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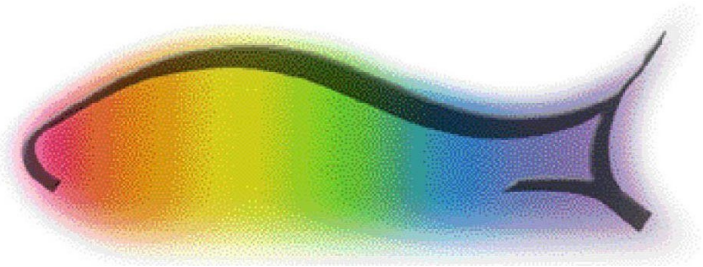
Cincinnati Children's Hospital Medical Center

BOWEL MANAGEMENT PROGRAM



FECAL INCONTINENCE

Is not a psychological problem

But

A physiological one

Bowel Management does not mean

TO GIVE AN ENEMA

It means improving quality of life for thousands of children suffering from fecal incontinence!

Fecal Incontinence

Incapacity to have a voluntary bowel movement

Bowel Management Program

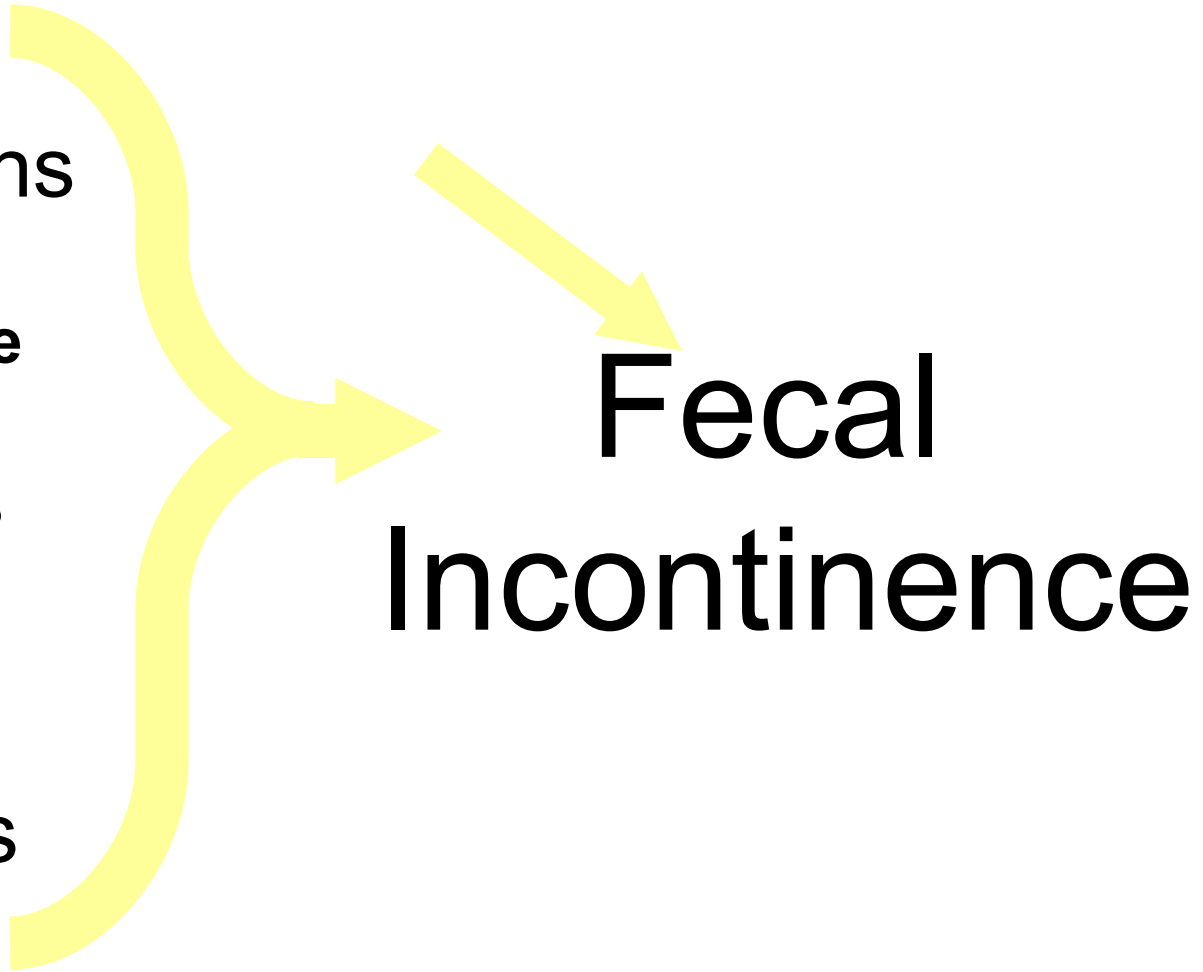
Anorectal Malformations

Myelomeningocele

Pelvic tumors

Trauma

Hirschsprung's



BOWEL MANAGEMENT GOAL

TO SELECT THE RIGHT ENEMA THAT IS EFFECTIVE AND EMPTIES THE COLON EACH DAY.

