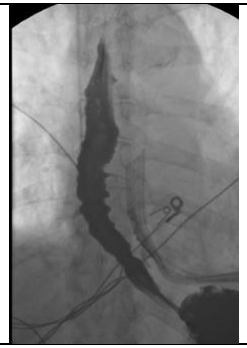
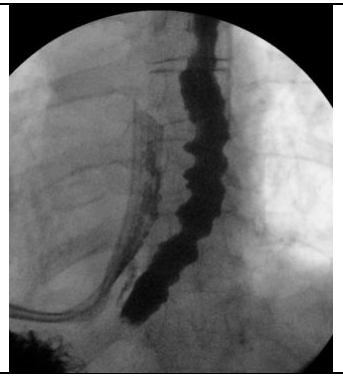
Esophagram to rule out leak

Scout Radiograph	Images	Purpose	
Yes	*AP upright chest radiograph	Caliber of GI tract, post op findings, PTX & unexpected findings	
Positions and contrast	**Images**	**Purpose**	**Example**
Semi-upright LPO	Radiograph (using Img intensifier-II)	Scout in the position that patient will drink in- so have basis to compare any findings susp for leak	
Semi-upright LPO, water soluble contrast	Radiographs II OR rapid images 3/sec At least 2 swallows should be done	Evaluate for leak, caliber, anastomosis	
Semi-upright RPO	Radiographs using II	Scout in the position that patient will drink in- so have basis to compare any ? leak findings	

Semi-upright RPO, water soluble contrast	Radiographs II OR rapid images 3/sec At least 2 swallows should be done	Evaluate for leak, caliber, anastomosis	
Repeat above LPO and RPO using <u>thin barium</u> if no leak seen with water soluble	As above	As above	
AP upright or semi-upright	Chest or Chabdomen Fluoro store or exposure	To look for subtle leaks not seen during 'live' fluoroscopy	
Optional			
Semi-upright AP Repeat water soluble contrast then thin barium as above	Radiographs II OR rapid images 3/sec At least 2 swallows should be done	Evaluate for leak, caliber, anastomosis	
RAO, thin barium with straw, Single sip	Fluoro cine store: follow progression of barium column.	Assess primary stripping wave, ? secondary wave. Check for non- peristaltic contractions	
RAO, Multiple sips thin in a row	Fluoro store, full column distended views of entire esophagus/intrathoracic stomach	Strictures and distensibility, Gastric emptying	

*Patients on aspiration precautions cannot lie flat. If unable to tolerate upright position, then 20-30 degrees upright. June 2025