What is a Barium Enema Procedure?
A barium enema procedure is an x-ray of the colon or large intestine. Liquid barium will be injected into the intestine through the rectum by the technologist while the radiologist takes images of your colon. The procedure will take about 1 hour.

Barium Enema Preparation:

0-2 years
No solid foods on the day of the exam. May have clear liquids up until time of the exam.

3-5 years
1. Day before exam, clear liquids are to be very strongly encouraged.
2. Administer 4 oz. (120 cc or ml) of magnesium citrate at 4:00 p.m. (1600 hours) the day before the exam. Serve magnesium citrate chilled.
3. Administer 1 Dulcolax tablet at 6:00 p.m. (1800 hours) the day before the exam.
4. No solids after 10:00 p.m. (2200 hours) the night before the exam.
5. Nothing by mouth starting 4 hours before exam.

6-13 years
1. Clear liquid diet the day before the exam. (Note: No milk or milk products).
2. Throughout the day before the exam, clear liquids are strongly encouraged.
3. Administer 6 oz. (180 cc or ml) of magnesium citrate at 4:00 p.m. (1600 hours) the day before the exam. Serve magnesium citrate chilled.
4. Administer 2 Dulcolax tablets at 6:00 p.m. (1800 hours) the day before the exam.
5. Nothing by mouth after 10:00 p.m. (2200 hours) the night before the exam.

14 years & older
Use adult prep.

PLEASE BRING THE FOLLOWING TO YOUR APPOINTMENT:
A PHOTO ID TO VERIFY YOUR IDENTITY
A LIST OF CURRENT MEDICATIONS YOU ARE TAKING

General Information:
1. No prep is used when the study is for the following conditions.
   - Hirschspung’s disease
   - Acute abdomen conditions
• Active inflammatory bowel disease
2. A barium enema should be deferred for 10-14 days after biopsy of the colon.
3. The large bowel or colon must be as clean as possible; otherwise the exam may have to be repeated. To adequately clean the colon the patient must follow these steps:
   • Reduce the amount of feces in the colon with a low residue producing diet
   • Drink large amounts of clear fluids (essentially water) and keep the fluid in the bowel by taking an osmotic laxative (magnesium citrate)
   • Flush the water from the colon by taking a stimulating laxative (Dulcolax)
4. The colon prep is modified for young children and infants. This is done because the range of expected abnormalities is different from that of older children and adults.

**Note:** X-ray examination during pregnancy should be limited so that a developing baby will not be exposed to unnecessary radiation. The need for your study should be discussed with your doctor if:

1. It will be more then 10 days after the beginning of your last menstrual period, unless birth control methods are used.
2. If you are, or think you may be pregnant.

**Diet Information:**
1. Clear liquids consist of water, coffee, tea, clear jell-o, 7-up, orange or grape punch (not juice) and broth.
2. Low residue for barium enema diet consists of the following:
   • Strained fruit juices – orange, apple, grape, grapefruit, pineapple
   • Cereal – Cream of Wheat, Farina, Rice Krispies
   • Eggs – any style
   • Cottage Cheese – dry, not creamed
   • Meat – canned baby meats, baked skinless fish, finely chopped canned tuna
   • Noodles (macaroni, spaghetti, etc.) or rice
   • Oil, butter or margarine
   • Sweets and sugars – plain gelatin (jell-o) desserts without added fruit or vegetables, moderate amounts of sugar or strained honey
   • Seasonings – moderate amounts
   • Beverages – same as clear liquids
   • NO MILK OR MILK PRODUCTS
   • NO “ARTIFICIAL” MILK PRODUCTS
   • No alcoholic beverages
   • No bread, no fruit, no vegetables
DO NOT USE MAGNESIUM CITRATE IF PATIENT IS IN RENAL (KIDNEY) FAILURE. CONSULT PHYSICIAN OR RADIOLOGIST FOR APPROPRIATE CHANGES IN PREP.

Parking/Registration:
Park in the Mercy Medical Center 10th Street Parking Ramp, located at the corner of 10th Street and 8th Ave. SE. You will be pre-registered, so you can proceed to Ground (G) level and follow the signs to “Radiology (X-Ray),” also located on Ground (G) level.

Procedure Results:
Please allow 2 business days from your exam for your physician to review your Radiology results.

Your appointment date and time:
Procedure date: ______________________________________
Procedure time: ______________________________________