Artificial Way To Keep The Child Clean

Candidates for Bowel Management

No potential for bowel control

Types of Patients

3 categories made simple

- Fecally incontinent with tendency to be constipated
- Fecally incontinent with tendency for loose stool
- Patients with potential for bowel control and constipated

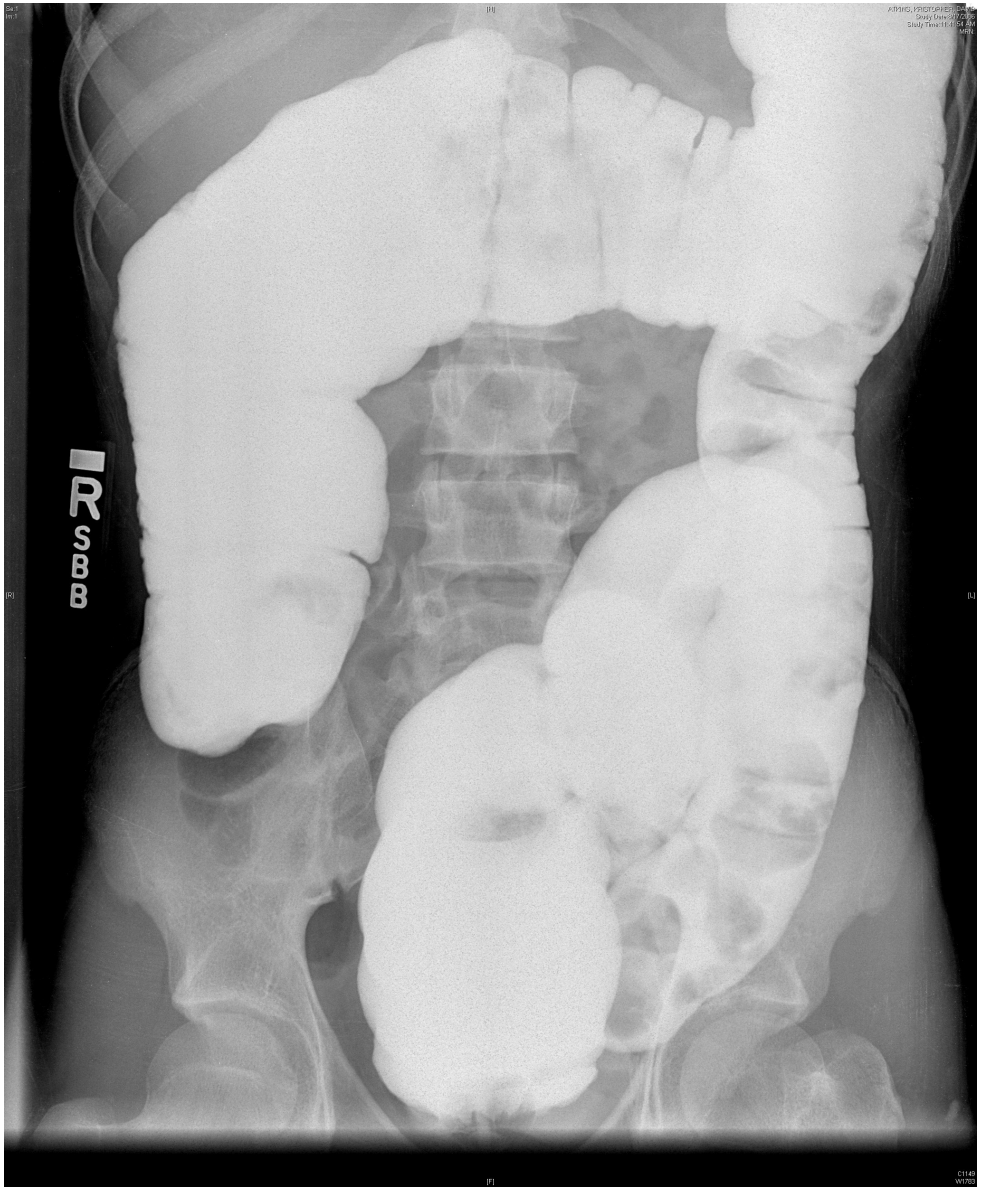
How do we make this assessment?

