

4. Do not use the tube until you are sure that it is in the right place.

Important: If it has been less than three months since your child's cecostomy was placed, then the tube must be checked for placement by a doctor before it is used again (sometimes this is done by taking an x-ray of your child's cecostomy tube after some contrast has been placed in the tube).

Notes:

It may take some time for the fluid/stool to empty from the bowels. Your child may need to sit on the toilet for as long as 60 minutes.

Establishing a successful bowel routine can take several months. Do not be discouraged if this procedure does not work well initially. We are here to help with problem solving and advice along the way. We are committed to helping you make this system work well for you and your child.

It may take several months to have the routine well established and working efficiently. Your child may need to continue to wear incontinent products (ie: diaper/pull-ups) until there are predictable periods of time where there is no stool leakage from the rectum.

Tubes need to be changed regularly. Your child's first tube change will take place 2-3 months after the tube is inserted. Tubes should be changed about every 6 months after that. Please call to make an appointment with the Wound Ostomy Continence Nurse Clinician for your tube changes.

My Child's surgery date was:

My Child's first tube change is:

If you are interested in further information about cecostomies or if you have questions or concerns about this procedure, the fluid amount or type of solution, or suggestions to help improve the routine, please contact:

Amie Nowak, Wound Ostomy
Continence Nurse Clinician,
BC's Children's Hospital
604.875.2345 local 7658
1.888.300.3088
anowak@cw.bc.ca
Monday-Wednesday-Thursday

*Developed by the health care professionals
from the Pediatric General Surgery
Clinic at BC Children's Hospital with
the assistance from the Department of
Learning & Development.*

BC Children's Hospital ©2007 BCCH1446

Caring for a Child with a Cecostomy

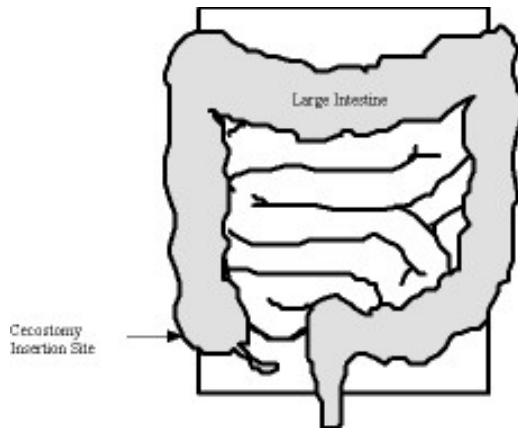


An agency of the Provincial
Health Services Authority

4480 Oak Street, Vancouver BC, V6H 3V4
604-875-2345
1-888-300-3088
www.bcchildrens.ca

What is a cecostomy?

A cecostomy is a surgically created opening into the cecum (large bowel) in which an enteral tube is placed in your child's lower right side of the abdomen.



What is the purpose of a cecostomy?

The purpose of doing a cecostomy is to create an opening into the colon. An enema can then be administered in an antegrade fashion (from the top of the large bowel through to the anus) to enable your child to have regular emptying of the bowels.

A cecostomy is done for a number of reasons:

1. Congenital anorectal malformations (such as Imperforate Anus)
2. Neurogenic bowel (such as spina bifida) resulting in fecal incontinence,
3. and/or significant constipation.

The goals of this treatment are to:

- Enhance regular emptying of the bowels
- Foster independence in children with fecal incontinence
- Empty the bowels in a timely manner

How do you flush the cecostomy?

Until regular, predictable bowel action is achieved, the flushes are usually done every day. Your child is placed on the toilet and the enema fluid is flushed through the cecostomy tube.

The amount and type of fluid used is determined by the surgeon and the nurse clinician. The routine may be different for each child.

I flush with _____ of Enema
followed by _____ of Normal Saline

Equipment:

- 60cc catheter tip syringes
- Fleet enema solution
- non sterile saline (1/2 tsp salt + 1 cup water – room temperature)

Steps for administering flush:

1. Assemble equipment (catheter, solution).
2. Place your child on the toilet.
3. Attach catheter tip syringe to the end of the cecostomy tube (MIC gastrostomy tube).
4. Flush prescribed amount of fluid through the cecostomy tube.

Emergency Tube Management:

Although the tract will 'mature' by the three month mark, it is always important for something to be holding the tract open. If the tube falls out and nothing is put in the tract, it will close.

If the tube falls out and you have not been taught how to change the tube –

1. Deflate the balloon and reinsert the MIC tube OR if the tube is missing or broken then a catheter of the same size will work.
2. Tape the old tube or catheter of the same size to your child's tummy so it does not come out again. Do not reinflate the balloon.
3. Head to the emergency room for a new tube and to check where the tube is positioned.