



Antegrade Continence Enema Post-Operative Instructions

What is a typical irrigation (flush) schedule?

A catheter will be left through the ostomy immediately after the procedure. During this time you should flush it daily starting the first day at 100 ml of homemade saline (see below). Then increasing this volume to 200 ml on the second day, and add an additional 200 ml per day until you reach the goal set by your surgeons. Amounts will vary depending on the size of the child from 500 ml to 1000 ml.

Most irrigations are given daily; however, on rare occasions children will need two irrigations a day. Irrigations are given using a gravity flow bag that attaches to your catheter.

1st Post-Operative day _____

Normal Saline _____ ml

2nd Post-Operative day _____

Normal Saline _____ ml

3rd Post-Operative day _____

Normal Saline _____ ml

4th Post-Operative day _____

Normal Saline _____ ml

Catheter options:

Many children and families opt to keep a tube in place through the appendicostomy. In general, this initial catheter may switch to a shorter, button type tube or a Chait® tube.

If the family and child prefers, after the first month, we can remove the catheter and have you begin to place a thin catheter into the stoma daily and irrigate with water or saline.

How do I mix the saline solution?

Using saline is important as it helps your child retain important salts in their body. Please see our instructional sheet for how to make up this saline solution at home with water and table salt.

If you use **well water**, boil it for ten minutes, let cool for one hour, and then boil another ten minutes before mixing with salt. Normal saline solution can be stored at room temperature for three days in a closed container. For **tap water**, no boiling is needed. The typical mixture contains:

- 2 Teaspoons of table salt with
- 1000 mL (4 cups) of warm tap water

What are the steps for irrigation?

The irrigations may seem difficult to give and to fit into your daily routine. However, as you and your child become more comfortable with the process it will become a fairly straightforward routine. You may still have to alter your child's diet or medication. It will be important to find the time of day that works out best for your schedule and that leaves your child with the optimal stooling. In general the whole process will take about 45 minutes to one hour daily.

If you place a catheter each day:

1. Pass the catheter to the _____ cm mark
2. Inflate the balloon to 5 ml
3. Have your child sit on the toilet
4. Infuse the irrigation solution: Your child's goal infusion volume is: _____ ml. This should infuse in over 15 minutes.

In general we will have you slowly reach this infusion volume goal:

Start at _____ ml for day 1 after surgery, and add _____ ml to this infusion volume each day until you reach the above goal.

5. The child should stay on the toilet until no more solution is passing. This may take 30 minutes.
6. Deflate the balloon
7. Remove the catheter
8. Wash the catheter after each use with soap and water, and air dry.

It is allowed and even preferred to let the child stand up and relieve skin pressure before sitting on the toilet again. If the child cannot stand, weight-shifting by leaning from one side to the other for a few minutes will be helpful also to prevent skin breakdown.

If you keep a catheter in all the time:

1. Have your child sit on the toilet
2. Attach the saline bag tubing to the catheter using your connecting catheter. Keep the clamp on the connecting catheter until the saline tubing is completely hooked together, this will prevent stool from leaking out.
3. Infuse the irrigation solution: Your child's goal infusion volume is: _____ ml. This should infuse in over 15 minutes.

In general we will have you slowly reach this infusion volume goal:

Infuse the irrigation solution: Your child's goal infusion volume is: _____ ml.

This should infuse in over 15 minutes.

4. The child should stay on the toilet until no more solution is passing. This may take 30 minutes
5. Clamp the special attachment tubing and then remove the connecting tubing from the button or Chait® tube.
6. Detach the saline tubing and save your connecting tubing
7. Wash the connecting tubing after each use with soap and water and air dry.

It is allowed and even preferred to let the child stand up and relieve skin pressure before sitting on the toilet again. If the child cannot stand, weight-shifting by leaning from one side to the other for a few minutes will be helpful also to prevent skin breakdown.

How often should I change the catheter?

If you opt for a button type tube, then these tubes can stay in place for 3 months (for a button). If your child has a Chait® tube, then these can stay in for up to one year.

If you and your child decide to pass a thin tube every day, in general, this catheter will be replaced with a fresh one every 2 to 3 weeks or more frequently if becoming clogged with stool or if mineral oil is added to irrigation.

How do I troubleshoot common problems?

Please call our clinic nurses at 734-764-4151 to work through some common problems that are encountered with children undergoing an ACE.

If constipation is not improving:

Adding 15 to 30 ml of mineral oil into the ACE just before each irrigation may be helpful. Other things that may help can be of a pediatric Fleet® enema into the catheter just before the irrigation, or glycerin®. Contact your physician's office for instructions for additives to your ACE program.

If your child is allergic to latex:

Please notify us, as a special non-latex catheter will be used in these cases.

If you notice break-through stooling in the middle of the day:

Often a patient's colon may contract frequently during the day, and this can lead to accidents during the day. Your physician may consider adding Imodium® (a constipating agent) to the medical regimen. This can often slow down the contractions of the colon, and prevent such accidents from occurring.

If you notice cramping pain during the infusion:

Often a patient's colon may fill up quickly during irrigations, and your child may complain of fullness or cramping. This will get better with time. Often slowing the rate of the infusion of fluid will make this cramping better.

What kind of restrictions will my child have after surgery?

- Do not allow your child to shower until 48 hours after surgery (Clean the area around the stoma with mild soap and water, gently pat dry.)
- Do not allow your child to soak in tub at 1 week
- No swimming for two weeks
- No bending, lifting more than 5-lbs. or physical activity including gym class participation for 2 weeks

When should I call the doctor?

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

- If the tube becomes dislodged, cover the site with a dry cloth and take your child to a local emergency room.
- Increased redness, swelling or tenderness around tube insertion site
- Any unusual drainage or odor from the incision
- Unexplained increase in pain
- Nausea, vomiting, diarrhea, or constipation which is not improving
- Oral temperature over 100.5°F

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”.

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