- What was the original malformation?
- How does the perineum look?
- Good muscles?
- How is the sacrum?

CONSTIPATED PATIENTS

NEED

- Large enema
- No dietary restrictions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Enema Solutions

- Normal saline and fleets are used
- Additives such as liquid glycerin or castile soap are added
- The quantity of solution is the amount needed to get the best results
- The amount and additives could change daily during bowel management week

Disimpaction

If your patient is impacted, then you must disimpact before starting BM

- Three enemas per day
- 1st Enema: 500ml Saline + Fleet
- 2nd Enema: 500ml Saline
- 3rd Enema: 500ml Saline
- X-Ray in the morning

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FECALLY INCONTINENT WITH TENDENCY FOR LOOSE STOOL

- Patients need a strict constipating diet to slow the colon down
- Immodium
- Small enema

What is Bowel Management Week?

- One week of devotion from the doctors, nurses, parents, and the child
- Radiologic imaging is done prior to the start of BM week.
- Individual consultation in our clinic
- Teaching of enema administration by the nurses

EVALUATION

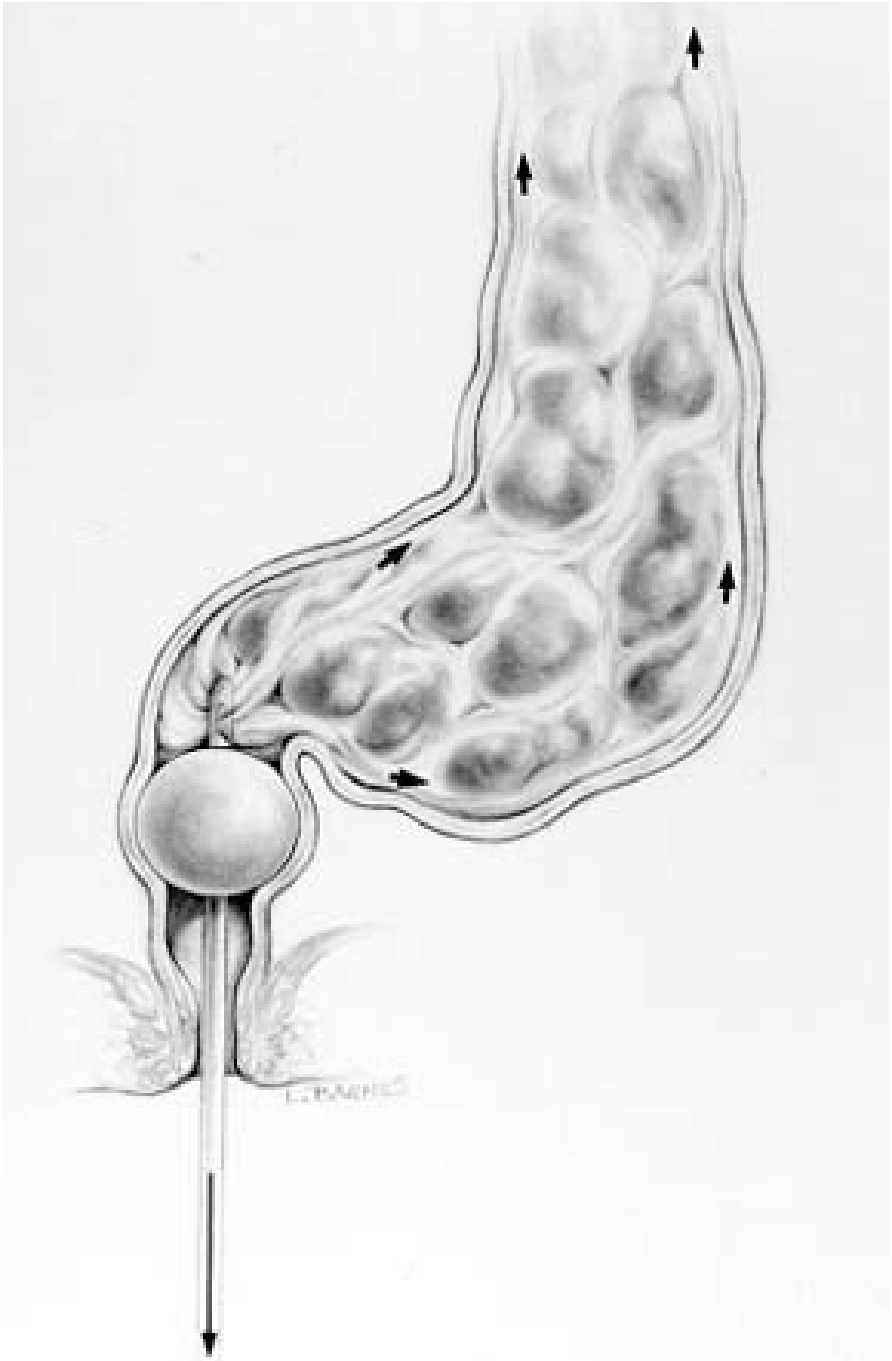
- Ultrasound of the Kidneys
- Voiding cystourethrogram
- AP and lateral films of the sacrum and lumbar spine
- Contrast enema
- MRI of pelvis

