

CT Enterography

Computed tomography (CT) enterography uses special x-ray equipment and an injection of contrast material after the ingestion of liquid to produce detailed images of the small intestine and structures within the abdomen and pelvis. It's often used to identify and locate problems within the bowel, such as inflammation, bleeding, obstructions and Crohn's disease. CT scanning is fast, painless, noninvasive and accurate. CT enterography is better able to visualize the entire thickness of the bowel wall when compared to other small intestine imaging procedures.

Tell your doctor if there's a possibility you are pregnant and discuss any recent illnesses, medical conditions, medications you're taking, and allergies. You will be instructed not to eat or drink anything for a few hours beforehand. If you have a known allergy to contrast material, your doctor may prescribe medications to reduce the risk of an allergic reaction. These medications must be taken 12 hours prior to your exam. Leave jewelry at home and wear loose, comfortable clothing. You may be asked to wear a gown.

What is CT Enterography?

CT enterography is a special type of computed tomography (CT) imaging performed with intravenous contrast material after the ingestion of liquid that helps produce high resolution images of the small intestine in addition to the other structures in the abdomen and pelvis.

Next, the table will move quickly through the scanner to determine the correct starting position for the scans. Then, the table will move slowly through the machine as the actual CT scanning is performed. Depending on the type of CT scan, the machine may make several passes.

What are some common uses of the procedure?

Physicians use CT enterography to identify and locate:

- small bowel inflammation
- bleeding sources within the small bowel
- small bowel tumors
- abscesses and fistulas
- bowel obstruction.

CT enterography is also used to diagnose Crohn's disease (<http://www.radiologyinfo.org/en/info/crohns-disease>), and determine



its location, severity and unexpected complications, in order to guide effective treatment.

How should I prepare?

You should wear comfortable, loose-fitting clothing to your exam. You may need to wear a gown during the procedure.

Metal objects, including jewelry, eyeglasses, dentures and hairpins, may affect the CT images. Leave them at home or remove them prior to your exam. You may also be asked to remove hearing aids and removable dental work. Women will be asked to remove bras containing metal underwire. You may be asked to remove any piercings, if possible.

You will be asked not to eat or drink anything for four hours prior to the procedure.

You should inform your physician of any medications you are taking and if you have any allergies. If you have a known allergy to contrast material, your doctor may prescribe medications to reduce the risk of an allergic reaction, or order a different test. *See the Contrast Materials (<http://www.radiologyinfo.org/en/info/safety-contrast>) page for more information.*

Also inform your doctor of any recent illnesses or other medical conditions, and if you have a history of heart disease, asthma, diabetes, kidney disease or thyroid problems. Any of these conditions may increase the risk of an unusual adverse effect.

Women should always inform their physician and the CT technologist if there is any possibility that they may be pregnant. *See the CT Safety During Pregnancy (<http://www.radiologyinfo.org/en/info/safety-ct-pregnancy>) page for more information.*

What does the equipment look like?

The CT scanner is typically a large, donut-shaped machine with a short tunnel in the center. You will lie on a narrow examination table that slides in and out of this short tunnel. Rotating around you, the x-ray tube and electronic x-ray detectors are located opposite each other in a ring, called a gantry. The computer workstation that processes the imaging information is located in a separate control room. This is where the technologist operates the scanner and monitors your exam in direct visual contact. The technologist will be able to hear and talk to you using a speaker and microphone.

How does the procedure work?

In many ways, a CT scan works like other x-ray exams. Different body parts absorb x-rays in different amounts. This difference allows the doctor to distinguish body parts from one another on an x-ray or CT image.

In a conventional x-ray exam, a small amount of radiation is directed through the part of the body being examined. A special electronic image recording plate captures the image. Bones appear white on the x-ray. Soft tissue, such as the heart or liver, shows up in shades of gray. Air appears black.

