

Let's Talk About...

Appendicostomy

An appendicostomy (ah-pen-di-KOSS-toh-me) is a surgery where the appendix is attached to the skin of the belly button or abdomen to make an outer opening. It is also called a Malone procedure or antegrade colonic enema (ACE). During an appendicostomy, a surgeon puts a tube in the new opening so a child can receive an enema and empty their colon.

Why does my child need an appendicostomy?

Your child may need an appendicostomy if they have medical problems that cause bowel control issues, including:

- Anorectal malformation (imperforate anus)
- Hirschsprung's disease (birth defect in which bowel nerve cells are missing)
- Spinal cord problems

These medical problems can cause fecal incontinence (soiling) or constipation, and many children with these problems have bowel management programs to stay clean. If your child needs an enema every day to prevent constipation or stool (poop) accidents, they may prefer an appendicostomy as they get older. Children can give themselves enemas through the tube, which allows them privacy and independence.

What happens during an appendicostomy?

During the appendicostomy, the surgeon makes a small cut in the abdominal wall (skin of the belly). They then connect the colon (using the appendix) to the outside of the body. The outer opening is either at the belly button or lower right side of the belly.

The surgeon makes a little valve for the enema tube to go in that prevents leaks when the tube is out. They then put a tube through the opening at the belly button and into the appendix after surgery. This tube allows your child to insert an enema.



If your child had their appendix removed, the surgeon can make a new one by forming a piece of colon tissue into a tube. This is called a neo-appendicostomy (KNEE-oh-ah-pend-ih-KOSS-toh-me).

What happens after an appendicostomy?

After an appendicostomy, your child will stay in the hospital 2–3 days. They can get up, move around, and eat soon afterward. The surgery team will give your child an enema through the new appendicostomy tube before they go home. They will teach you how to care for the new appendicostomy and how to do enemas through the tube. When the tube is out, no one except your child, family, and the surgeon knows the hole is there.

Schedule your child's follow-up appointment with the surgeon a few weeks after surgery.

How do I care for my child's opening and tube?

- Put the enema tube through the appendicostomy hole at least once a day, even if your child isn't receiving enemas. This will keep the hole open and prevent it from healing and closing up.
- Keep the area around the external enema tube clean and dry. Some leaking around the tube is normal.
- Use tape to keep the external tube in place on the belly.

What can I expect when my child goes home?

Your child should avoid vigorous activities and contact sports until they see the surgeon again. They can join in all other normal activities, including swimming, when the temporary tube is out and the surgeon says it's OK.

What if I can't put the tube in the appendicostomy?

Put a warm washcloth over the appendicostomy opening for a few minutes if you can't put the external tube in. Then try again. If you still can't put the tube in, call your child's surgeon. There may be a stricture (the hole is getting smaller).

What is the pink or red bumpy tissue around the appendicostomy?

You may notice pink or red bumpy tissue around the appendicostomy opening. It is called granulation tissue and will not hurt your child.

When should I replace my child's tube?

Replace your child's appendicostomy tube every month. Don't use the tube if it is cracked or splintered.

How do I give an enema through the appendicostomy?

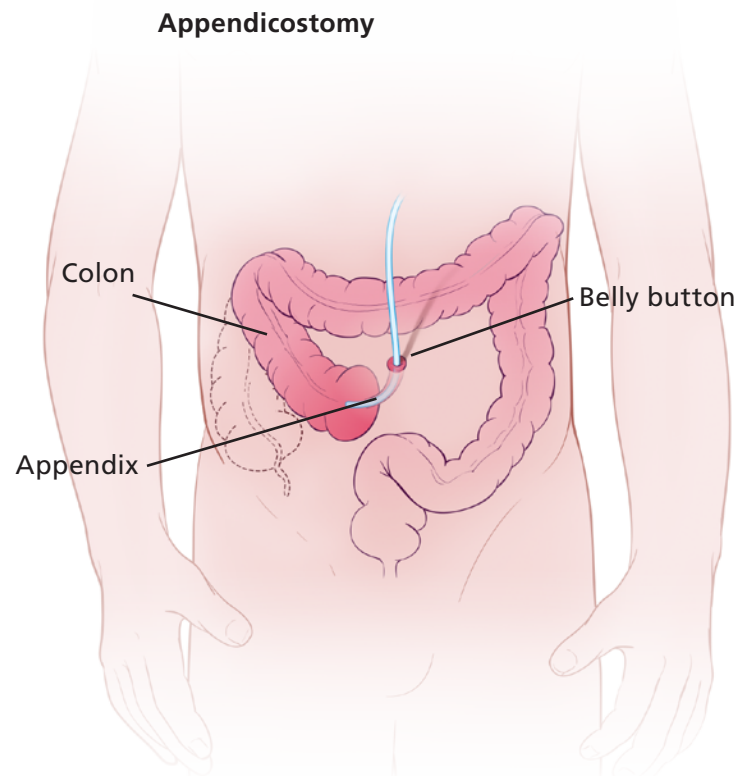
To give your child an enema, you'll need:

- Normal saline solution
- Any additives your child's healthcare provider ordered (glycerin or castile soap)

- Enema bag (Kangaroo™ gravity feeding bag)
- 8-Fr catheter or Chait Trapdoor™ connecting tube
- 10-mL slip-tip syringe to clean the catheter
- Lubricant

Prepare the solution

- 1 Mix 4 cups of warm tap water with 1½ teaspoons of table salt. Never use plain water or change the recipe. This could hurt your child. You can also buy a bottle from a pharmacy (called normal saline or 0.9% sodium chloride solution).



- 2 Warm the saline to body temperature by using warm tap water in the mixture or putting the saline bottle in a hot water bath. Never microwave saline.

Give the enema

- 1 Clamp the enema bag tubing.
- 2 Pour saline (only the amount prescribed) and any additives into the bag. Mix it well.

- 3 Open the clamp and let the fluid flow out of the bag and through the tubing until the fluid drips out of the end. Re-clamp the tubing. Squeeze the drip chamber in the tubing until it's halfway filled with fluid.
- 4 Have your child sit or lie down in a comfortable position.
- 5 Lubricate the tube well and put it into the opening. Push it in gently, about 4–6 inches, and connect the enema bag tubing to the catheter.
- 6 Open the clamp on the tubing and allow the enema to flow in over 15–20 minutes. To slow the enema, use the clamp on the tubing or lower the bag a little to decrease the gravity flow. If the enema leaks, push the tube in further.
- 7 Have your child sit on the toilet. It may take up to 45 minutes for them to poop.
- 8 When the enema is finished, rinse the bag with water and flush the tube with soapy water using the syringe.

Should I consider having my child get a permanent tube (Chait tube)?

Some children want a permanent tube in their appendicostomy or need a tube to keep it open after a stricture. A permanent tube is called a Chait tube or Chait trapdoor.

Notes

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The end of the Chait tube stays in the appendix and intestines and fits neatly against the skin. It has a flapped hinge that opens so your child can receive an enema. You won't see a bulge under clothing or a swimsuit when your child wears the Chait tube. They can also do normal activities, including swimming. Ask your child's surgeon if a Chait tube would be best for your child.

What if the Chait tube comes out?

If the Chait tube comes out, the appendicostomy may bleed a little or leak stool. Put a bandage over the opening and call your child's surgeon or take your child to the emergency room. The tube must be replaced as soon as possible.

How often do I need to replace the Chait tube?

Your child's Chait tube should be replaced in the hospital's x-ray department at least once a year, unless there is a problem. Replacing the tube does not take long, and your child doesn't have to be admitted to the hospital.