How do we give an enema

- 22 or 24 french silicone catheter with 30ml balloon
- 30 ml slip tip syringe
- Enema bag (I use Kanagroo feeding bag)
- Most important: a willing participate

Easy as 1, 2, 3, 4……..

- Be prepared to give the enema prior to preparing your patient
- Insert lubricated catheter approx 6” into colon
- Blow up balloon and pull back until resistance is met
- Give enema over 5mins, hold enema for 10mins, and allow 45mins for evacuation



Daily X-Rays

ARE KEY TO A

SUCCESSFUL

BOWEL MANAGEMENT PROGRAM

Laxative Trial

- We offer to those with potential for bowel control
- Proven successful bowel management with enemas
- Developmentally & mature child ready for potty training
- One week of devoted time to the child
- If not successful, go back to enemas

LAXATIVES VS. STOOL SOFTENERS

- VERY IMPORTANT TO UNDERSTAND THE DIFFERENCE

NEVER USE ENEMAS AND LAXATIVES TOGETHER

- Combining laxatives and enemas together is a problematic combination
- The will patient will empty with an enema, then will leak all day from the laxative

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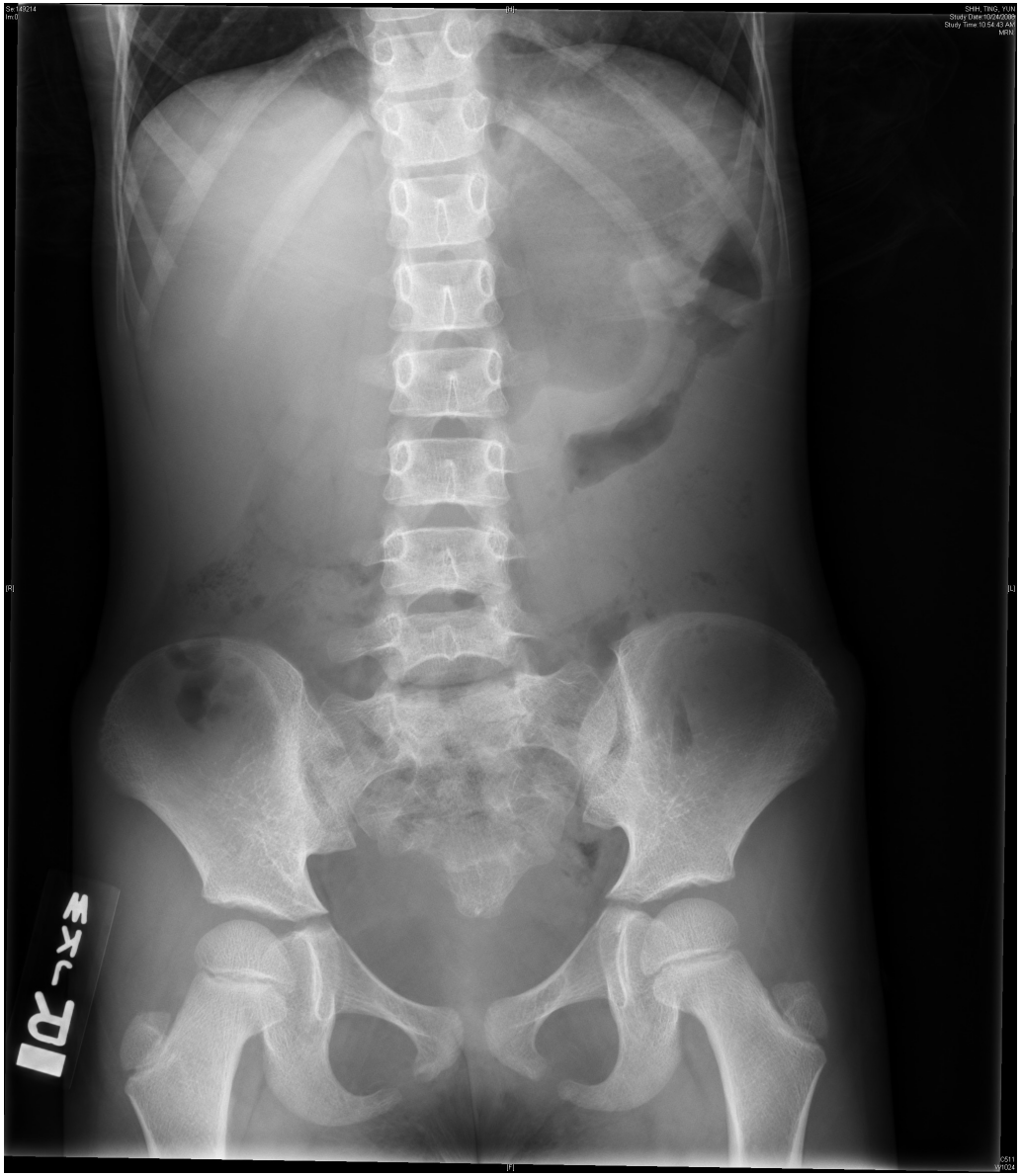

