LRI Children's Hospital

Nursing care for measuring for, inserting and changing a miniACE button in an appendicostomy (ACE) or a caecostomy

Staff relevant to:	All qualified nursing staff and doctors who may manage a patient with an appendicostomy (ACE)
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Written by:	R Wade
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1. Introduction and who this guideline applies to

An appendicostomy (ACE) is formed as an alternative treatment for bowel management after initial conservative treatment has been ineffective for long term soiling/faecal incontinence or severe constipation. An appendicostomy (ACE) is also used in children who have a physical malformation of their rectum and/or anus or nerve damage to their large bowel, which causes soiling/faecal incontinence or severe constipation. An appendicostomy (ACE) can be formed in children of any age but is not the first line of treatment for constipation and soiling.

The appendicostomy (ACE) is formed using the appendix. It is brought out onto the abdominal wall to make a very small stoma. The appendix then forms a channel into the bowel which can then be catheterised to give an enema solution to flush the bowel out.
A caecostomy can be formed if a patient has had their appendix removed in previous surgery or the appendix is not viable.

This guideline applies to Children's Surgical Specialist Nurses and doctors who may manage a patient with an appendicostomy (ACE) or a caecostomy who have been appropriately trained.

2. Guideline Standards and Procedures

Most children will be able to learn to intermittently catheterise their appendicostomy (ACE)/Caecostomy but sometimes this is not possible due to the aetiology of the tract (it may have a kink in it) or the tract will not stay open without a permanent device being in situ.

In these circumstances, a miniACE button should be considered. This can be inserted in the tract and used with an extension tube to do the bowel washouts. It will require changing every 6 months by a qualified professional who has been trained to change a miniACE button.

Parents and the young person need to be made aware that if there is an appendix present, having a balloon device in it increases the risk of the appendix prolapsing out onto the abdominal wall. This can need further surgery to correct it or removal of the appendix and closure of the appendicostomy (ACE).

Staff performing the procedure are to adhere to hand hygiene practices as per Infection Prevention UHL Policy Trust Ref B4/2005

2.1 Procedure for new button (first insertion)

Criteria – the tract must have had a foley catheter in situ of a size 12Fr for the last 4 weeks minimum and at least 6 weeks if it is a new appendicostomy (ACE) /caecostomy

MiniACE buttons are ordered on an individual basis once the length of the tract has been established.

These 2 procedures are day case procedures and can be coded using the following codes on discharge letter

Y51.5 – For treatment through appendicostomy

H62.5 – For treatment through the bowel

Y03.2 – Renewal of prosthesis (tubal) in organ

2.2 Establishing the length of the tract

Equipment required

- Button measuring device
- Lubricating jelly
- 2 x 5ml syringe
- Gauze (unsterile)
- Sterile foley catheter size 12fr
- 5ml ampoule sterile water

2.3 Procedure

1. Remove water from foley catheter using 5ml syringe and dispose of in sharps bin
2. Gently pull out foley catheter and dispose in clinical waste bin
3. Place lubricating jelly on end of button measuring device and insert gently into the appendicostomy (ACE)/caecostomy tract
4. Add 3 mls air into 5ml syringe and insert into balloon end of button measuring device
5. Push in air to inflate balloon
6. Gently pull back on measuring device until resistance is felt
7. Push down disc on measuring device until it fits snuggly on abdominal wall.
8. Read the length required on the measuring device above the disc allowing no more than 0.5cm flexibility – note this down
9. Remove air from balloon using 5ml syringe
10. Gently pull out measuring device
11. Lubricate foley catheter and insert into tract by up to 10cm
12. Insert 2.5mls water via a 5 ml syringe into balloon
13. Remove syringe

14. Place bung into catheter end to stop leakage
15. Pull back on catheter until gentle resistance is felt
16. Wipe area clear of lubricating jelly with gauze
17. Tape catheter securely in place
18. Order correct MiniACE button from Cedar catalogue via surgical ward

2.4 Inserting miniACE button

Equipment required

- 2 x 5 ml syringes
- MiniACE button of correct size
- Lubricating jelly
- 5mls ampoule sterile water
- Gauze (unsterile)

Procedure

1. Remove water from foley catheter using 5ml syringe and dispose of in sharps bin
2. Gently pull out foley catheter and dispose in clinical waste bin – keep syringe for sharps bin
3. Lubricate end of MiniACE button
4. Gently insert into ACE/caecostomy tract until no tract of the miniACE button can be seen
5. Hold in place whilst 2.5mls of water is inserted into balloon via 5ml syringe
6. Remove syringe and keep for sharps bin
7. Wipe area clear of lubricating jelly with gauze
8. Show patient/parent how to connect up extension pipe

9. Show parent how to change water in balloon – once every 1-2 weeks – ensure parent aware of maximum volume for balloon.
10. Give parents a Wystopper stoma stopper of appropriate size/length to put in situ if miniACE buttons falls out

2.5 Changing the miniACE button

The miniACE button should be changed every 6 months or sooner if the balloon bursts.

Equipment required

- 2 x 5 ml syringes
- MiniACE button of correct size
- Lubricating jelly
- 5mls ampoule sterile water
- Gauze (unsterile)

Procedure

1. Remove water from miniACE balloon using 5ml syringe and dispose of in sharps bin.
2. Gently pull out MiniACE button and dispose in clinical waste bin – keep syringe for sharps bin.
3. Lubricate end of new MiniACE button.
4. Gently insert into the appendicostomy (ACE)/caecostomy tract until no tract of the miniACE button can be seen.
5. Hold in place whilst 2.5mls of water is inserted into balloon via 5ml syringe.
6. Remove syringe and keep for sharps bin.
7. Wipe area clear of lubricating jelly with gauze.
8. Show patient/parent how to connect up extension pipe.

9. Show parent how to change water in balloon – once every 1-2 weeks – ensure parent aware of maximum volume for balloon.
10. Give parents a Wystopper stoma stopper of appropriate size/length to put in situ if miniACE buttons falls out.

2.6 Parent Education and Training

All training and education to be given by Children's Colorectal Specialist Nurses

3. Education and Training

Guideline is to be shared with new specialist team members on induction.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Review of practice against guideline	Assessment of practice	Children's Colorectal Specialist Nurse	3 yearly	Senior Children's Nursing Board

5. Supporting References

None

6. Key Words

Bowel, Catheter, Stoma

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details	
Guideline Lead (Name and Title) Rachel Wade – Children's Nurse Specialist	**Executive Lead** Chief Nurse
Details of Changes made during review: ACE Acronym clarified throughout to aid identifying which speciality guideline applies Scope of staff guideline applies to updated Added Staff performing the procedure are to adhere to hand hygiene practices as per Infection Prevention UHL Policy Trust Ref B4/2005 to Guideline Standards and Procedures section Education section added Monitoring compliance section added	