PAEDIATRIC INTUSSUSCEPTION ULTRASOUND

Ultrasound Assessment in Suspected Intussusception

Objective

To ensure that all staff follow correct procedure of evaluation in the paediatric patient when intussusception is suspected.

Responsibility

All sonographers, trainee sonographers, registrars and radiologists performing paediatric ultrasound examinations.

Frequency

For all paediatric ultrasound Examinations when intussusception is suspected.

Procedure

The following table describes the process to be followed for ultrasound examination of suspected intussusception in the paediatric patient.

Step	Action
1	Look at prior imaging (including abdominal films)/ultrasound +/- report before starting. The child requires no fasting or other preparation.
2	Use high frequency linear array probe, preferably 17-5 or 12-5 MHz.
3	Start scanning the child's pelvis then move up left flank and across the abdomen and down the right flank, tracing the usual position of the colon.
4	Scan from coronal aspect in mid and upper abdomen in order to avoid as much colonic air as possible: can also use transducer pressure for this. Take note of any free fluid if present.
5	If multiple mesenteric nodes are present, measure the largest and document.
6	If typical "doughnut" or "target sign" of intussusception is identified use colour Doppler to document presence/absence of flow centrally (inner intussusceptum) and in outside wall (outer intussuscepion).
7	Search for a lead point i.e. Meckel diverticulum, duplication cyst, or other mass, enlarged node or polyp.
8	Check for bowel wall thickening
9	Look for free fluid within the pelvis and around bowel loops
Note:	
1	If no bowel abnormality is seen, extend the examination to full abdomen to rule out other causes for pain.