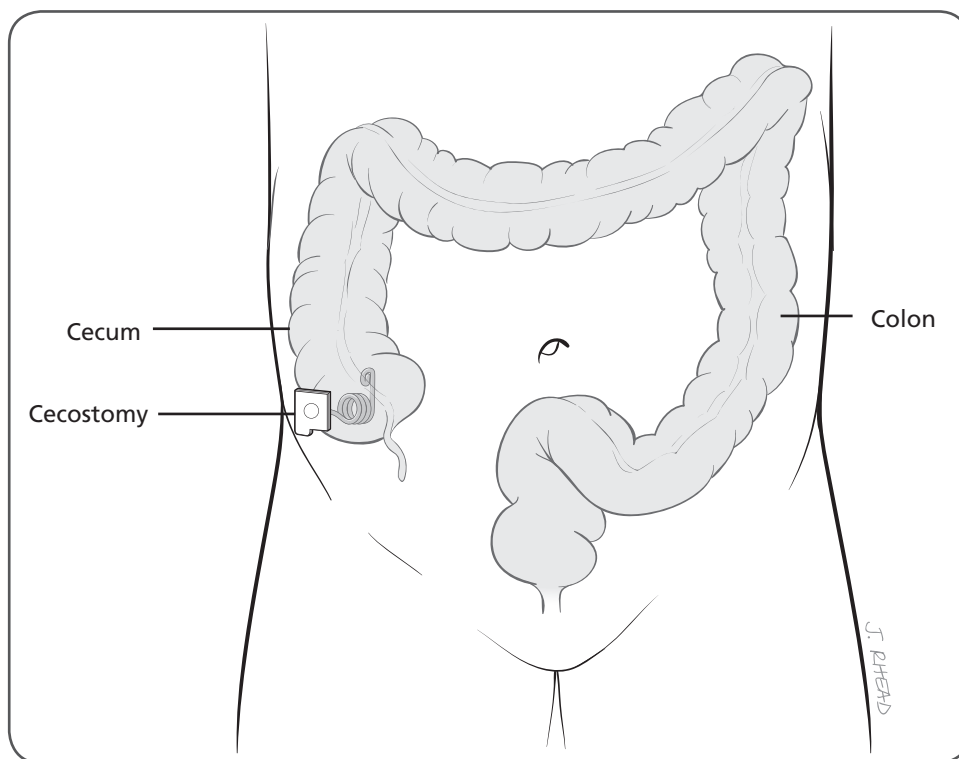


Let's Talk About...

Cecostomy



What is a cecostomy?

A cecostomy is a tube that a surgeon places into the intestines (the cecum) from outside of the belly. The tube is another way to receive an enema and empty the colon. If your child needs a daily enema to remain clean, and prevent soiling, then they may prefer to have a cecostomy tube. Another name for the tube is “Chait™ Tube”. It is important to remember that this is just another way to receive an enema. In general, children who have a cecostomy tube placed have already had successful bowel management using enemas through the rectum for a period of time.

Why would a child need a cecostomy?

Children with certain medical problems may have trouble with bowel control. Bowel control problems may include fecal incontinence (soiling) and constipation. These children may need a bowel

management program to stay clean and prevent soiling. If a daily enema is part of a child’s bowel management, it may be easier to have the daily enema with a Chait tube. As children get older they may feel that parents are intruding on their privacy by giving them enemas. If it is difficult to give their own enema, a cecostomy may improve their independence and quality of life.

Some of medical problems that cause fecal incontinence include anorectal malformations (imperforate anus), Hirschprung’s Disease, spinal cord problems, and constipation that continues even with medical treatment.

How will the surgeon place the cecostomy tube?

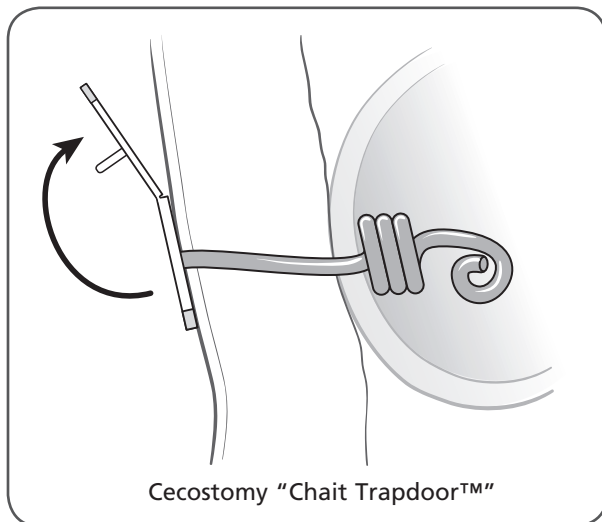
Your child will have the cecostomy tube placed in the operating room. This procedure does not take long and is usually a laparoscopic (lap-row-SCOP-ick)

procedure. The surgeon will make a very small opening and with a tiny camera will be able to see inside and perform the procedure. The surgeon will place a temporary catheter into the intestine and tape it in place on the belly.

