

Small Bowel Series/Follow Through

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 a small bowel series/follow through and how will it help me?

A small bowel series/follow through is an x-ray procedure that follows the journey of contrast (either barium or iodinated contrast) as it passes through your stomach and small bowel to your large bowel. Both barium and iodinated contrast make your internal structures show up more clearly on the x-ray images. The radiologist (doctor) will decide if barium or iodinated contrast is required depending on your medical history.

- Barium is a thick, white liquid which some people say tastes like chalk.
- Iodinated contrast (also known as x-ray dye) is a colourless liquid.

A small bowel series/follow through is done using fluoroscopy. Fluoroscopy is an imaging technique that uses x-rays to create moving images of the inside of your body.

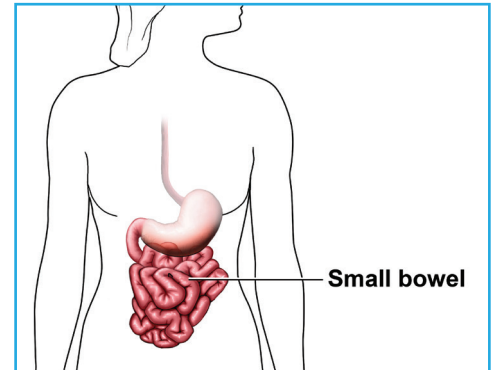


Image: The small bowel.

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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 your preparation requirements.

You are required to fast (stop eating and drinking) prior to the procedure. You will be given instructions about when to have your last meal and drink.

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

For a parent/legal guardian/other person of a patient having a small bowel series/follow through

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 may be required to change into a hospital gown and remove some objects such as jewellery or dentures.

You will be positioned on an x-ray examination table and some x-rays will be taken of your abdomen.

It is important that you lie still while the x-rays are being taken. Supporting straps, foam pads and light weights may also be used to help support you.

You will then be asked to drink a few cups of contrast. If you are unable to safely swallow the contrast for the procedure, a feeding tube may be inserted via your nose into your stomach. The contrast will be injected via this tube.

X-ray images will then be taken at timed intervals until the contrast travels all the way through the small bowel and into the large 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, but it can take a few hours.

You may feel some mild abdominal cramping during this procedure. This is normal.



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

- vomiting may occur and require treatment with medication

- constipation may occur; drinking extra fluids and taking laxatives can help with this
- diarrhoea can occur which may cause dehydration. Drinking extra fluids can help with this.

Uncommon risks and complications

- aspiration and/or pneumonia may occur if fluid from the stomach goes into the lungs. This may require antibiotics and further treatment
- the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications

- allergic reaction to the barium or 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 procedure¹.

What are the risks of not having a small bowel series/follow through?

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?

You may return to your normal diet and activities after a small bowel series/follow through unless the doctor/clinician tells you otherwise.

If a feeding tube was inserted for the procedure, it will be removed before you leave.

Your stool may appear white for a few days after the procedure, 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?

Radiographers, doctors, 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 procedure.

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.



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.

Further information about informed consent can be found on the Informed Consent website 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

* 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.