

IRRIGATION REGIME FOLLOWING CAECOSTOMY FOR ANTEGRADE COLONIC ENEMA - CHW

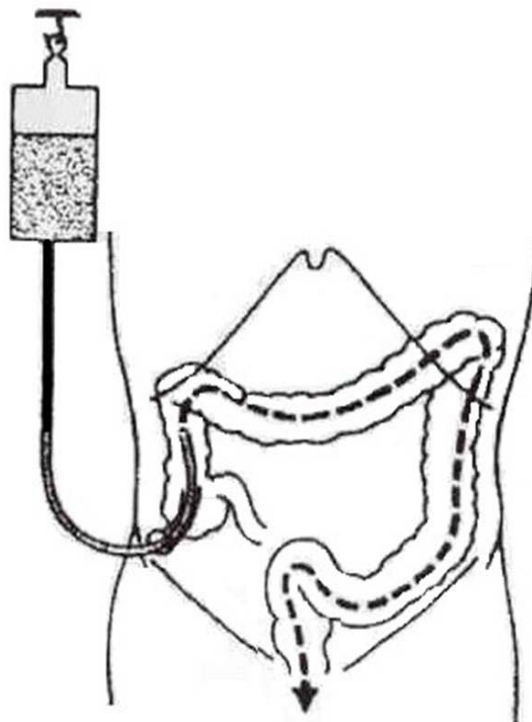
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INTRODUCTION

In children with severe constipation and faecal incontinence the caecostomy procedure aims to empty the colon (bowel) and prevent soiling. The procedure involves accessing the proximal colon (caecum) to deliver fluid to irrigate the colon. This can be done by:

- The appendix to form a cutaneous caecostomy (also known as *Malone Procedure* or *Appendicostomy*) **or**
- Placement of a gastric feeding device (also known as *button caecostomy*) **or**
- Placement of a Chait™ caecostomy device.

The hospital's Clinical Nurse Consultant (CNC) for Stomal Therapy will be assisting you in learning how to perform the procedure as soon as possible. She will also be the contact/support person if you have any concerns regarding the irrigation after discharge.



GENERAL PRINCIPLES

- Daily irrigation is attended at approximately the same time each evening (after dinner preferably) so a routine can be established.
- Use only salt solution (also known as normal saline) for irrigation.
- You may purchase the solution already prepared from your local chemist **OR**
- You can purchase salt sachets from the Appliance Centre at The Children's Hospital at Westmead (CHW), to prepare your own salt solution for use with irrigation. The box of salt sachets must be stored in a cool dry place.

To make the salt solution: Add **9 salt sachets** to **1 litre** of water.

(Note: *Only salt sachets purchased from the Appliance Centre at CHW can be used in the preparation of the salt solution.*)

Ensure the correct amount of salt is used: as too much or too little salt can cause serious problems. Double check this by counting the number of sachets used/emptied at the end of the preparation.

You need _____ litre/s of salt solution for your child's irrigation.

The Stomal Therapy Clinical Nurse Consultant will discuss with you the amount of salt solution to use before discharge from the hospital.

- Evacuation of faecal fluid and faeces usually commences about halfway during the instillation of the solution, however, some children particularly those with a neurogenic bowel (Spina Bifida) may retain some of the solution during and after irrigation. Once the total amount of the salt solution has been used and no faecal return/fluid is seen, disconnect the irrigation bag from the tube/catheter and try the following :
 - Gently massage your child's tummy
 - If possible ask your child to walk around close to the toilet.
- If there is still no result after one hour, you will need to decompress (empty) the bowel. Do this by re-connecting the catheter (for appendicostomy) or by opening up the gastric/Chait device through the feeding/adaptor port and let it drain into a bowl or toilet.