With CT scanning, several x-ray beams and electronic x-ray detectors rotate around you. These measure the amount of radiation being absorbed throughout your body. Sometimes, the exam table will move during the scan, so that the x-ray beam follows a spiral path. A special computer program processes this large volume of data to create two-dimensional cross-sectional images of your body. These images are then displayed on a monitor. CT imaging is sometimes compared to looking into a loaf of bread by cutting the loaf into thin slices. When the image slices are reassembled by computer software, the result is a very detailed multidimensional view of the body's interior.

Refinements in detector technology allow nearly all CT scanners to obtain multiple slices in a single rotation. These scanners, called multi-slice or multidetector CT, allow thinner slices to be obtained in a shorter amount of time. This results in more detail and additional view capabilities.

Modern CT scanners can scan through large sections of the body in just a few seconds, and even faster in small children. Such speed is beneficial for all patients. It's especially beneficial for children, the elderly and critically ill – anyone who finds it difficult to

stay still, even for the brief time necessary to obtain images.

For some CT exams, a contrast material is used to enhance visibility in the area of the body being studied.

How is the procedure performed?

Prior to the procedure, you will be asked to drink several glasses of a liquid solution that contains a contrast material. The total amount of fluid you will need to drink is approximately 1 to 1.5 liters. You should inform your doctor if you think you will not be able to drink this amount of contrast. You will drink the contrast material over a period of approximately one hour in order to fill the long small intestine. The fluid expands the small bowel so that abnormalities can be seen better.

The technologist begins by positioning you on the CT exam table, usually lying flat on your back. Straps and pillows may be used to help you maintain the correct position and remain still during the exam.

If contrast material is used, depending on the type of exam, it will be swallowed, injected through an intravenous line (IV) or, rarely, administered by enema.

Next, the table will move quickly through the scanner to determine the correct starting position for the scans. Then, the table will move slowly through the machine as the actual CT scanning is performed. Depending on the type of CT scan, the machine may make several passes.

What will I experience during and after the procedure?

You may be asked to hold your breath during the scanning. Any motion, including breathing and body movements, can lead to artifacts on the images. This loss of image quality can resemble the blurring seen on a photograph taken of a moving object.

When the exam is complete, you will be asked to wait until the technologist verifies that the images are of high enough quality for accurate interpretation.

Though the scan is painless, you may have some discomfort from remaining still for several minutes or from placement of an IV. If you have a hard time staying still, are very nervous, anxious or in pain, you may find a CT exam stressful. The technologist or nurse, under the direction of a doctor, may offer you some medication to help you tolerate the CT exam.

If an intravenous contrast material is used, you will feel a pin prick when the needle is inserted into your vein. You may feel warm or flushed while the contrast is injected. You also may have a metallic taste in your mouth. This will pass. You may feel a need to urinate. However, this is a contrast effect and subsides quickly.

If the contrast material is swallowed, you may find the taste mildly unpleasant; however, most patients can easily tolerate it. You can expect to experience a sense of abdominal fullness and an increasing need to expel the liquid if your contrast material is given by enema. In this case, be patient, as the mild discomfort will not last long.

When you enter the CT scanner, you may see special light lines projected onto your body. These lines are used to ensure that you are properly positioned. With modern CT scanners, you may hear slight buzzing, clicking and whirring sounds. These occur as the CT scanner's internal parts, not usually visible to you, revolve around you during the imaging process.

You will be alone in the exam room during the CT scan, unless there are special circumstances. For example, sometimes a parent wearing a lead shield may stay in the room with their child. However, the technologist will always be able to see, hear and speak with you through a built-in intercom system.

With pediatric patients, a parent may be allowed in the room but will be required to wear a lead apron to minimize radiation exposure.

After a CT exam, the technologist will remove the intravenous line used to inject the contrast material. The tiny hole made by the needle will be covered with a small dressing. You can return to your normal activities.

