

## **Bowel Washouts Using an Antegrade Colonic Enema (ACE)**

This leaflet gives information for parents/carers whose child is having an ACE procedure and explains about giving bowel washouts.

### **Why does my child need bowel washouts?**

Bowel washouts are a method of dealing with constipation or with soiling, which is the leakage of faeces (poo) other than during a bowel movement. There are many reasons why a child may soil including:

- Congenital (present at birth) abnormalities affecting the anus and rectum.
- Neuropathies (nerve supply problems) such as a result of spinal abnormalities like Spina Bifida.
- Overflow incontinence which is often seen in children with severe constipation.

Other methods will usually be tried first, and may include bowel training, dietary changes, medications taken by mouth, and medications taken rectally (enemas or suppositories). If these methods fail, doctors may recommend bowel washouts using Antegrade Colonic Enema (ACE).

### **What happens before bowel washouts commence?**

Before you can start doing bowel washouts, your child will need an operation under general anaesthetic. Your child will need to have his/her bowel emptied before the operation. Sometimes you are given medicine to take at home by mouth a few days before the operation day, sometimes you are asked to come into hospital a day or two before the planned operation day to take the medicine and possibly have washouts involving infused fluid into the back passage. During the bowel emptying process, your child will not be able to eat any solid food and only drink fluids.

### **The operation**

The operation creates a channel (usually using the appendix) into the large bowel at a point called the Caecum. An alternative technique is to insert a soft tube (Chait tube) into the large bowel. The fluid used to wash out the bowel can then be infused easily. This fluid flushes the poo out through the rectum (back passage) in the usual way.

Most ACE operations are carried out using keyhole surgery (laparoscopy). Depending on the surgical method used, the appendix in its original position has the end brought up, or alternatively the Chait tube, to the wall of the tummy. In both methods the end of the appendix (**stoma**) or the Chait tube is opened up to form a channel from the tummy wall to your child's large bowel. If your child has already

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had his/her appendix removed or if it is not suitable, a piece of small bowel is used to create the tunnel or simply the Chait tube is used.

## Risks and complications

The possible risks and complications of having an ACE procedure include:

- Bleeding either during or after the operation although the risk is small.
- Every anaesthetic carries a risk of complications, but this is very small.
- Nausea/vomiting- some children may feel sick and vomit ( medication can be given to help prevent this from happening)
- Some children may have a headache, sore throat or feel dizzy. These side effects are usually short lived and not severe.

## After the operation

You will be able to be with your child as soon as they wake up in the recovery room. Your child will come back to the ward to recover. For the first day or two, he/she will have a drip giving fluids and medication and will not be able to eat or drink until the bowel starts to recover. The drip will be removed when your child starts eating and drinking again.

The surgeon will have inserted a catheter (thin plastic tube) into the stoma to keep it open. Similarly the Chait tube will have an extension catheter temporarily. This should stay in place for seven to fourteen days after the operation. In some cases, the catheter may need to stay in place for longer. This varies from child to child.

When your child has recovered from the operation, and eating and drinking again, your nurse will teach you how to do bowel washouts using the ACE. When you are confident, you and your child will be able to return home.

## Looking after the stoma

The stoma site needs to be treated as a wound for the first five days post-surgery. Your nurse will show you how to care for it. After that, you should keep the stoma clean. Do not rub the stoma site as this will make it sore.

You should insert a catheter into the stoma each day to keep it open, even if no washout is planned for that day. We will give you two sizes of catheter, the size you will be using to do the washout and one a size smaller.

The stoma can shrink a little after the operation, but this usually settles down when you use the catheter. On rare occasions, the stoma may need stretching while your child is under a general anaesthetic.

## Looking after the Chait tube

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The site needs to be treated as a wound for the first 5 days post-surgery. Your nurse will show you how to care for it. After that a small thin dressing can cover the white plastic cover to avoid it catching the under-clothes.

## Starting washouts

The nurses will teach you how to do the bowel washouts when the stoma has settled down, usually three to five days after the operation. If you have returned home, one of our community nursing team will visit you at home to teach you. You will have a lot to learn about bowel washouts and it may feel daunting at first, but will quickly become easier.

The washout solution varies from child to child, depending on his/her needs. The amount of fluid also varies and is worked out according to your child's age and size.

You will be given enough supplies when you leave hospital to start doing the bowel washouts. After this, you will need to get further supplies from your GP or community team. Remember to order supplies in plenty of time.

It may take about six to eight weeks to get into routine and for the washouts to work effectively.

It can help to keep a daily diary of progress, using the pages at the back of this leaflet. You will also need to keep in contact with your community nurse for the first few months until you and your child have settled into a regular washout pattern.

## Trouble shooting

What if	Action
You cannot insert the catheter into the stoma.	<ul style="list-style-type: none"><li>• Try to insert the smaller size catheter</li><li>• Once you have done this, remove it and insert the regular size catheter</li><li>• If you still cannot insert the catheter, contact your nurse or Children's Assessment Unit (CAU) for advice.</li></ul>

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<p>Your child has tummy ache or feels sick and/or vomits.</p>	<ul style="list-style-type: none"> <li>• Washouts can cause tummy cramps but these usually stop when the washout is finished.</li> <li>• Tummy cramps can also occur if the washout solution is too cold.</li> <li>• If your child feels sick and/or vomits, contact your nurse as the washout solution may need changing.</li> </ul>
<p>There is little or no change in your child's soiling.</p>	<ul style="list-style-type: none"> <li>• You should see some positive changes in the first few weeks following surgery, but it can take six to eight weeks to be free from soiling altogether.</li> <li>• Do not give your child a bowel washout more than once in 24 hours.</li> <li>• If this continues, contact your nurse/ consultant as the washout solution may need adjusting or your child may need more frequent washouts.</li> </ul>
<p>Your child develops a tummy bug (diarrhoea and vomiting).</p>	<ul style="list-style-type: none"> <li>• Do not give your child a bowel washout if he/she is ill.</li> <li>• Check with your nurse before starting washouts again.</li> </ul>
<p>Your child's stoma is bleeding.</p>	<ul style="list-style-type: none"> <li>• Passing the catheter into the stoma can sometimes cause bleeding, but this usually stops when the catheter is removed.</li> <li>• If bleeding continues, please contact your nurse for advice.</li> </ul>
<p>Your child's stoma is sore and oozing.</p>	<ul style="list-style-type: none"> <li>• Stoma infections sometimes occur, usually fairly soon after the operation. Contact your nurse/ CAU as your child may need a course of antibiotics.</li> <li>• In the long term, any weeping from the stoma is likely to be mucous. This is quite usual. You can cover the stoma with a small dressing if the oozing is affecting your child's clothes.</li> </ul>

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Bowel contents seem to be leaking from the stoma.	<ul style="list-style-type: none"> <li>Contact your surgeon/ CAU as the stoma may need checking or your child may be constipated.</li> </ul>
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### Progress Diary

Day	Washout solution	Soiling?	Notes (for example, tummy ache or
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# Bowel Washouts Using an Antegrade Colonic Enema (ACE)

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