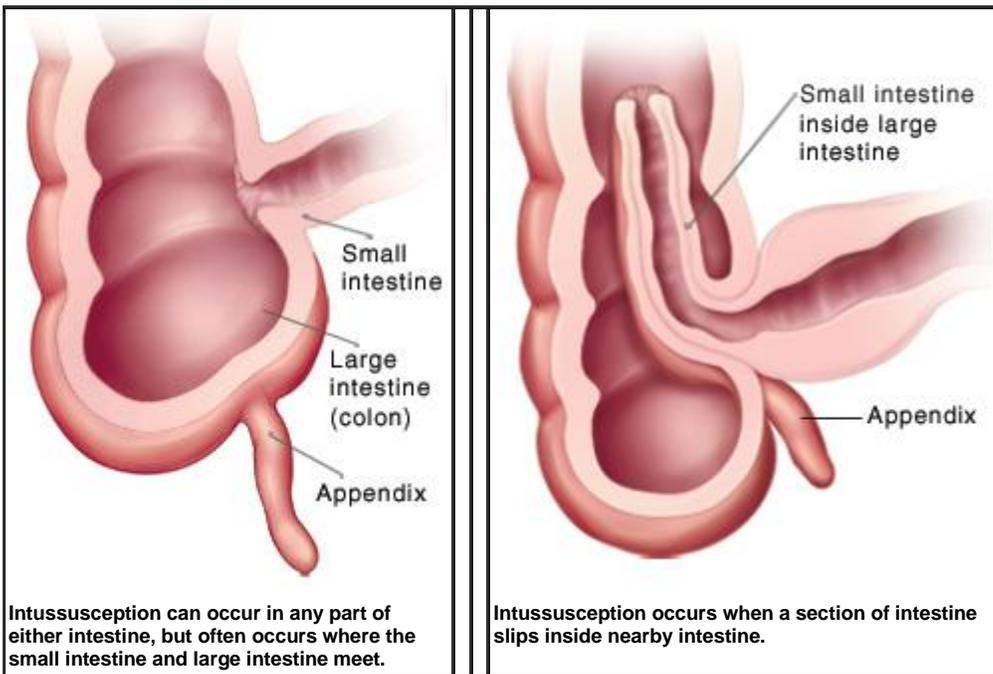
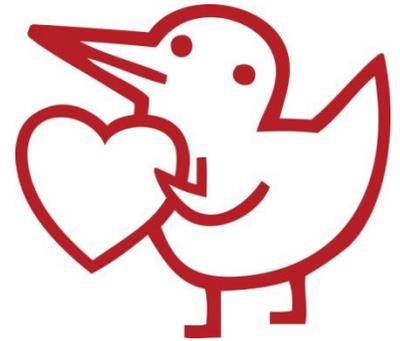


Therapeutic Enema: When Your Child Has Intussusception

The bowel (intestine) is a very long tube. It is coiled up tightly inside the abdomen. **Intussusception** occurs when a portion of bowel slides inside another portion. This happens in the same way that parts of a telescope slide inside each other when you close it. The bowel can slide back out by itself. Or, it can get stuck. Blood supply to part of the bowel could then become blocked. This can cause severe damage if not treated. Although intussusception can happen anywhere in the bowel, it's most common near where the large intestine and small intestine meet.



What Are the Symptoms of Intussusception?

Intussusception is very painful. Symptoms often come on suddenly. They may continue if the bowel gets stuck inside the other portion. Or, symptoms may go away and come back if the portion of bowel keeps sliding in and out of the other portion. Symptoms may include:

- Severe abdominal pain (a baby may express this pain by crying inconsolably)
- Vomiting, sometimes of green (bile-tinged) vomit
- Bloody stools with mucus in them (known as “currant jelly stools”)
- Abdominal swelling
- Diarrhea
- Signs of dehydration: decreased urination; very dark urine; dry mouth; refusal to drink fluids; no tears when crying

How Is Intussusception Diagnosed?

First, your child’s healthcare provider takes a health history and examines the child. The following tests may then be done:

- **Abdominal x-ray:** X-rays produce images of the inside of the abdomen.
- **CT (computed tomography) scan:** This test creates 3-D images of the inside of the abdomen.

- **Magnetic resonance imaging (MRI):** Strong magnets and radio waves are used to form an image of the inside of the abdomen.
- **Abdominal ultrasound:** Sound waves are used to create a moving image of the inside of the abdomen.
- **Therapeutic Enema:** Either liquid contrast or air is inserted into the rectum through the anus. This makes the bowel show up very clearly when a special scan is done.

How Is Intussusception Treated?

To treat the problem, a therapeutic enema may be done using contrast fluids or air. The force of the fluid or air entering the bowel can straighten it. If this does not work, surgery must be done. During surgery, the slipped portion of bowel is straightened and then checked for damage. If part of the bowel has been damaged due to lack of blood flow, that part may need to be removed. The healthy ends of the bowel are then reattached.

What Are the Long-Term Concerns?

Most children do well after treatment. If part of the bowel must be removed, the child could have long-term digestive problems. Your child's healthcare provider will tell you more about your child. Even after it is treated, intussusception could happen again. So watch for symptoms. As the child gets older, intussusception is less likely to happen.

When Intussusception Goes Away and Comes Back

Intussusception is an emergency if a portion of bowel gets stuck. But intussusception can come and go. This means that the bowel slides inside itself, then slides back into correct position. Tests can only see the problem when it is happening. If the bowel has returned to normal position at the time of the test, the doctor can't diagnose it at that time. If your child has symptoms again, he or she needs to return to the doctor or emergency room.