Potential Problems:

1. If you do not pass any solution or stool then:
   - Do not repeat washout for 24 hours.
   - Do not increase the volume of salt solution greater than set by your doctor/nurse.
   - If this problem reoccurs at the next washout contact your nurse for advice.

2. You keep soiling in between your washouts.
   - Contact your nurse/doctor.

3. If you have loose bowel motions due to an illness miss out your washouts until your bowel motions return to normal.

Complications:

- Retention of washout fluid.
  - May lead to electrolyte imbalance.
- Abdominal cramps during washout
- Leakage around caecostomy button/tube.
- Stoma infection/breakdown.
- Please refer to the manufacturer’s instruction booklet on your button device for information on your button.

Note: This is general information only and the situation can vary from case to case.
A Guide to Caecostomy

Introduction

This brochure provides some general information for patients who may be considering the option of antegrade continence enemas (ACE) for bowel management.

The natural passage of food is into the mouth, through the stomach and small intestine into the caecum, then through the rest of the large bowel (ascending, transverse, descending and sigmoid colon) into the rectum, and out the anus.

- A caecostomy is where a button device or tube is inserted into your caecum (first part of the large bowel) to allow you to administer an antegrade enema.
- Sometimes your appendix may be used to form a continent appendicocaecostomy, through which you insert a catheter to cleanse your large bowel.

Who can benefit from this procedure:

Children with chronic faecal incontinence or severe constipation, where non-operative management such as medications, diet, rectal enemas, and timed toilet sitting, has not worked.

Aims:

The aim of this procedure is to enable you to administer a saline enema, to quickly and completely evacuate and cleanse the large bowel, emptying out through the anal opening. Emptying the colon in this regular, predictable way can prevent unexpected leakage and you may gain greater independence and freedom to pursue activities previously prevented by fear of incontinent episodes.

- There will be a period of trial and error after the procedure to achieve the most effective enema volume, timing and frequency of enemas, to give you the best results. For some this may take 6-8 months before you achieve the results you’re happy with.
- This period of trial and error is best achieved by you and your parent/caregiver at home.
- Using an appropriate volume of salt solution regularly will normally provide the best result.
- You may need to mix your saline enema with medications such as a fleet enema or mineral oil. This will be assessed as required.

How to make your salt solution:

- Use cooled boiled water.

For every 500mls of cooled boiled water add 1 level teaspoon of salt. Allow the salt to dissolve.


Procedure:

1. Always start by washing your hands.
2. Gather your equipment – 60ml syringe, salt solution, extension tube +/- bag.
3. Fill the bag with salt solution and prime the tube with salt solution, clamp tube.
4. Sit on toilet
5. Attach the extension tube to your button.
6. Attach bag to extension tube or catheter and open roller clamp.
7. Continue until all the solution has been used.
8. Wait while your large bowel empties the faeces and solution into the toilet. (approx. 30 minutes once routine established).
9. Rinse, dry and store your equipment.

Your Starting Regime:

1. Initially you should do your washouts every day for at least the first 6 weeks to establish a regime.
2. Use ______________________ of salt water.
3. After you have established your regime and you are happy with the results you may want to start adjusting your regime to meet your needs.
4. This may involve trying to reduce the frequency of washouts or adjusting the volume of solution, to achieve the result you want and that fits in with your lifestyle.