

Let's Talk About...

Enemas (Large-volume)

What is a large-volume enema?

A large-volume enema is a way of putting fluid into the rectum and lower intestine to empty stool (poop). It has more fluid than an ordinary enema from the pharmacy. Enemas can treat constipation and fecal incontinence (soiling) or clean the bowel before a bowel test or surgery.

How will I know which enema to use?

Your child's healthcare provider will tell you which enema is right for your child.

What are the different types of enema solutions?

Normal saline solution: This is a special mixture of salt and water. The salts in this enema pull water from the body into the bowels to soften the stool. You should never use plain water in an enema.

Glycerin: This additive irritates the lining of the colon to produce a bowel movement. You can buy glycerin online or in the drugstore makeup section. If you can't find it, ask the pharmacist.

Castile soap: Castile soap is a mild soap made with olive oil and other oils you can add to saline solution. This enema solution irritates the bowel enough to produce a bowel movement. You can buy castile soap at grocery or health food stores.

Phosphate solution: A phosphate solution enema (usually made by Fleet™) pulls water into the bowel to soften the stool. You can buy the sodium phosphate solution at a drugstore. Do not give your child more than one phosphate enema a day because there is a risk of too much phosphate in the body. If your child has kidney problems, do not use a phosphate enema unless their healthcare provider tells you to.



Bisacodyl: This medicine helps the colon squeeze and push the stool through. You can buy bisacodyl at a drugstore.

How do I give my child an enema?

- 1 Wash your hands.
- 2 Gather the supplies you need:
 - Normal saline solution
 - Additives your child's doctor ordered (like glycerin or castile soap)
 - Enema bag (like a Kangaroo™ gravity feeding bag)
 - 22-fr. or 24-fr. silicone catheter with a 30-mL balloon
 - 10-mL slip-tip or luer-lock syringe (to measure glycerin and castile soap)

- 30-mL slip-tip or luer-lock syringe (to inflate the balloon on the catheter)
 - 60-mL catheter-tip syringe (to clean the catheter)
 - Towels or absorbent pads
 - Lubricant (like KY jelly™ or Surgi-lube™)
- 3 Test the balloon on the silicone catheter:
 - Put air in the 30-mL syringe. Connect the syringe to the balloon port on the catheter. Push the plunger till it inflates the balloon.
 - Pull the plunger back until it lets all the air out of the balloon.
 - 4 Prepare the solution:
 - Use saline solution from the store (also called normal saline or 0.9% sodium chloride solution) or make your own. Mix 4 cups of warm tap water with 1½ teaspoons of table salt. **Never change this recipe, and never use plain water in an enema.** This could hurt your child.
 - Warm the solution to body temperature. If you mix it yourself, use warm tap water. If you're using a premixed bottle, put it in a large bowl with hot water to warm up. Never microwave the enema solution.
 - 5 Clamp the tubing on the enema (feeding) bag.
 - 6 Pour the amount of saline your child's doctor prescribed and any additives into the enema bag. Mix well.
 - 7 Open the clamp and let the fluid flow out of the bag through the tubing until the fluid drips out the end. Re-clamp the tubing. Squeeze the drip chamber in the tubing until it's halfway filled with fluid. Have your child lie on their knees with their head on a pillow and buttocks up. They can also lie on their left side with their knees to their chest.
 - 8 Lubricate the balloon end of the catheter.
 - 9 Place the balloon end of the catheter into the rectum 4–5 inches.
 - 10 Fill the syringe with 20–30 mL of air. Connect the syringe to the small port of the catheter. Push on the plunger and blow up the balloon. Take the syringe off the catheter.
 - 11 Pull gently on the catheter until you meet resistance. Keep pulling gently on the catheter during the enema so the enema doesn't leak out.
 - 12 Connect the enema bag tubing to the catheter.
 - 13 Open the clamp on the tubing. Let the enema flow in over 5–10 minutes. To slow the enema flow, close the roller clamp on the tubing a little or lower the bag a little.
 - 14 Have your child keep the fluid in for 5–10 minutes. Leave the fluid tubing connected to the catheter.
 - 15 Put your child on the toilet, and let the air out of the balloon. Connect the 30-mL syringe to the small port of the catheter and pull back on the plunger. Let the catheter slip out.
 - 16 Have your child sit on the toilet for 45 minutes to push out the stool (poop).
 - If your child will have this enema regularly, you can adjust the time they sit on the toilet. After a week, your child can stay on the toilet only for the time it takes to push out the stool (poop).
 - 17 When finished, rinse the bag with tap water. Flush the catheter with soapy water using the 60-mL syringe. Let it air dry.



What do I do if I have a problem with the enema?

- If the enema leaks while you give it to your child:
 - Gently pull back on the catheter while giving the enema and while the enema is being held in.
 - Take the air syringe off the catheter after you inflate the balloon.
 - Increase the air in the balloon by an extra 5 mL the next time.
- If your child has a lot of cramping and discomfort while you are giving the enema:
 - Make sure the fluid is at body temperature.
 - Slow the enema down while you give it.

It is normal for your child to push out the balloon while you give the enema. They may feel pressure and fullness, like they need to poop.

What if I have questions about the enema?

If you have questions about giving your child an enema, call your child's healthcare provider. You can also watch the large-volume enema video on Primary Children's YouTube page ([Youtu.be/zLY1WkaXzP0](https://youtu.be/zLY1WkaXzP0)).

- **Apple:** Use the camera to hover over the QR code
- **Android:** Download a QR reader app to scan the code.



Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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