

## Cecostomy Placement and Antegrade Enemas (General Surgery)

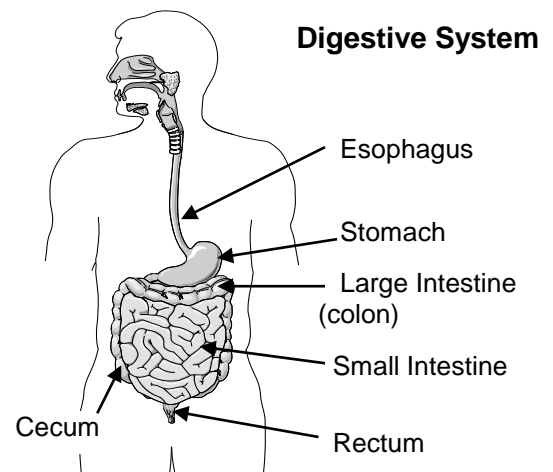
### What is a cecostomy?

The cecum is part of the large intestine. It is found at the end of the small intestine. A cecostomy is a surgery that makes an opening in the cecum. The opening is used to give an antegrade enema.

Many times the surgeon makes the opening through the appendix into the cecum. This is called an Appendicocecostomy.

### What is colon dysmotility?

This occurs when food may pass through the digestive system slower than normal. The longer food stays in the large intestine, the more water it will absorb. This will make the stool hard and difficult to pass. Enemas are often needed to help the stool pass.



### What is an enema?

An enema is a procedure where fluid is put into the digestive system to help the stool pass. There are two types of enemas that are used for bowel management.

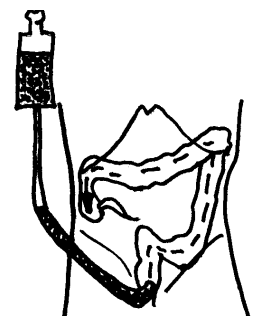
**“Retrograde”**: The enema fluid is put into the rectum. It normally only empties stool that is in the rectum. It does not reach the colon to help empty the stool there.

**“Antegrade”** or **“forward enema”**: The enema fluid is put into the first part of the colon through a cecostomy tube. It empties from the top part of the large intestine down to the rectum. Children with bowel dysmotility may need antegrade enemas. Most bowel accidents can be avoided when an antegrade enema is given every one to two days.

### How do I prepare my child for surgery?

- A bowel clean out prior to the procedure may be required. Your doctor will provide more information on the bowel prep.
- Some children will be admitted to the hospital one or two days before the procedure.

Retrograde Enema

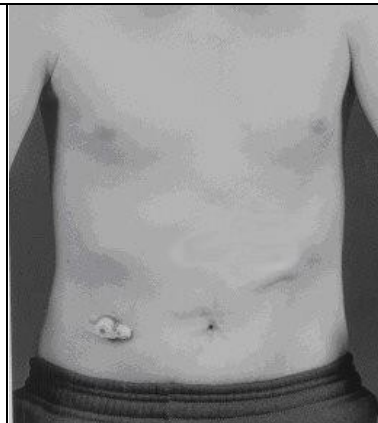


- A thorough bowel cleaning is done. This may include the use of an NG (nasogastric) tube to give cleansing fluids. Your child may also be given an enema or suppositories.
- Children tolerate the bowel cleansing better if they have a bland diet the day before the prep. Avoid high fiber foods (corn, broccoli, etc.). Do not eat a big breakfast on the way to the hospital.
- Intravenous (IV) fluids are given to keep your child from getting dehydrated. Antibiotics will be given by IV to help reduce the risk of infection.
- Your child cannot have anything to eat or drink for several hours before the procedure. The doctor or nurse will talk more about this.

## How is a cecostomy created?

A cecostomy tube will be placed in the operating room (laparoscopic ally).

A tube that looks like a button will be put in the cecum.



## What happens after surgery?

- Your child will be in the hospital for 1 to 3 days
- Your child may be able to eat and drink within 4 hours of the placement.
- Healing will take about 1 to 2 weeks after the tube is placed.
- Your child will have some pain. Medicines will be used to help with the pain.
- Your doctor will tell you when antegrade enemas can be started.
- Your doctor or nurse will tell you how to care for the cecostomy.

