TEST

Enteroclysis

Enteroclysis is an imaging test that examines the small intestine after contrast material is delivered through a tube.

WHAT IT MEASURES
Small intestine shape, lining, movement, and narrowed areas

SAMPLE
None, because this is an imaging test

FASTING NEEDED?
Yes, usually 6-8 hours before the appointment

HOW LONG IT TAKES
About 1-3 hours, depending on imaging method

RESULTS IN
Same day to several days; varies by laboratory or imaging service

USED FOR
Diagnosing problems affecting the small intestine

MAIN LIMITATION
Poor bowel distension can hide disease or mimic narrowing

Overview

Enteroclysis is an imaging test used to examine the small intestine. This long, folded part of the digestive tract can be difficult to assess with standard X-rays or an ordinary endoscopy.

During enteroclysis, a thin tube is passed through your nose or mouth, through the stomach, and into the first part of the small intestine. Contrast material is then delivered through the tube. The contrast expands the intestine and makes its shape and inner surface easier to see.

Images may be taken using fluoroscopy, which produces moving X-ray images. Some centers use CT enteroclysis or MR enteroclysis. CT uses X-rays to create detailed cross-sectional images. MRI uses a magnetic field and does not expose you to ionizing radiation.

Enteroclysis is different from enterography. With enterography, you usually drink the contrast instead of receiving it through a tube. Enteroclysis can provide more controlled expansion of the bowel, but it is more invasive and less comfortable.

Why the test is ordered

Enteroclysis may be ordered when a healthcare professional needs detailed images of the small intestine. It is not generally used as a routine screening test.

The test can help investigate:

The most suitable imaging method depends on the suspected problem. CT or MR enterography, capsule endoscopy, standard endoscopy, or another test may provide better information in some situations.

- A suspected narrowing, called a stricture
- A partial blockage of the small intestine
- Inflammation, including changes associated with Crohn's disease
- An abnormal connection between organs, called a fistula
- Small-intestinal tumors or polyps
- Unexplained digestive bleeding
- Problems related to previous abdominal surgery

Who should have the test

You may be offered enteroclysis if symptoms, previous scans, or laboratory tests suggest a small-intestinal problem that needs closer examination. It may also be used when another test has not provided a clear answer.

Tell the imaging team before the appointment if you:

Pregnancy affects the choice of imaging because fluoroscopy and CT use radiation. Kidney function matters if intravenous iodinated or gadolinium-based contrast is being considered. Some implants require checks before MRI.

A suspected complete blockage or a hole in the bowel may require a different or more urgent examination. The imaging team will choose the safest type of contrast and test for the situation.

- Are pregnant or could be pregnant
- Have kidney disease
- Have had a reaction to imaging contrast
- Have severe vomiting or trouble swallowing

- Have previously had intestinal surgery
- Have diabetes or take medicines affected by fasting
- Have metal implants or an implanted electronic device

How to prepare

You will usually need to stop eating and drinking for several hours before enteroclysis. Six to eight hours is common, but follow the instructions from your imaging center because preparation differs by technique.

Ask how to manage your usual medicines. Do not stop prescription medicines unless you have been told to do so. Special planning may be needed for diabetes medicines because you will be fasting.

Some centers ask you to avoid smoking or chewing gum before the test because these can affect digestive movement and stomach contents. A laxative bowel preparation is not always required, but it may be used for certain techniques.

Wear comfortable clothing and leave removable metal items at home if possible. For MRI, you will complete a safety check for metal fragments, implants, and devices.

Arrange transport if the center plans to give you a sedative, although sedation is not routinely used for enteroclysis.

What happens during the test

You will lie on an imaging table. A healthcare professional may numb your nose or throat with a local anesthetic spray or gel.

A thin, flexible tube is passed through your nose or mouth and down into your stomach. Using fluoroscopy for guidance, the tube is advanced into the duodenum or jejunum, which are the first sections of the small intestine. This can feel uncomfortable and may cause gagging, watering eyes, or pressure.

Contrast is delivered through the tube. Conventional fluoroscopic enteroclysis often uses barium followed by another material that expands the bowel. CT and MR techniques may use water-like contrast. An intravenous contrast injection or a medicine that temporarily reduces bowel movement may also be used.

You may be asked to change position or hold your breath while images are taken. The contrast can cause fullness, cramping, or an urge to have a bowel movement.

After imaging, the tube is removed. You can usually leave after a short period of observation.

Understanding your results

A radiologist, a doctor trained to interpret medical images, reviews the examination. The report describes how the contrast moved through your small intestine and whether the bowel was adequately expanded.

The report may comment on:

A normal result means no significant abnormality was seen on this examination. It does not rule out every small-intestinal condition.