Ring the Hospital's Stomal Therapy Clinical Nurse Consultant (CNC) (or your surgeon if you cannot talk to the CNC) who will assess the situation and advise you appropriately. **Do not give administer any more solution until you have spoken to the CNC.**

- Sometimes it may be necessary to add Glycerin (0.5mL/kg diluted with an equal amount of salt solution) to help soften the faeces and assist movement of the faeces. The Stomal Therapy Nurse will assist and advise you about this.
- If your child complains of a "tummy ache" during the procedure, stop the flow for a couple of minutes and ask your child to push gently, then recommence the irrigation flow slowly. Abdominal cramps sometimes occur when the fluid is

being introduced. Reassure your child that the pain is only temporary and usually will stop as soon as evacuation of faeces and fluid starts.

- The instillation of solution takes about 20 minutes. It is important that your child sits on the toilet for at least another 20 minutes after the all the solution has been given to allow residual fluid to be evacuated.

Specific Care for a Button/Chait Caecostomy

- Irrigation usually starts about 4-5 days following the operation. The Hospital's Stomal Therapy Nurse will teach you how to do this. Once you are able to do this on your own and the wound is healing your child may be discharged.
- Ensure that you have the adaptors with you on discharge. You may purchase extra adaptors and irrigation bags from the Hospital's Appliance Centre.
- Keep the area around the caecostomy device clean and dry. There is usually no need for a special dressing once the wound has healed. *Notify the Stomal Therapy Nurse if redness, leakage of faecal fluid and pain is noted around the site.* Sometimes an elevated red tissue appears, known as granulation tissue or 'proud flesh', around the device. Although this is fairly common, it usually does not cause any major problems. However, it can overgrow causing pain and irritation and sometimes slight bleeding when touched. Treatment may be necessary after assessment by the Stomal Therapy Nurse.

IRRIGATION PROCEDURE

1. Prepare correct amount of salt solution as advised on discharge.
2. Hang the irrigation bag to on a stand or on a hook placed on the toilet wall.
3. Connect the device extension tube to the irrigation bag and allow the fluid to run down to the end of the tube to remove air from tubing.
4. Ask your child to sit on the toilet then connect irrigation extension tube to the device. Ensure your child is comfortable with both feet firmly resting on the floor or on a small stool placed under your child's feet.
5. Turn on full the roller clamp to start the flow of the solution. If your child complains of a tummy ache during procedure, stop the flow for a couple of minutes and ask child to push gently, and then recommence the flow slowly.
6. After the giving the required volume of solution, close off the roller clamp and ask the child to remain sitting in the toilet for another 20 minutes. This is to ensure that any solution remaining in the lower bowel is removed.
7. Disconnect the tube from the caecostomy button when you are finished. Wash the tube connector in warm soapy water and keep the bag and the tube connector in a clean plastic container.

FOR PATIENTS WITH AN APPENDICOSTOMY (WITH STOMA)

1. Prepare the correct amount of salt solution as advised on discharge.
2. Hang the irrigation bag on a stand or on a hook placed on the toilet wall.
3. Insert well lubricated catheter (usually 10 – 12 Fg. Foley catheter) gently into your child's stoma approximately 5–8cms. This is best done while your child is lying down.
4. Inflate the balloon of the catheter with 2mL of water to ensure the catheter remains in place during the irrigation.
5. Connect the catheter to the irrigation bag and allow the fluid to run down the tube to remove air.
6. Ask your child to sit on the toilet then connect the irrigation extension tube to the device. Ensure your child is comfortable with both feet firmly resting on the floor or on a small stool placed under your child's feet.
7. Turn on full the roller clamp to start of the flow of the solution. If your child complains of a tummy ache during procedure, stop the flow for a couple of minutes and ask child to push gently, and then recommence the flow slowly.
8. After giving the required volume of solution, close off the roller clamp and ask the child to remain sitting in the toilet for another 20 minutes. This is to ensure that any solution remaining in the lower bowel is removed.
9. Disconnect the irrigation bag from the catheter and deflate balloon. Gently pull the catheter out. Wash the catheter with warm soapy water and keep in a clean plastic container. Catheters may be used up to 2 weeks and then discarded.

If you have any concerns, contact the Clinical Nurse Consultant (CNC) Stomal Therapy at the Hospital on 9845 2158 or call the Hospital and ask to have her paged on 6154.