

BSGAR–NCTCA Advisory Statement: Interim CT Colonography Bowel Preparation Guidance During Global Gastrografin Shortage

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Audience: UK Radiology Imaging services managers, CT Colonography Leads, GI Radiologists, CTC Advanced Practice Radiographers, and BCSP Centres

Background

A global shortage of Gastrografin is affecting UK radiology services and threatens continuity of CT colonography (CTC) pathways, including symptomatic referrals and Bowel Cancer Screening Programme (BCSP) activity. To support safe and consistent service delivery, BSGAR and the National CT Colonography Academy (NCTCA) are issuing interim guidance outlining acceptable alternative bowel preparation regimens.

These regimens are intended for service-level implementation, with appropriate local governance, and should be reviewed as supply conditions evolve.

Principles underpinning interim regimens

- **Patient safety is paramount**, particularly in relation to renal function, cardiac function, allergy history, and frailty
- **Low-residue diets** remain essential to optimise colonic cleansing and tagging by restricting fibre intake. Suggested foods include white bread, egg, plain chicken breast, boiled potatoes etc.
- **Tagging quality must remain adequate** to support confident interpretation
- **Extended regimens** (48-hour low-residue diets and combined laxative–tagging protocols) should be reserved for patients with known poor prep or failed colonoscopy
- **Laxative* + faecal tagging regimens** are recommended in most patients (unless frail / poor renal function in which case tagging only regimens would be more appropriate). *Please follow the manufacturer’s guidance for laxative preparation.*
- **IV contrast use** should be reserved for cases where clinically justified and in line with local policy.

Sample patient information sheets from sites certified as NCTCA Centres of Excellence are available from the NCTCA and BSGAR websites. If you are a NCTCA Trainer, these can also be accessed from the Resource section of the Digital Campus.

Suggested interim bowel preparation regimens

The following regimens may be adopted during the Gastrografin shortage. **Timing refers to the day prior to the CTC**, unless otherwise specified.

Regimen	Laxative	Tagging agent	Diet
Laxative + faecal tagging			
Citrafleet + Omnipaque	Citrafleet: 1x sachet at 08:00	2 x 50 ml Omnipaque: 1x 50 ml immediately after low residue breakfast 1x 50 ml at 18:00	24-hour low-residue
Picolax + Gastromiro	Picolax: 1x sachet at 08:00 1x sachet at 16:00	50 ml Gastromiro at 19:00	24-hour low-residue
Plenvu + Omnipaque	Plenvu: 1x sachet at 12:00 1x sachet at 16:00	50 ml Omnipaque at 19:00	24-hour low-residue
Extended regimes [in known constipation, poor prep, failed colonoscopy]			
Citrafleet + Omnipaque	Citrafleet - Two days before test: 1x sachet at 16:00 Day before test: 1x sachet at 08:00	3x 50 ml Omnipaque 1x 50 ml at 08:00 1x 50 ml at 12:00 1x 50 ml at 16:00	48-hour low-residue
Picolax + Omnipaque	Picolax: 1x sachet at 08:00 1x sachet at 16:00	50 ml Omnipaque at 19:00	48-hour low-residue
Tagging only:			
Omnipaque	-	3x 50 ml Omnipaque: 1x 50 ml at 08:00 1x 50 ml at 10:00 1x 50 ml at 18:00	48-hour low-residue
Gastromiro	-	3x 50 ml Gastromiro: 1x 50 ml at 08:00 1x 50 ml at 10:00 1x 50 ml at 18:00	48-hour low-residue
Laxative only [rare use, iodine anaphylaxis]			
Citrafleet	Citrafleet: 1x sachet at 08:00 1 sachet at 16:00	-	24-hour low-residue

*Comparison of Common Laxative Agents Used in CT Colonography

Agent	Type / Composition	Volume Burden	Cleansing Strength	Tolerability	Key Advantages	Key Considerations / Limitations
Citrafleet	Sodium picosulfate + magnesium citrate	Low volume	Moderate	Generally well tolerated	Predictable action; good for frailer patients; widely used in CTC	Magnesium content requires caution in renal impairment
Picolax	Sodium picosulfate + magnesium citrate	Low volume	Moderate	Similar to Citrafleet	Interchangeable with Citrafleet; useful when supply is limited	Same renal considerations as Citrafleet
Plenvu	Low-volume PEG-based prep	Lower volume than Moviprep	High	Better tolerated than Moviprep	Strong cleansing with reduced volume; useful for enhanced prep pathways	Higher volume than picosulfate-based agents; taste may affect compliance

Laxative choice should be guided by local availability, patient factors, and the specific CTC regimen being used.

Operational Recommendations

- Standardise local pathways to minimise variation during the shortage.
- Ensure updated instructions reach referrers, booking teams, and patients.
- Document bowel preparation regimen in CTC report to facilitate auditing.
- Monitor image quality and maintain feedback between radiographers and radiologists.