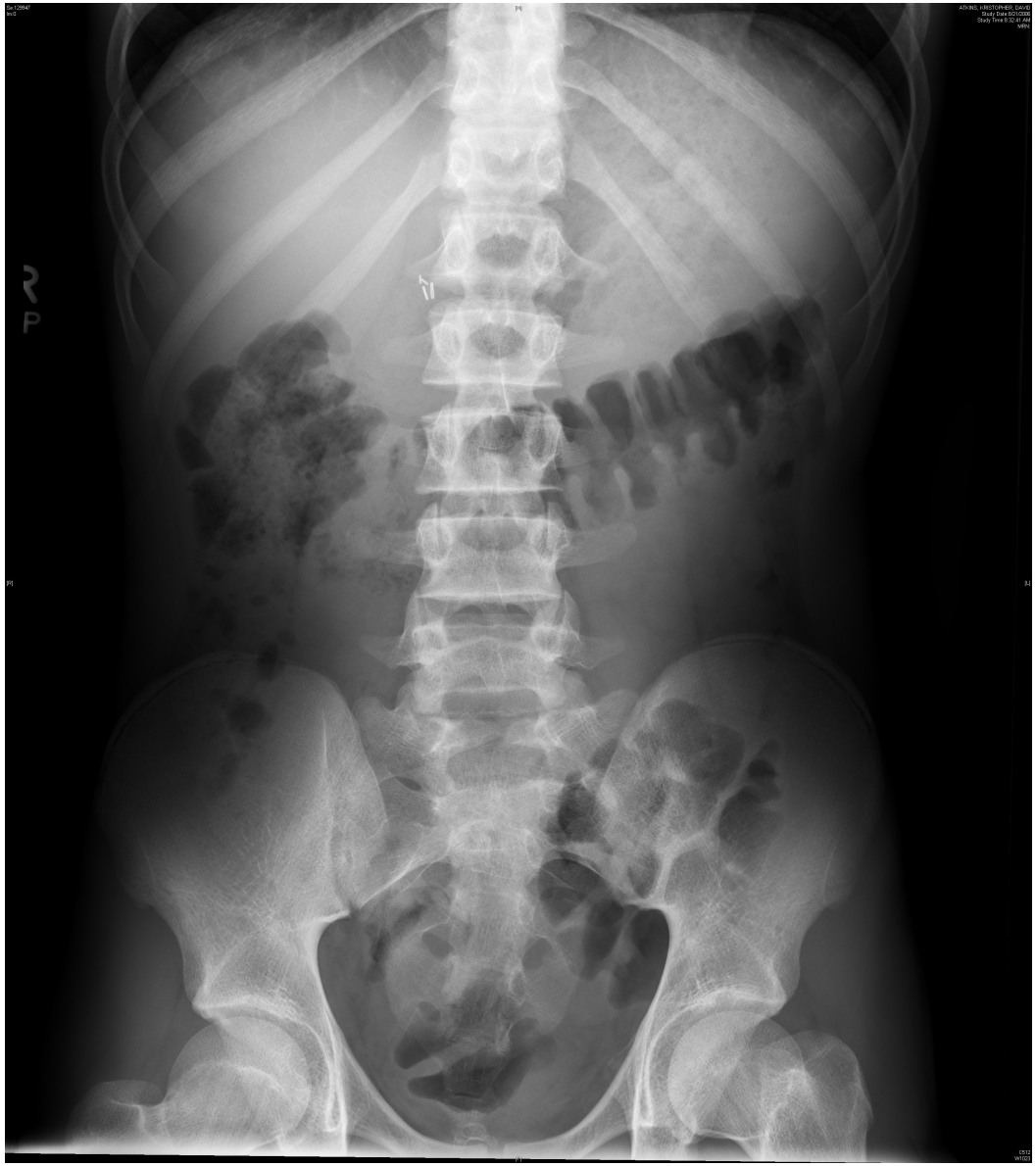
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