.

You will have your nose and throat sprayed with local anaesthetic and a lubricated tube will then be inserted through the nose, stomach and into the small bowel. There may be some discomfort but it should not be painful. The contrast is then given through the tube.

X-ray images are taken of the small bowel at timed intervals. It is important that you lie still while the x-ray images are being taken. Supporting straps, foam pads and light weights may be used to help support you. Contrast can be viewed as it moves through the small bowel.

Throughout the procedure you may be asked to change positions (for example, lying on your side or your stomach).

The length of time it takes to complete your procedure depends on how long it takes for the contrast to pass through your bowel. This varies among patients.

At the end of the procedure the tube will be removed from your nose.



## 2. What are the risks?

In recommending the procedure, the doctor/clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician.

### Common risks and complications

- constipation may occur, drinking extra fluids and taking laxatives can help with this
- diarrhoea may occur, which can cause dehydration. Drinking extra fluids can help with this
- failure of anaesthetic spray which may require extra anaesthetic spray
- vomiting may occur and require treatment with medication

- pneumonia may occur if fluid from the stomach goes into the lungs. This may require antibiotics and/or further treatment.

### Uncommon risks and complications

- infection, requiring antibiotics and further treatment
- the tube can be dislodged and may need to be reinserted
- reflux of the stomach contents
- damage to the nasal passage or other structures and organs while inserting the tube, requiring further treatment
- the procedure may not be possible due to medical and/or technical reasons.

### Rare risks and complications

- 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 because of this procedure is very rare.

## Risks of radiation

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure<sup>1</sup>.

## What are the risks of not having an enteroclysis/small bowel study?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring doctor/clinician.



## 3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available. Please discuss any alternative procedure options with your doctor/clinician.



## 4. What should I expect after the procedure?

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.

The radiologist (doctor) will review the final images after the procedure and send the report to your treating team.

You will receive the results of your procedure from your treating team at your next follow-up appointment. Please make an appointment if you do not already have one.



## 5. Who will be performing the procedure?

Doctors, radiographers, nuclear medicine technologists, sonographers, nurses, and medical imaging assistants make up the medical imaging team. All or some of these professionals may be involved in your journey.

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could include 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 this with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient.

You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students).



## 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](http://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](http://www.health.qld.gov.au/consent/bloodthinner).

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this 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 proposed procedure.

If you have further questions prior to your appointment, please contact the Medical Imaging department via the main switchboard of the facility where your procedure is booked.



## 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.

References:

1. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from [www.arpansa.gov.au](http://www.arpansa.gov.au)

\* Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures.