



**Queensland
Government**

PATIENT INFORMATION SHEET ONLY

NO DOCUMENTED CONSENT REQUIRED

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 defaecogram and how will it help me/the patient?

A defaecogram is an x-ray procedure used to visualise the last portion of the bowel while assessing how it functions. Bowel (and bowel motions) are made from soft tissue, which can't be seen on x-rays, so a dense liquid (called contrast), is used to see how your bowel functions when you are having a bowel motion. This will involve x-ray images being taken as you have a bowel motion.

Preparation for the procedure

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

For bowel function to be properly assessed, your bowel must be completely clear. To completely empty your bowel, you will need to use a bowel preparation kit.

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

No anaesthetic is required for this procedure.

During the procedure

A thick mixture, with a consistency close to a bowel motion, which includes contrast is inserted into your back passage through a lubricated tube. The tube is then removed from your back passage. You will need to hold the contrast mixture in your back passage until asked to have a bowel movement. X-ray pictures are taken as you empty your bowel. You may have a feeling of fullness or mild discomfort while trying to hold the contrast in your back passage. This will disappear after you pass the contrast.



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
- dehydration – drinking extra fluids can help with this.

Less common risks and complications

- infection, requiring antibiotics and further treatment
- 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 defaecogram?

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 fluids 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.