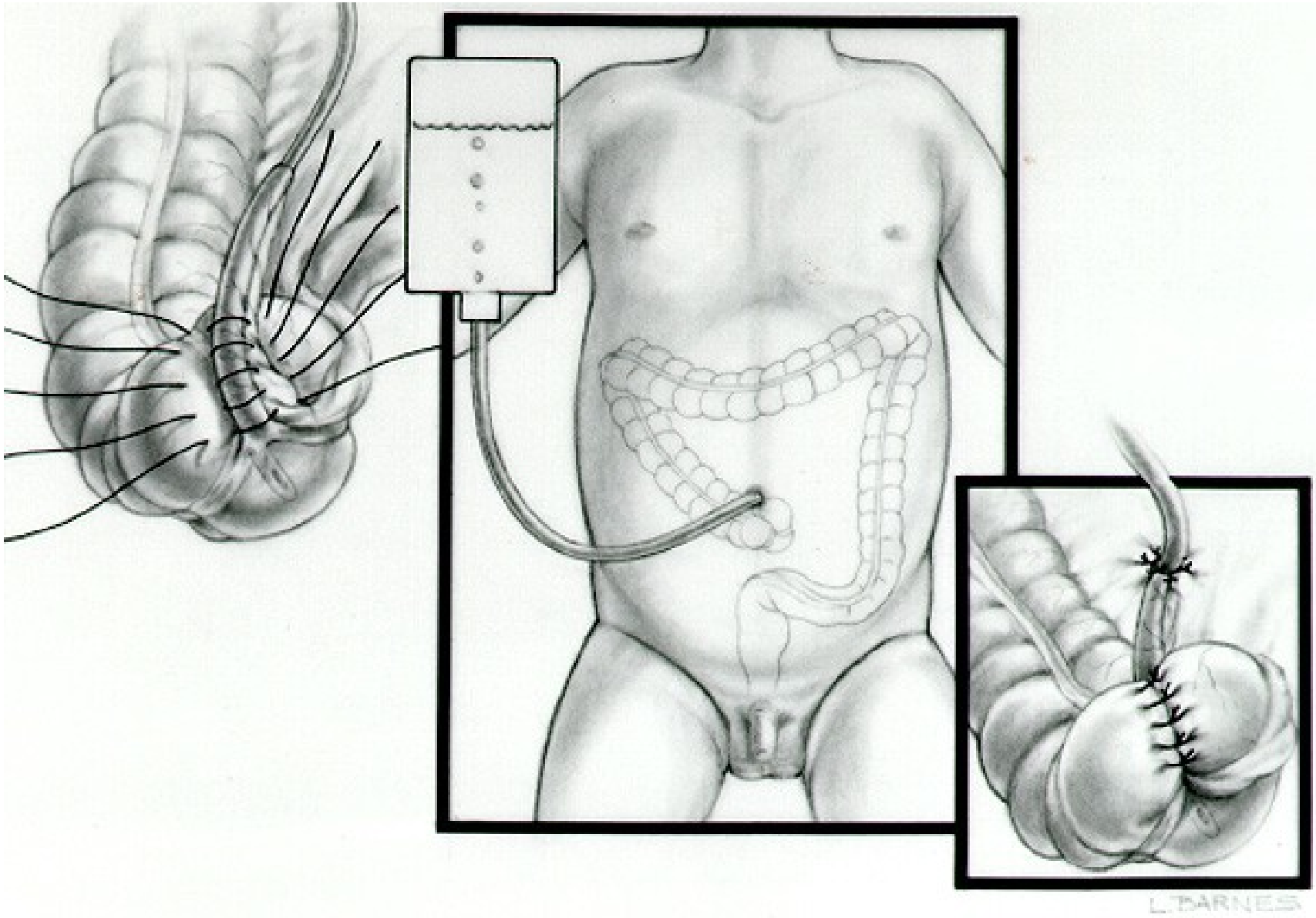
MALONE PROCEDURE

