LRI Children's Hospital

NURSING CARE OF A CHILD WITH A NEW ACE (appendicostomy)

Staff relevant to:	Nursing & Medical staff caring for children within UHL Children's Hospital
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1. Introduction and Who Guideline applies to

What is an ACE?

The letters forming the word ACE stand for Antegrade Colonic Enema.

The surgeon who first "designed" the operation was called Mr Malone – his name is frequently used to adapt the term ACE to MACE.

Why have an ACE?

An 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 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 Ace can be formed in children of any age but is not the first line of treatment for constipation and soiling.

2. Guideline Standards and Procedures

ACE formation procedure

The 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.

Post procedure

The child will return from theatre with a foley catheter in the appendix tract, held in place by a water filled balloon and a jelonet and gauze dressing over the ACE site. They may also have 1-2 other small wounds from the laparoscopic procedure or a bigger wound if it was an open procedure.

Procedure for Care of ACE site

1. Regular post-operative observations
2. Observe ACE site for bleeding
3. Daily cleaning of ACE site using 0.9% sodium chloride/cooled boiled water and gauze
   - Edge of wound to edge of wound cleaning technique
   - Drying with gauze
   - Dressing of jelonet and gauze/softpore/mepore dressing for 24-48 hours
4. Observe for signs of infection – redness and/or swelling around entry site
5. Ensure that parents are sent home with an initial supply of dressing equipment on discharge.
6. Ensure that foley catheter is taped down in at least 2 places on the abdomen

Flushing of ACE catheter – once per day until ACE washouts commence.

To commence either on the day of surgery if child is to be discharged or the day after surgery before discharge.

Equipment required

- 50ml bladder tipped syringe
- Warm water (does not need to be sterile) – 30mL approximately
- Soft cloth/tissue paper
- Gloves/apron
- Green bung

Procedure

1. Draw 30mL (approximately) of warm water into bladder syringe
2. Hold foley catheter in both hands and access the bung
3. Squeeze foley catheter just below bung to prevent contents coming up the catheter
4. Remove bung
5. Insert bladder syringe into foley catheter
6. Push 30mL water into foley catheter ensuring it flows in easily
7. Remove syringe and replace bung
8. Dry off ends

Procedure for commencing ACE washouts

Can be commenced either the day after surgery or at a date arranged with specialist nurse

Equipment required

- Dansac Irrigation set (3 parts)
- 50ml bladder tipped syringe
- Warm water (tap water) – 30mL approximately
- Soft cloth/tissue paper
- Gloves/apron
- Medication to be used - Glycerin/glycerol B/P or Bisacodyl Rectal Solution 2.74mg/mL or Klean Prep or movicol
- Volume of water to be used as enema

Procedure

1. Ensure that child is comfortable on the toilet and a dignity towel is used on their lap
2. Measure volume of warm water to be used for enema and add in medication (mix well)
3. Pour volume into Dansac irrigation bag and run through tubing - ensure there are no air bubbles present
4. Flush foley catheter with 30mlL warm tap water using bladder tipped syringe
5. Remove bladder tipped syringe and connect tubing attached to Dansac irrigation bag
6. Adjust clamp until enema mixture flows through (aim to get all enema solution irrigated in within 10 -15 minutes)
7. Once enema mixture has finished, disconnect from foley catheter and insert bung
8. The child must be sat with knees higher than hips, in a squatting position, which will enable effective emptying of the bowel.

9. Leave child sitting on toilet for 20-60 minutes depending on time required to empty bowel completely.
10. Monitor effectiveness of daily enema – adjust if required in order to achieve no soiling in between each ACE washout.

Enemas to be given under specialist nurse supervision until the parent and child are competent and confident to do this procedure at home.

When stimulant medication is introduced, specialist nurse to be present with child and parent to monitor its effect

Parent and child to continue this routine daily at home.

Follow up by specialist nurse at 2-3 weeks after surgery to check wound and review treatment – this is required

Admit as day case 6 - 8 weeks post-surgery to remove foley catheter and introduce to intermittent self-catheterisation with specialist nurse. Review treatment and its effectiveness – change as necessary

Treatment can be changed to less frequent when the specialist nurse feels the child's body is ready for less frequent treatment.

Procedure for teaching child/family intermittent self-catheterisation of appendicostomy

Usually undertaken 6 - 8 weeks post-operatively

Equipment

- 5mL syringe
- Gauze
- Hydrophilic catheters size 10fr
- Wystopper size 12/30mm
- Appropriate dressing eg. Mepore/softpore

Procedure

1. Prepare child for procedure
2. Connect 5 mL syringe to balloon end of foley catheter and push together firmly
3. Gently extract volume of water in balloon
4. Gently remove foley catheter from appendicostomy tract
5. Clean site with gauze and dispose of equipment appropriately
6. Burst water sachet in hydrophilic catheter to ensure tube is lubricated

7. Extract catheter from package
8. Insert catheter into appendicostomy gently, allowing the catheter to follow tract whilst very gently, pushing catheter into tract. This may require a small amount of manipulation (this will be shown by the specialist nurse).
9. Insert catheter until it has gone through the appendix tract and into bowel – the appendix length may be noted in the surgical notes. If not, insert the catheter until you feel it has to pass a small obstruction without pushing hard (opening the gate)
10. Tape catheter in place with tape to stop it falling out
11. If continuing to do a washout/enema, connect enema solution in Dansac bag to hydrophilic catheter and allow solution to drain in over 10 minutes.
12. Once enema solution has gone through or the catheter is ready for removal, disconnect Dansac bag and remove tape. Gently pull the catheter out of the tract and dispose of in clinical waste bin.
13. Wipe appendicostomy site with gauze
14. Insert wystopper stoma stopper and cover with appropriate dressing

NB

Some children cannot tolerate self-catheterisation – in these cases, a mini ACE button can be used and changed every 6 months

3. Education and Training

NONE

4. Monitoring Compliance

None

5. Supporting References

www.eric.org.uk

www.bbuk.org.uk

6. Key Words

Antegrade Colonic Enema, Enema, Stoma, Washout

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	
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Details of Changes made during review: New guidline	