

I. Equipment

- a. Pediatric enema tips: green tip (preemies, small newborns), blue tip (all other peds)
- b. Pediatric enema tape
- c. Contrast material
 - i. Water soluble contrast for all pediatric enemas (Gastrografin diluted with water (5W to 1G))
- d. Large hemostat to control flow of contrast

II. Personnel

- a. Pediatric Radiologist/RA
 - i. Responsible for imaging
- b. Technologist at head
 - i. Responsible for holding patients hands above the abdomen
 - ii. Parent may substitute
- c. Technologist at feet
 - i. Responsible for holding buttocks of patient. Firm pressure to seal buttocks and prevent leakage of contrast.

III. Procedure

- a. Patient supine on table
- b. Insert enema tip and tape securely
- c. Contrast on with patient on left side
- d. Fill entire colon
- e. Remove enema tip but **DO NOT DRAIN** contrast
- f. Allow patient to evacuate in the bathroom or diaper
- g. Final post-evacuation image

IV. Required Images

- a. Scout of abdomen
- b. Lateral of contrast filled rectum (distended)
- c. AP of contrast filled rectum
- d. Segmental spots of entire colon
- e. Post-evacuation image of abdomen

V. Special Considerations

- a. Gastrografin substitute
 - i. Cystografin diluted with water (4W to 1 Cystografin)
- b. Radiologist specific post evacuation preferences
 - i. Dr. Chapman does not want a post evacuation image.
 - ii. Dr. Friedland wants a post evacuation image but you do not need to show him.

Approved by:	James Chang, MD
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