

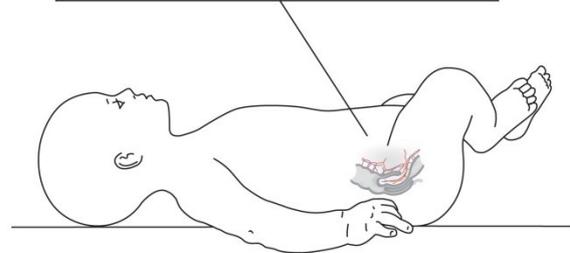
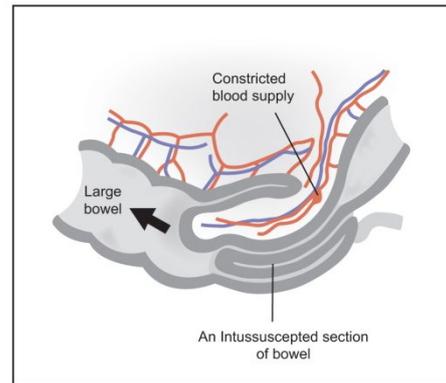
Intussusception

What is intussusception and how common is it?

Intussusception is a condition where one portion of the bowel slides into the next, very similar to the actions of a telescope. This will cause the bowel walls to press on one another and may result in reduced blood flow to that affected area and in turn the bowel can swell and become blocked.

The causes of this condition are generally unknown. It has been linked in some cases to a recent bout of gastroenteritis.

Diagnosis is confirmed by an ultrasound scan. The radiologist and surgeon will then discuss if an air enema is an appropriate first course of treatment. Air enemas are considered a clinically urgent procedure and may be attempted prior to surgical intervention if your child is well enough.



Intussusception is a notifiable disease in Western Australia. This means that all cases of intussusception must be reported to the Health Department by the treating doctor. In Australia about 200 babies aged less than 12 months of age get the condition each year however individuals of any age may experience this condition.

Who will be performing the procedure?

PCH consultant radiologists (doctors with specialist training in image guided procedures such as these) perform this procedure.

In addition to the radiologist your child will be cared for by a medical imaging technologist and additional staff members including surgical and Emergency Department doctors and nurses.

What to expect once diagnosis is confirmed?

Prior to the air enema procedure, the consultant radiologist will explain the procedure to you and answer any questions. You will be asked to sign a consent form. You must be your child's legal guardian to sign this form.



You will be taken into the room where the procedure will be done. Your child will lie down on the table; for the safety of your child Velcro straps will be placed around their abdomen to aid in immobilisation.

One parent may remain with their child throughout the procedure if they wish.

What happens during the procedure?

Your child will be given pain relief prior to commencement of the air enema. Using a lubricating gel, a small tube will be inserted into your child's bottom and secured with tape. If your child has any skin sensitivity to tapes please advise prior.

The radiologist will then introduce air via this tube into the bowel. X-rays will demonstrate the air outlining the bowel. The pressure of this air may unfold the bowel that has been turned inside out and cure the blockage. If the air enema is unsuccessful in treating the intussusception, a repeat may be ordered prior to surgical intervention if appropriate for your child.

Will this treatment hurt?

The procedure will be uncomfortable for your child, and pain relief will be administered prior to commencement and increased if required. The procedure can be quite confronting for both yourself and your child and it is natural for them to be distressed. There may be some small marks on your child's bottom from where the tape was placed and from when your child's bottom was pushed together to keep the tube in place and prevent air leaks.

What can I expect after this procedure?

Air enemas have a success rate of 90 to 95% when the intussusception is detected early. dependant on your child's individual clinical needs they may be admitted onto the ward for observation following this procedure. There is a chance the intussusception may happen again this is most likely in the first 24 to 48 hours following air enema treatment. Your child's symptoms will be the same.

Your child will be followed up closely by his or her treating team.

This procedure will require:

General Anaesthetic

Local Anaesthetic

Sedation

X-rays

Retention of tissue/fluid sample for pathology

Other Specify:

You have received an information sheet about this procedure: Yes No

This procedure involves the following risks:

- Pain/discomfort
- Allergic reaction to tape
- Risk: 1:250 of bowel perforation and progression to surgery
- If unable to reduce possible surgery
- X-ray exposure

Other Risks specific to your child:

I have been provided with an information sheet specific to my child's upcoming procedure and have had the procedure explained to me by the Radiologist.

I understand the information I have been given and have been given the opportunity to ask questions.

| | |
|--------------------------------|-----------------------------|
| PARENT/GUARDIAN: Signed. | INTERPRETER: Signed. |
| | |
| Print Name: | |
| Relationship to Patient: | Date: |
| Date:..... | Onsite..... Telephone |

References

- Hutson JM, O'Brien M, Woodward AA, Beaseley SW. Intussusception. In: Jones' clinical paediatric surgery [Internet]. 7th ed. Chichester (UK): Blackwell Publishing Ltd; 2014 [cited 2017 July 27]. 332p. Available from: Wiley Online Library. doi: 10.1002/9781444300109.ch19.
- Sadigh G, Zou KH, Razavi SA, Khan R, KE Applegate. Meta-analysis of air versus liquid enema for intussusception reduction in children. American Journal of Roentgenology [Internet]. 2015 [cited 2017 July 26]; 205(5):W542-W549. doi: 10.2214/AJR.14.14060.
- Gluckman S, Karpelowsky J, Webster AC, McGee RG. Management for intussusception in children. Cochrane Database of Systematic Reviews [Internet]. 2017 [cited 2017 July 27]; Issue 6. Art. No.: CD006476. doi: 10.1002/14651858.CD006476.



Government of **Western Australia**
Child and Adolescent Health Service



Child and Adolescent Health Service
15 Hospital Avenue, Nedlands, WA, 6009. Telephone:
(08) 6456 2222
Produced by: Medical Imaging
Ref: 1006 © CAHS 2020

This document can be made available in alternative formats on request for a person with a disability.

Disclaimer: This publication is for general education and information purposes. Contact a qualified healthcare professional for any medical advice needed.
© State of Western Australia, Child and Adolescent Health Service.