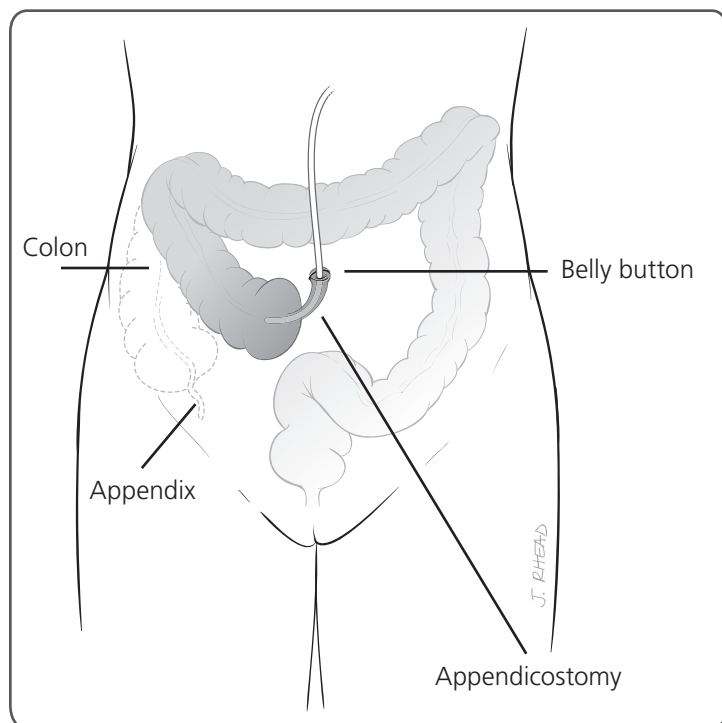


Let's Talk About...

Appendicostomy



What is an appendicostomy?

An appendicostomy (ah-pend-ih-KOS-toe-me) is an opening that a surgeon makes into the intestines, using the appendix, from outside the belly. This 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 an appendicostomy tube. It is important to remember that this is just another way to receive an enema. In general, children who have an appendicostomy have already had successful bowel management using enemas through the rectum for a period of time.

Why would a child need an appendicostomy?

Children with certain medical problems may have trouble with bowel control. Bowel control problems may include fecal incontinence (soiling) or

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

These children may need a bowel management program to stay clean and prevent soiling. If your child needs a daily enema to remain clean, then as he gets older, he may prefer an appendicostomy. 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, an appendicostomy may improve their independence and quality of life.

How will the surgeon place the appendicostomy?

The appendicostomy surgery, also called a Malone procedure or Antegrade Continence Enema Procedure (ACE), connects the colon (using the appendix) to outside of the body. The outer opening is either at the belly button or the lower right side of the belly. The surgeon will make a little valve that lets a tube go in for the enema, but prevents leakage when the tube is out. The surgeon makes a small cut on the abdominal wall (skin of the belly) for this surgery. Usually the scar is very small.

After the operation, the surgeon places a tube through the opening at the belly button and into the appendix. This is the tube to deliver an enema. Two to four weeks after the surgery, the surgeon will remove the tube and you will be taught how to pass the tube through the belly button once a day for the enema. After the tube is out, no one except the patient, family, and doctor know the hole is there. Your child can join in all activities including swimming.

If your child has had his appendix removed, the surgeon can make a new one from the colon. This is called a continent neo-appendicostomy (con-tih-nent KNEE-oh-ah-pend-ih-KOS-toe-me). The surgeon takes a piece of colon tissue and makes it into a tube. If your child has this surgery, you will not be able to use this appendicostomy for four weeks after surgery.

What is the advantage of the appendicostomy?

The advantage of this procedure is that it provides independence and privacy for children who need a daily enema. It also does not irritate the surrounding skin, because there is no equipment touching the body when it is not being used. It is important to put a tube through the appendicostomy at least once a day, even if your child is not receiving enemas. This will keep the hole open and prevent it from trying to heal shut.

What happens after surgery?

The surgeon will leave a catheter through the outside hole. The catheter stays there for 2–4 weeks after surgery. Your child's surgeon will decide how long it must stay in. You can use tape, Tegaderm™, or Mefix® to keep the catheter in place. Tape it to the side of the surgery site at all times.

