Enema Program
Instructions

What is the enema program?
An enema program is done on a regular basis in order for the child to evacuate stool each day.

What supplies will I need?
- A clean enema bag with tubing
- Water soluble lubricant (e.g., Surgilube®, KY Jelly® or other generic water soluble lubricant – Do not use a vasoline or petroleum agent)
- Towel
- Saline Solution

Recipe for saline solution:
- 1000 ml of tap water
- 2 teaspoons of table salt

When should the enema be administered?
The enema be administered in the morning or evening at approximately the same time each day.

How should I prepare my child for an enema?
Some parents may be anxious when they have to give an enema. Keep in mind it is medicine that your child needs in order to feel better. Once you have given it the first time, you will see how easy it is to do. Children are usually less afraid and feel more successful when they know what to expect and what is expected of them.
• Explain to your child why you are giving the enema.
• Tell the child he may feel like he has to go to the bathroom while the solution is flowing in.
• have the child take deep breaths and breathe out through his mouth to help relieve this feeling.
• It takes about 45 minutes to perform an enema so have something to keep your child occupied such as videos, games, playing music or rubbing their back.

How should I position my child for the enema?
Place a towel on the bed or floor under your child's hips. If possible, administer the enema on a tiled floor rather than a carpeted floor.

Possible positions your child can try:
• Have the child lie on their left side with right leg flexed towards the chest.
• On the back with legs raised as if to change a diaper.
• On the stomach with knees to chest or over your lap.

How should I administer an enema?
1. Wash your hands
2. Slide the clamp on the enema bag until it is pinched shut.
3. Fill enema bag and tubing with lukewarm saline solution.
4. Remove the protective cap from the end of the tubing. Lubricate the tip with a water soluble lubricant.
5. Insert the end of the tubing into the rectum approximately 3 inches or one finger-length. Do not force. It is helpful to have your child take slow, deep breaths through the mouth and bend the knees toward the chest. This will help to relax the rectal muscles.
6. Slide the clamp to open the tubing.
7. Raise the bag approximately 12-18 inches above the rectum.
8. The water should flow in slowly. The rate can be adjusted by either moving the clamp or raising/lowering the bag. If there is no flow of water into the rectum, the tip might be clogged with stool.
9. Remove the tip and clean with soap and water. Reinsert the tip and continue giving the enema. If cramps occur, stop water flow temporarily by clamping the tubing or lowering the bag. Wait several minutes, and then giving the enema.
10. All the solution from the bag should be used.

What should be done after the enema?

- Have your child hold the water in the colon for 5-10 minutes, or as long as possible.
- Your child should, again, sit on the toilet to push out the solution and stool.
- Check what type of bowel movement he had (hard, formed or runny) and the amount of solution released. Most of the enema solution should be released. It takes a week to get a routine of an enema followed a bowel movement.
- It is possible for nothing to come out after the 1st enema. If this continues please call our clinic.

When should I call the doctor?

Call us if you have any of the following signs or symptoms:

- The enema did not produce a bowel movement
- The child has pain that does not stop once the enema is done
- There is blood in the bowel movement
- The child continues to have a large amount diarrhea
- The child has episodes of vomiting, changes in level of alertness or seizures
What is the contact information?

If you have any question, problems or concerns call the Pediatric Surgery clinic from 8-5:00pm Monday thru Friday, 734-764-4151. After 5:00pm or on the weekends if you have urgent issues call hospital paging at 734 936-4000 and ask the operator to page the Pediatric Surgeon “on call”.

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Erin Larowe
Reviewers: Jennifer Chamberlain, RN, BSN; Daniel Teitelbaum, MD

Patient Education by University of Michigan Health System is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. Last Revised 10/2013