## What are possible complications or problems?

Complications are rare, but may include infection:

- The skin around the stoma site.
- The lining of the inside of the abdomen (peritonitis).

Other problems that can happen:

- Drainage of stool around the C-tube site opening. This usually means that more enemas need to be given and that your child could be “backed up”.
- Scar tissue or granulation tissue may grow around the opening.
- The button might fall out
- The balloon of the button might break.

## What do I do if the tube falls out?

- Do not replace the tube if you have not been shown how. Call for instructions.
- An appointment will be made in the Surgery Clinic for you to learn how to change the button. The button will be changed for the first time during this appointment
- The button will need to be changed every few months. A parent or home nurse can do this. This is normally not painful for your child. It normally takes less than 5 minutes to change the tube.

## What do I need to do to care for the tube?

- Clean around the cecostomy tube daily with soap and water. Dry the area surrounding and under the tube well.
- Apply gauze a split 2X2 gauze if desired.
- Change gauze at least twice a day or more if it becomes soiled or moist.

## What happens after healing is complete?

- Your child can bathe and swim.

## How do I prepare the enema solution?

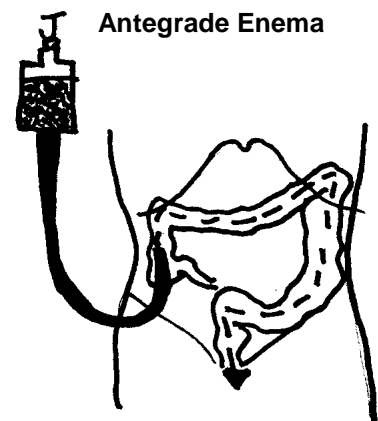
Your child's doctor will order the amount of solution to be used.

1. To make the saline: Put 1 teaspoon of table salt into 500ml (about 2 cups) of warm tap water. Mix well.
2. Warm the solution to help lessen the time it takes for the colon to empty.
3. Put the solution into the bag provided by the hospital/home care agency. Make sure it is clamped off, so the liquid does not come out while preparing the equipment.
4. Hang the bag about 6 feet from the floor. You may need to bend a coat hanger to hang the bag on a shower rod or hook.
5. Unclamp the tubing. Let the solution run through the tubing to get the air out.
6. Re-clamp.

## How do I give the enema?

An enema administration bag is used to give an antegrade enema. Follow these steps:

1. Have your child sit on the toilet.
2. Unplug the cecostomy button and attach the extension set. Then attach the enema tubing to the extension set.
3. Unclamp the tubing and let the solution flow in at a fairly fast rate. It should take about 15 to 20 minutes to flow in.
4. If your child has pain or cramping, slow the rate.
5. When all the solution has gone in, push a small amount of air into the extension set to clear it of the flush. Clamp the tube, disconnect the extension set. Close the port cover.
6. Your child should use good toilet positioning (legs spread in a "V" position with feet flat on small stool or floor) and stay on the toilet until no more solution is passing. This may take 30 to 60 minutes.
7. Rubbing the belly area while sitting often helps the bowels to move.



8. Sitting for a long time on the toilet can put pressure on the skin. It is ok for your child to stand up to relieve this pressure if needed. If your child cannot stand, have them shift their weight by leaning from one side to the other for a few minutes.
9. Your child's doctor will tell you how often to give an enema. Do this around the same time each day. It is best to give the enema after the largest meal of the day has been eaten. This will help establish a routine and a regular time for a bowel movement.
10. Ask the doctor if your child should take a stool softener or fiber supplement. Your child should drink plenty of water and follow a diet that is high in fiber.
11. Each child is different. You will need to work with your child, using instructions from the doctor/clinic, to find the bowel program that works best. This may take weeks or even months.

### **What do I do after the enema?**

- Rinse gravity bags and connection tubing with soap and warm water. Allow to air dry before storing.
- Do not discard the connecting tubing and gravity bag. You will be reusing it.

### **How do I get more supplies?**

- Call your DME company
- If you are having difficulty, call the GI Clinic.
- Sometimes insurance companies do not cover cecostomy tube or antegrade enema supplies. If that happens, we will tell you how to get supplies.

**ALERT:** Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has special health care needs that were not covered by this information.

**This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.**