What happens after surgery?

Your child will have a catheter (temporary cecostomy tube) for 6 weeks. After 6 weeks, your child will return to see the surgeon and the temporary catheter will be taken out and replaced with a “Chait trapdoor”. Your surgeon may decide to have the “Chait trapdoor” placed in the Radiology suite under sedation. This Chait can stay in place for a long time.

The end of the cecostomy tube or Chait is in the cecum (first part of the colon). The Chait fits neatly against the skin and has a flapped hinge that opens so your child can receive an enema. The Chait tube is harder to see under the clothes than the temporary catheter. Your child can wear the Chait tube and you won't see a bulge under clothing or a bathing suit. Your child will be able to do normal activities, including swimming with the cecostomy tube. Ask your child's surgeon when she may begin these activities.



Common questions:

What if the tube comes out?

It is possible for the tube to be pulled out. The site may bleed a little or leak stool. The tube must be replaced as soon as possible. If the tube comes out, do the following:

- Place a band aid over the opening
- Call your surgeon or go to the Emergency Department.

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

The pink or red bumpy tissue around the tube is called granulation tissue. Not all children develop this; it is not dangerous. It is important to rotate the tube daily. If you have questions about this call your surgeon.

When do I need to replace the tube?

You should replace your child's cecostomy once a year, unless there is a problem. This procedure is done at the hospital in Medical Imaging (x-ray department). It does not take long to do this and your child does not have to be admitted into the hospital afterwards.

What other problems should I look for?

If you notice any of the following, call your child's surgeon:

- A crack in the hinge, tube or cap
- A loose, leaky fit between the connecting tube and the cecostomy tube
- Unusual drainage, irritation, redness, or skin breakdown at the tube site

Cecostomy tube care and enema administration

Maintaining the cecostomy tube:

- Clean around the tube every day with soap and water. Dry the area around and under the tube well.
- Apply a split 2x2 gauze, if desired. There may be some drainage.
- Change the gauze at least twice a day or more if it becomes soiled or moist.
- Once the site heals, you do not have to use gauze. Keep the area clean and dry.

You will need to keep an extra connecting tube on hand in case of loss or breakage. Order extra connecting tubes from:

- Edgepark Medical Supplies
 - Order by phone: 1-800-321-0591. Ask for Chait Trapdoor Connecting Tube # VPCTU10018CAA.
 - Order online: www.edgepark.com. Under “shop” type in “Chait”.
 - You will need your surgeon’s information. They will bill your insurance.
 - This company will ship to your home.

What type of enema will I use?

If your child was on an enema for bowel management before surgery, the flush through the cecostomy may be the same.

What supplies do I need?

- Normal saline solution
- Additives ordered by your physician (may include glycerin or castile soap)
- Enema bag (Kangaroo™ feeding tube bag)
- Chait Trapdoor™ connecting tube
- 10 mL slip tip syringe—used to clean the connecting tube

What do I do?

- 1 Wash your hands.
- 2 Prepare the solution:
 - Saline Solution:
 - You can buy this in bottles. It is called saline, saline solution, normal saline, or 0.9% Sodium Chloride Solution, or

- You can mix this at home. Mix four cups of warm tap water with 1½ teaspoons of table salt. Do not change this recipe. Changing the recipe could be harmful. Never use plain water by itself as an enema.

- Warm the enema liquid to body temperature. If you mix it yourself, use warm tap water. If the enema liquid is in a premixed bottle, you can place the bottle in a hot water bath. Never microwave the enema.

- 3 Clamp the tubing on the enema bag.
- 4 Pour saline (only the amount prescribed) and additives into the feeding (enema) bag. Mix well.
- 5 Open the clamp and allow the fluid to flow out of the bag and through the tubing. Squeeze the drip chamber in the tubing until halfway filled with fluid. Fill the entire tubing with fluid.
- 6 While your child is lying down, open the lid of the Chait trap door tube and insert the connecting tubing through the opening.
- 7 Connect the enema bag tubing to the cecostomy connecting tube.
- 8 Open the clamp on the tubing. Allow the enema to flow in over 15–20 min. To slow the enema flow, close the roller clamp on the tubing a little or lower the bag a little.
- 9 Have your child sit on the toilet for 45 minutes to expel the stool.
- 10 When finished, rinse the bag with water and flush the connecting tube with soapy water using the 10 mL syringe.