- A creative way to make a child's life simpler
- An improved way to irrigate the colon
- Offers independence


L. BARNES

Clinical Photos

- Removed from the lite version but available within the password protected area in BAPS

Permanent stoma vs. pull thru Cloacal extrophy

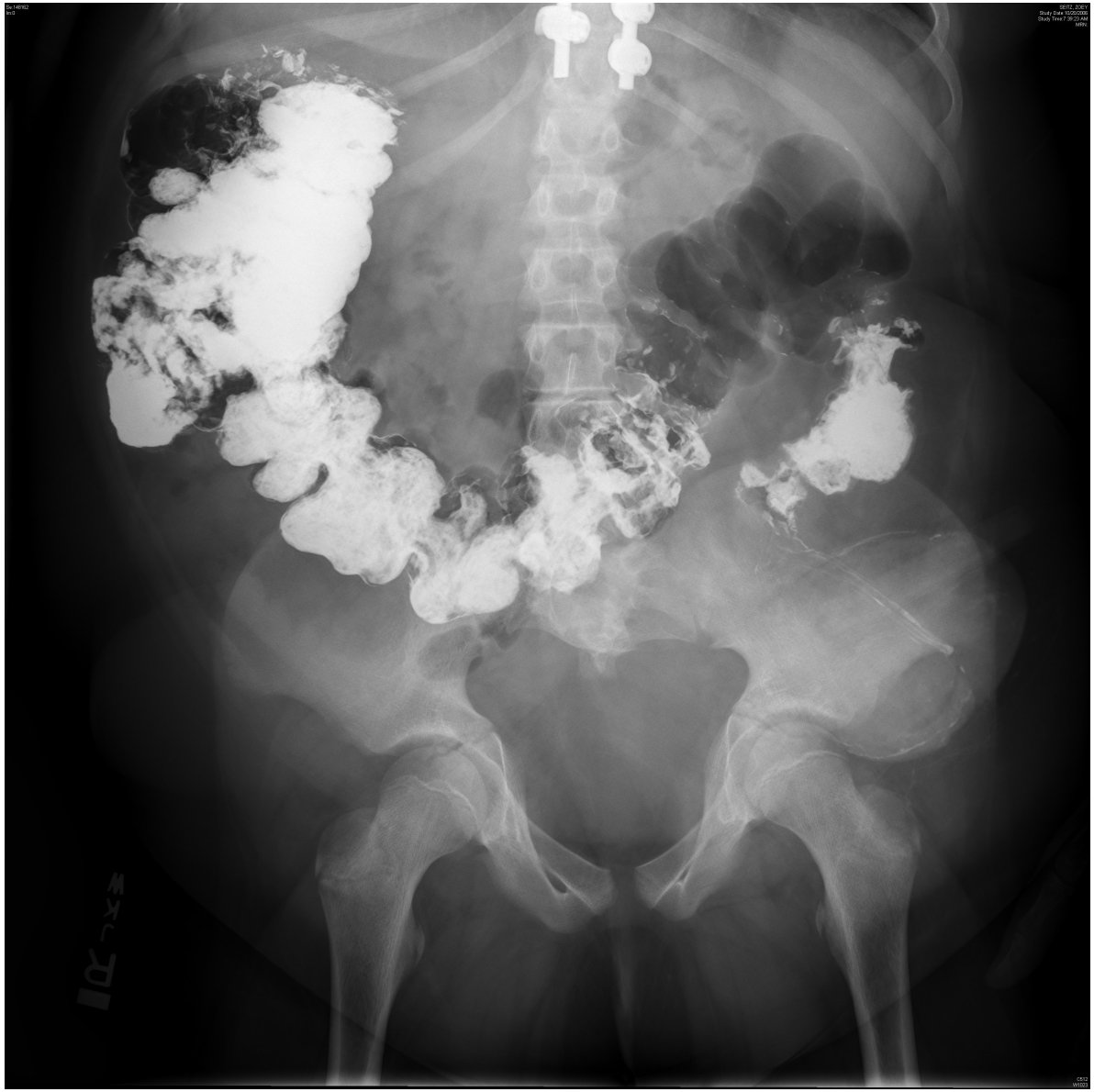
- Can the patient form solid stool?
- Volume of irrigate is determined by amount of colon
- Enema should be given over the same amount of time
- Smaller catheter and balloon are used

