

I. Equipment (*May vary between sites*)

- a. Contrast
 - i. Gastrografin (not to exceed 120 mL without radiologist approval)
 - ii. Alternative water soluble contrast (approved by radiologist)
 - iii. Thin Barium
 - iv. 1 EZ Disk Barium Tablet (small medicine cup) (*barium pudding or applesauce in room*)
- b. 1 Cup/1 Straw

II. Personnel

- a. Radiologist/RA
 - i. Responsible for administering contrast and taking spot images
- b. Hospital Technologist
 - i. Documents patient history and pregnancy status prior to exam
 - ii. Assists the radiologist/RA during procedure
 - iii. Provides patient with aftercare instructions

III. Procedure

- a. Scout image
 - i. Required if patient s/p endoscopy or surgical procedure (within 1 week)
 - ii. To be cleared by radiologist/RA
 - iii. Upright abdomen (on expiration, must include bilateral hemidiaphragms)
- b. Single contrast barium only
 - i. Patient standing or table tilted semi upright
 1. LPO, AP (entire esophagus)
 2. Lateral cervical esophagus
 - ii. Prone or Supine (LPO) esophageal images
 1. Single swallow of thin barium to evaluate motility
 2. Consecutive swallows
 3. Valsalva hiatal hernia evaluation
 4. Reflux check
 - iii. Patient standing or table tilted semi-upright (administer tablet with *barium exams only*)
 1. Administer 13mm barium tablet with 150 ml's of water (if tablet sticks, save image, if tablet remains lodged after 5 minutes, advise pt not to eat for 45 minutes (liquids ok))
- c. Gastrografin Esophagram
 - i. Scout and post procedure images of surgical site should be obtained
 - ii. Spot images of the surgical site in different projections

IV. Special Considerations

- a. If 13mm barium tablet sticks in vallecula- have patient swallow a tbsp. of barium pudding or applesauce
- b. Follow contrast allergy protocol if using Gastrografin
- c. Do not use Gastrografin for patients with elevated aspiration risk
- d. If unable to confirm leak status, consider CT follow up (discuss with radiologist)

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