

**Amidotrizoate meglumine 660mg/mL + sodium amidotrizoate 100mg/mL – 100mL solution (Gastrografin®) in Adult Adhesional Small Bowel Obstruction**



<b>Areas where Protocol/Guideline applicable</b>	SESLHD Adult Inpatients
<b>Authorised Prescribers:</b>	Medical Officers
<b>Indication for use</b>	Adult Adhesional Small Bowel Obstruction
<b>Clinical condition</b>	Adult Adhesional Small Bowel Obstruction, supported by evidence from:- <ul style="list-style-type: none"> <li>• Bloods: including Lactate</li> <li>• Abdominal X-Ray or Abdominal CT scan</li> <li>• Surgical / Abdominal History</li> <li>• Abdominal Examination by Surgical team</li> <li>• Previous Adhesional Small Bowel Obstructions</li> </ul>
<b>Proposed Place in Therapy</b>	Gastrografin is typically used as <b>second line therapy</b> – best commenced within 12-24 hours if appropriate  First Line Therapy – Nil by Mouth and Insertion of Nasogastric Drainage Tube
<b>Contra-indications</b>	<ul style="list-style-type: none"> <li>• Allergy or hypersensitivity to Iodine or any ingredients of Gastrografin®</li> <li>• Previous reaction to Iodinated Contrast Media</li> <li>• Manifest hyperthyroidism</li> <li>• Hypovolaemia or dehydration</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Pregnancy or Breastfeeding</li> <li>• Thyroid Conditions (Goitre / Hyperthyroidism)</li> <li>• Interleukin - previous treatment up to several weeks</li> <li>• Severe Heart Disease (increases susceptibility to outcomes of hypersensitivity)</li> <li>• Possibility of aspiration or broncho-oesophageal fistula (not for undiluted oral administration)</li> <li>• History of allergic disorders or asthma</li> <li>• Ensure adequate hydration</li> </ul>
<b>Important Drug Interactions</b>	Interleukin 2 – increased risk of delayed reactions  Beta blockers – resistant to treatment of anaphylaxis/hypersensitivity reactions with beta-agonists
<b>Dosage</b>	Gastrografin® 100 mL either orally or via nasogastric tube
<b>Duration of therapy</b>	Single administration over approximately 5 minutes via nasogastric tube or approximately 20 minutes orally  Up to 1 hour of intermittent observation to monitor for side effects

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<b>Prescribing Instructions</b>	Gastrografin must be prescribed on the eMR, eRIC or in Mosaiq/ ARIA. In the absence of eMM systems, the appropriate paper medication chart may be used.
<b>Administration Instructions</b>	Do not administer undiluted orally in patients with suspected possibility of aspiration or broncho-oesophageal fistula. If the patient is able to tolerate oral therapy, give 100 mL over approximately 20 minutes. Dilution with an equal volume of water is recommended in elderly or cachectic patients. If the patient is unable to tolerate oral therapy, give via nasogastric tube, 100 mL as slow push over 3 to 5 minutes.
<b>Adverse effects</b>	Vomiting, nausea and diarrhoea are the most frequent adverse effects  Skin reactions  Risk of aspiration and anaphylaxis
<b>Monitoring requirements</b> Safety Effectiveness (state objective criteria)	The patient should be closely observed by nursing staff over the time period until the Abdominal X-Ray takes place approximately 4 to 8 hours post administration.  Monitor patient for :- 1. Anaphylaxis (rare) and aspiration. 2. Standard Observations (e.g. blood pressure, heart rate, respiration rate, temperature) as per <a href="#">PD2020_018</a> Recognition and management of patients who are deteriorating  Be aware of potential dehydration and maintain adequate hydration. Efficacy is assess via an abdominal X Ray post administration.
<b>Management of Complications</b>	<b>Discontinue administration immediately if anaphylaxis or aspiration occurs and activate PACR Call or Code Blue as determined by severity.</b>  Contact treating Surgical Team immediately.  Supportive treatment may be required for vomiting, nausea and/ or diarrhoea.
<b>Basis of Protocol/Guideline:</b> (including sources of evidence, references)	Cohen et al. <a href="#">Timing of Gastrografin administration in the management of adhesive small bowel obstruction (ASBO): Does it matter?</a> Surgery. 2021  Ten Broek et al. <a href="#">Bologna guidelines for diagnosis and management of adhesive small bowel obstruction (ASBO): 2017 update of the evidence-based guidelines from the world society of emergency surgery ASBO working group.</a> World J Emerg Surg. 2018  Di Saverio et al. <a href="#">Bologna guidelines for diagnosis and management of adhesive small bowel obstruction (ASBO): 2013 update of the evidence-based guidelines from the world society of emergency surgery ASBO working group.</a> World J Emerg Surg. 2013  MIMS Online. <a href="#">Gastrografin®</a> . Last MIMS revision date 1 May 2019

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	<p>Abbas et al. <a href="#">Oral water soluble contrast for the management of adhesive small bowel obstruction</a>. Cochrane Database of Systematic Reviews. 2007</p> <p>Cersoli et al. <a href="#">Water-soluble contrast agent in adhesive small bowel obstruction: a systematic review and meta-analysis of diagnostic and therapeutic value</a>. Am J Surg. 2016</p> <p>Safamanesh et al. <a href="#">Evaluation of Gastrografin Therapeutic Role in the Management of Small Bowel Obstruction</a>. Annals of Bariatric Surgery. 2013</p>
<b>Groups consulted in development of this guideline</b>	POWH Acute Surgery including Upper Gastrointestinal, Colorectal and Oncology Surgery POWH Pharmacy SESLHD Surgery CNC / CNE Working Group

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GOVERNANCE	
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