The oral contrast material you will ingest for your enterography exam is not absorbed by the body and will be expelled through your stool. Therefore, loose stools will be present for a couple of hours after the examination. The oral contrast agent may cause nausea, diarrhea and abdominal cramps. You should tell your doctor if these mild side effects become severe or do not go away within a short time period.

See the *Contrast Materials* (<http://www.radiologyinfo.org/en/info/safety-contrast>) page for more information.

For children, the CT scanner technique will be adjusted to their size and the area of interest to reduce the radiation dose. Many scanners are fast enough that children can be scanned without sedation. In special cases, sedation may be needed for children who cannot hold still. Motion will cause blurring of the images and degrade the quality of the examination the same way that it affects photographs.

Who interprets the results and how do I get them?

A radiologist (<http://www.radiologyinfo.org/en/info/article-your-radiologist>), a doctor specially trained to supervise and interpret radiology exams, will analyze the images. The radiologist will send an official report to the doctor who ordered the exam.

What are the benefits vs. risks?

Benefits

- CT scanning is painless, noninvasive and accurate.
- A major advantage of CT is its ability to image bone, soft tissue and blood vessels all at the same time.
- Unlike conventional x-rays, CT scanning provides very detailed images of many types of tissue as well as the lungs, bones, and blood vessels.
- CT examinations are fast and simple; in emergency cases, they can reveal internal injuries and bleeding quickly enough to help save lives.
- CT has been shown to be a cost-effective imaging tool for a wide range of clinical problems.
- Compared to other imaging procedures of the small intestine, CT enterography is able to visualize the entire thickness of the bowel wall and to evaluate surrounding soft tissues. The other examinations, some of which are invasive, are only able to image the inner lining of the small intestine.
- CT enterography has been shown to diagnose and/or rule out certain conditions/diseases that could help determine your future medical care.
- CT enterography may eliminate the need for video capsule endoscopy (VCE) and the potential complications of that procedure.
- CT enterography allows other organs in the abdomen to be seen.
- CT is less sensitive to patient movement than MRI.
- CT can be performed if you have an implanted medical device of any kind, unlike MRI.
- No radiation remains in a patient's body after a CT examination.
- X-rays used in CT scans should have no immediate side effects.

Risks

- There is always a slight chance of cancer from excessive exposure to radiation. However, the benefit of an accurate diagnosis far outweighs the risk.
- Women should always tell their doctor and x-ray or CT technologist if there is any chance they are pregnant. *See the Safety*

in X-ray, Interventional Radiology and Nuclear Medicine Procedures (<http://www.radiologyinfo.org/en/info/safety-radiation>) page for more information about pregnancy and x-rays.

- CT scanning is, in general, not recommended for pregnant women unless medically necessary because of potential risk to the unborn baby.
- IV contrast manufacturers indicate mothers should not breastfeed their babies for 24–48 hours after contrast material is given. However, the most recent American College of Radiology (ACR) Manual on Contrast Media reports that studies show the amount of contrast absorbed by the infant during breastfeeding is extremely low. *For further information please consult the ACR Manual on Contrast Media (<https://www.acr.org/Clinical-Resources/Contrast-Manual>) and its references.*
- The risk of serious allergic reaction to contrast materials that contain iodine is extremely rare, and radiology departments are well-equipped to deal with them.
- Advancements in CT technology now allow CT enterography to be performed with even lower radiation doses.
 - Because children are more sensitive to radiation, they should have a CT exam only if it is essential for making a diagnosis and should not have repeated CT exams unless absolutely necessary. CT scans in children should always be done with low-dose technique.

What are the limitations of CT Enterography?

A person who is very large may not fit into the opening of a conventional CT scanner or may be over the weight limit—usually 450 pounds—for the moving table.

Certain bowel obstructions, small tumors and early inflammation may not be visualized with CT enterography. Another procedure, CT enteroclysis, provides greater filling and distension of the small intestine and may allow better detection of abnormalities. However, it requires placement of a tube into the small bowel through the nose.

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