There is no universal numeric reference range for enteroclysis. Interpretation varies with imaging service and technique, age, sex, pregnancy status, medicines, previous surgery, and clinical context.

- The width and outline of the intestine
- The pattern of the inner folds
- Areas of narrowing or blockage
- Thickening or inflammation of the bowel wall
- Ulcers, masses, pouches, or abnormal connections
- Findings in tissues around the intestine on CT or MRI

What affects the results

The quality of enteroclysis depends heavily on how well the contrast reaches and expands the small intestine. A collapsed segment can hide an abnormality or look falsely narrowed.

Results may also be affected by:

Medicines that slow or speed digestive movement can change how contrast passes through the bowel. These include opioids and some medicines with anticholinergic effects. Do not stop them without instructions; instead, tell the imaging team what you take.

Metal objects and some implants can distort MRI images. Body size and difficulty holding the required position may also limit detail, especially with CT or MRI.

- Food or fluid remaining after incomplete fasting
- Difficulty advancing the tube to the intended position

- Rapid or unusually slow movement of contrast
- Temporary bowel spasm
- Movement or breathing during image collection
- Overlapping bowel loops on fluoroscopic images
- Barium left from a recent digestive-tract examination
- Altered anatomy after abdominal or intestinal surgery

Accuracy and limitations

Enteroclysis can show the inner shape of the small intestine in considerable detail. Delivering contrast through a tube provides controlled bowel expansion, which can make narrowing easier to assess than when contrast is only swallowed.

The test can still miss disease. Small or flat abnormalities may not be visible. A lesion can also be hidden if a section does not expand, contrast passes too quickly, or movement blurs the images.

Enteroclysis can produce a finding that looks abnormal when no fixed disease is present. Temporary spasm, normal folds, retained contents, or poor expansion can resemble a narrowing.

Conventional fluoroscopic enteroclysis mainly shows the bowel's inner outline. CT and MRI provide more information about the bowel wall and nearby tissues. MRI avoids radiation but takes longer and is more sensitive to movement. CT is faster but uses ionizing radiation.

Capsule endoscopy may be better for subtle changes on the bowel lining or unexplained bleeding. However, the capsule can become trapped when a significant narrowing is present. Endoscopy or surgery may be needed to collect a tissue sample because enteroclysis cannot perform a biopsy.

No single accuracy figure applies to every form of enteroclysis or every suspected condition.

Risks and complications

Passing the tube can cause temporary nose or throat soreness, gagging, or a small nosebleed. Abdominal fullness and cramping are common while contrast is being delivered.

Barium can cause constipation and pale stools afterward. Drinking fluids can help if you have not been advised to restrict fluids.

Fluoroscopy and CT expose you to radiation. The amount is managed to obtain the needed images while limiting exposure. MRI does not use ionizing radiation.

Intravenous contrast can occasionally cause an allergic-like reaction. Iodinated contrast and some gadolinium-based agents require extra consideration in people with significantly reduced kidney function.

Serious complications, such as breathing contrast into the lungs or damage to the bowel, are uncommon. The risk depends on your health, the suspected bowel problem, and the technique used.

What happens next

You can usually return to normal activities after the appointment unless you received sedation or were given different instructions. Follow the center's advice about eating, drinking, and restarting medicines.

A healthcare professional will review the report alongside your symptoms and other test results. Routine follow-up may involve no further testing, another imaging method, capsule endoscopy, endoscopy, or a biopsy.

Contact your healthcare service promptly if you develop persistent vomiting, worsening abdominal swelling, severe constipation with pain, fever, or increasing abdominal pain after the test.

Call emergency services for trouble breathing, swelling of the face or throat, fainting, or sudden severe abdominal pain. These are not expected routine effects.

Common questions

Can I drink coffee before enteroclysis?

Usually not during the fasting period, even if the coffee is black. Follow the imaging center's instructions because milk, sugar, and coffee itself may affect preparation.

Does the time of day matter?

Not medically in most cases. Morning appointments may make fasting easier. The center may schedule the test based on scanner availability and the type of enteroclysis.

Can I exercise beforehand?

Light activity is unlikely to affect the images. Avoid strenuous exercise while fasting if it makes you dehydrated, dizzy, or nauseated.

Will I be awake while the tube is inserted?

Usually, yes. Local numbing medicine may be used, but general anesthesia is not normally needed. Ask beforehand if you are worried about gagging or tube placement.

Can I drive home afterward?

You can generally drive if you did not receive sedation and feel well. If sedation is planned, you will need someone else to take you home.

Is enteroclysis the same as a barium swallow?

No. A barium swallow mainly examines the throat and esophagus. Enteroclysis examines the small intestine and places contrast directly through a tube.

Sources

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