

Let's Talk About...

Enterocolitis and rectal irrigations

Enterocolitis (en-ter-oh-co-LIE-tis) is a serious infection of the intestines. It occurs when stool (poop) stays in the colon too long and bacteria from the stool make toxins (poisons) that can get into the blood. These toxins can make a child very sick and even cause death.

Why is my child at risk for enterocolitis?

Your child may be at risk for enterocolitis if they have Hirschprung's disease (HD), a congenital intestine problem. Enterocolitis can happen before or after the pull-through surgery for HD.

What are the signs of enterocolitis?

Signs of enterocolitis may include:

- Abdominal distention (bloated belly)
- Bad-smelling diarrhea
- Fever
- Vomiting
- Watery or bloody stools
- Being sleepy or sluggish

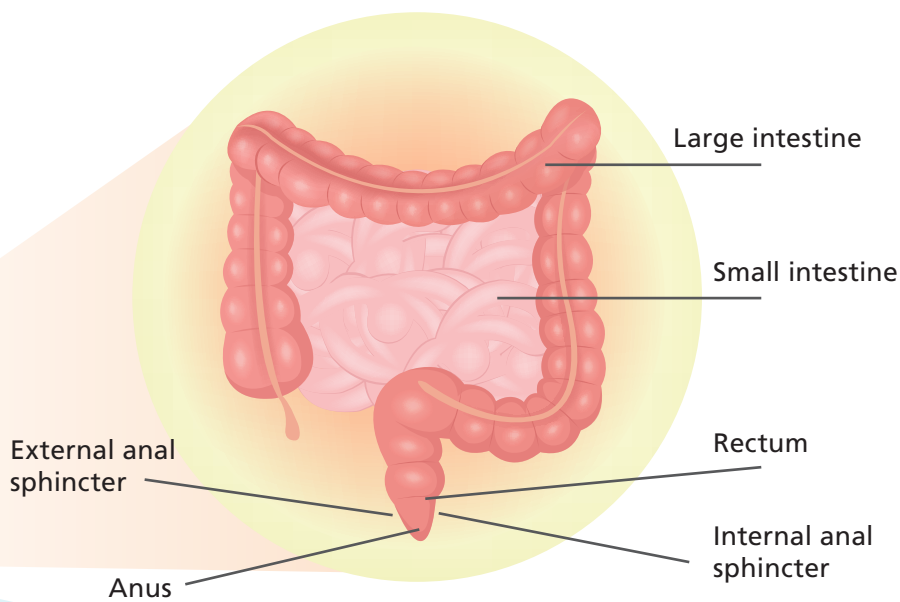
Sometimes enterocolitis is not easy to notice. Your child may have a smaller appetite than usual, diarrhea, or stomachaches.

How is enterocolitis treated?

Children with severe enterocolitis must be treated in the hospital with IV (a small tube placed into a vein) fluids and antibiotics (either by mouth or through the IV). Less-severe enterocolitis may be treated at home with antibiotics taken by mouth. In both cases, your child will need rectal irrigations, a way to wash stool and toxins out of the colon.

How do I know my child needs rectal irrigations?

Your child's doctor will tell you if your child needs rectal irrigations and show you how to do them at home. They will tell you how much saline (salt water) solution to use. You can repeat the irrigations until you have used the amount of fluid the doctor has ordered or the fluid that comes out is clear.



What do I need for rectal irrigations?

You'll need the following supplies to give your child a rectal irrigation:

- Normal saline solution (called saline or 0.9% sodium chloride solution)
 - Mix 4 cups of warm tap water with 1½ teaspoons of table salt. Never change this recipe or use plain water in a rectal irrigation. This could hurt your child.
 - Buy bottles of saline (called saline solution, normal saline, or 0.9% sodium chloride solution)
- 20–24 Fr. silicone catheter
- Lubricant (like K-Y jelly®)
- Two bowls or emesis basins (shallow, kidney-shaped bowls)

How do I give my child a rectal irrigation?

To give your child a rectal irrigation, follow these steps:

- 1 Wash your hands.
- 2 Gather the supplies above.
- 3 Put the premixed saline bottle in a bowl of hot water to warm it to body temperature. Never microwave it. If you're making your own saline, use warm tap water in the solution.
- 4 Pour normal saline solution into one of the bowls or basins.
- 5 Draw up 60 mL of normal saline using a 60-mL catheter-tip syringe.
- 6 Put your child on their back with their knees pulled up to their chest. You can put a baby on their back in a frog-legged position.
- 7 Lubricate the end of the catheter well with the lubricant.
- 8 Gently put the catheter into the rectum about 4–6 inches.

- 9 Allow any air or fluid to come out of the catheter.
- 10 Connect the catheter-tip syringe to the catheter and push in 20 mL of normal saline.
- 11 Put the syringe end of the catheter over the second basin.
- 12 Disconnect syringe from the catheter and let the fluid drip into the empty bowl.
- 13 Repeat this, pushing the catheter 2–3 inches with each 20mL of fluid you push in.
- 14 Repeat the irrigations until you have used the amount of saline your child's doctor ordered or the fluid that comes out is clear.
- 15 If fluid doesn't come out, attach an empty 60mL syringe to the catheter and gently pull back on the syringe. If you feel resistance, stop. Move the catheter and try again.
- 16 Discard the soiled solution into a toilet.

You may need to slide the tube in or out a little to get the fluid to drain out of the rectum completely. Let the saline and stool drain out by itself before you put in more saline solution.

How often do I give my child rectal irrigations?

Your child's surgeon will tell you how often and how long you need to give your child rectal irrigations.

Some children get rectal irrigations for several weeks after surgery. This prevents stool from staying in the rectum and lowers the chance of getting enterocolitis.

Notes

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