After surgery, you may use the appendicostomy to give an enema 24 hours after your child's first meal. If the surgeon created a neo-appendicostomy you may have to wait longer.

You should leave the surgery site open to air. The site may leak at first, while the catheter is in place. This is normal. If you cover the site, it will be moist, may not heal as fast, and could get infected.

Your child should not participate in contact sports or vigorous activity until after he sees the surgeon.

Common Questions:

What if I can't place the tube?

If you cannot place the tube in the appendicostomy, you can try placing a warm wash cloth over the site for a few minutes and then try again. If you still

cannot place the tube you will need to call your surgeon. There may be a stricture (the hole is getting smaller).

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

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

When do I need to replace the tube?

You will be given an order to receive a new tube every month. Do not use the tube if it cracked or splintered.

How do I give an enema through the appendicostomy?

If your child was on an enema for bowel management before surgery they may receive the same enema through the appendicostomy.

What supplies will I need?

- Normal saline solution
- Any additives ordered by your child's doctor (may include glycerin or castile soap)
- Enema bag (Kangaroo™ feeding tube bag)
- 8 fr. Catheter or feeding tube
- 10 ml slip tip syringe to clean the catheter
- Lubricant, such as KY jelly™ or surgi-lube™

How do I give an enema through the appendicostomy?

Prepare the solution:

- 1 Obtain saline solution.
- This is a special mixture of salt and water. You can buy this in a bottle from the pharmacy. It is called Saline Solution, Normal Saline, or 0.9% Sodium Chloride Solution.
 - You can mix this yourself using salt and warm tap water: Mix 1000 ml (four cups) of tap water with

1½ teaspoons of table salt. Do not change this recipe. Changing the recipe could be harmful. Never use just plain water.

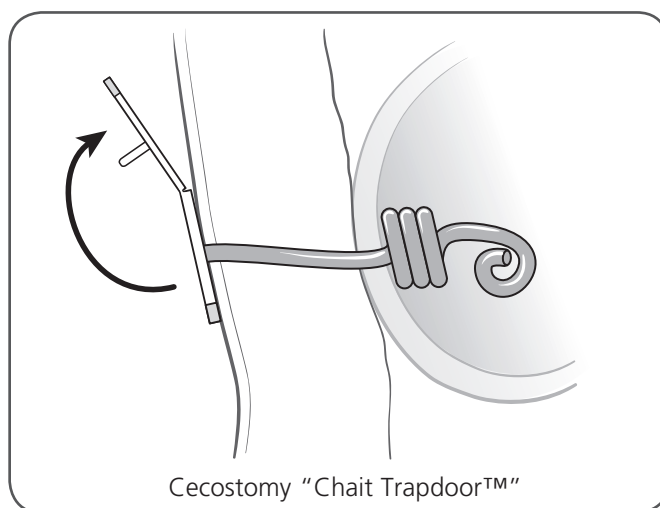
- 2 Warm the solution to body temperature. Use either warm tap water, or place the saline bottle in a hot water bath. Never microwave the solution.

Give the enema

- 1 Clamp the enema bag tubing.
- 2 Pour saline (only the amount prescribed) and any additives into the feeding bag. Mix well.
- 3 Open the clamp and allow the fluid to flow out of bag and through the tubing. Squeeze the drip chamber in the tubing until it is halfway filled. Fill the entire tubing with fluid.
- 4 Position your child so he is comfortable. Sitting or lying is best.
- 5 Lubricate the feeding tube well.
- 6 Place the catheter into the appendicostomy. Push it in gently, usually about six to eight inches.
- 7 Connect the enema bag tubing to the catheter.
- 8 Open the clamp on the tubing. Allow the enema to flow in over 15–20 minutes. To slow down 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 feeding tube in further.
- 9 Place the child on the toilet; it may take up to 45 minutes to have a bowel movement (poop).
- 10 When the enema is finished, rinse the bag with water and flush the feeding tube with soapy water using the syringe.

Chait trapdoor

Some patients prefer to have a permanent tube in their appendicostomy, or they may have had a stricture and need a tube in place to help keep the appendicostomy open. The end of the Chait trapdoor is in the



appendix and cecum. 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

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.

When do I need to replace the tube?

You should replace your child's Chait trapdoor at least 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.