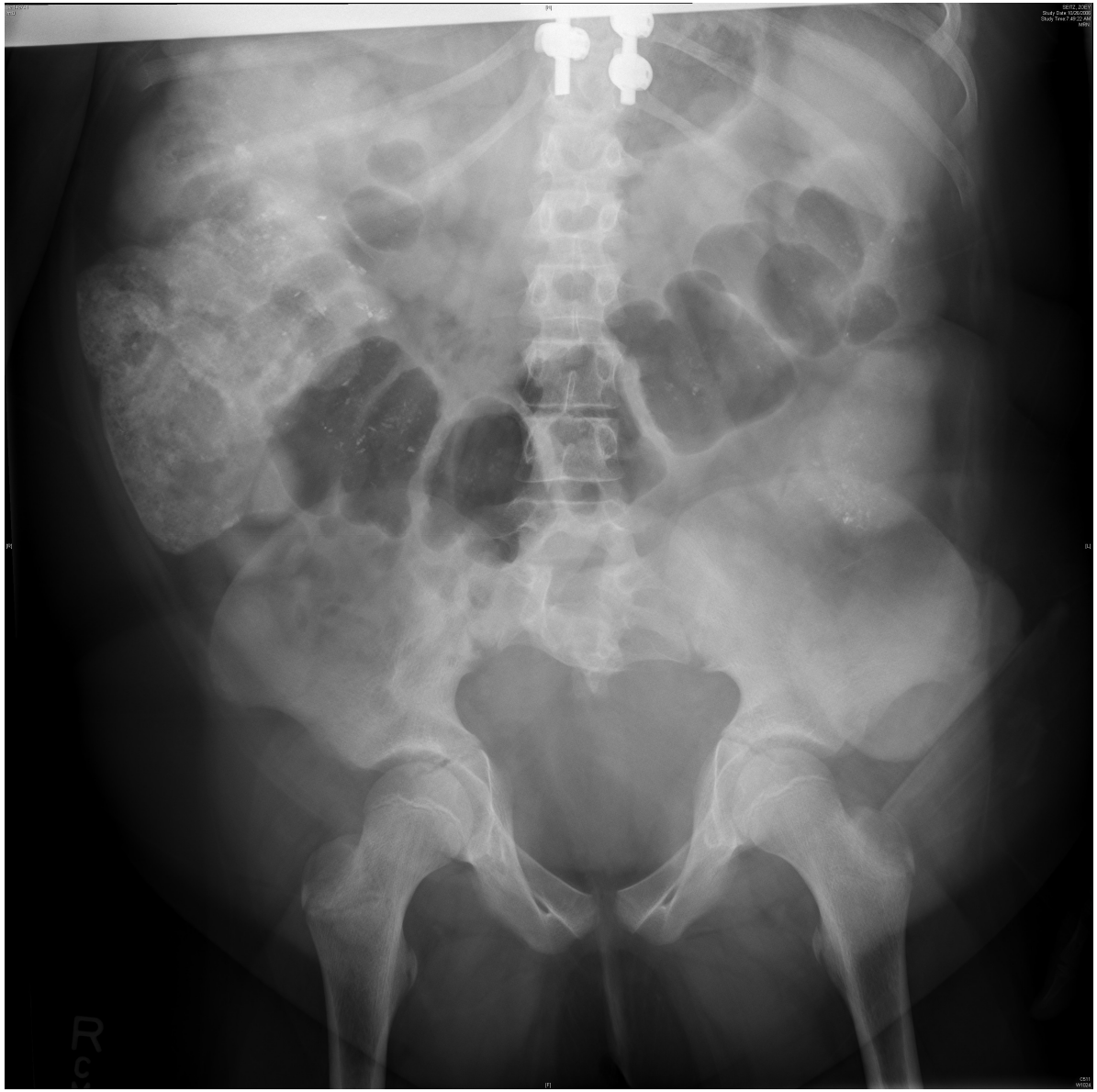
Clinical Photos

- Removed from the lite version but available within the password protected area in BAPS

Goal

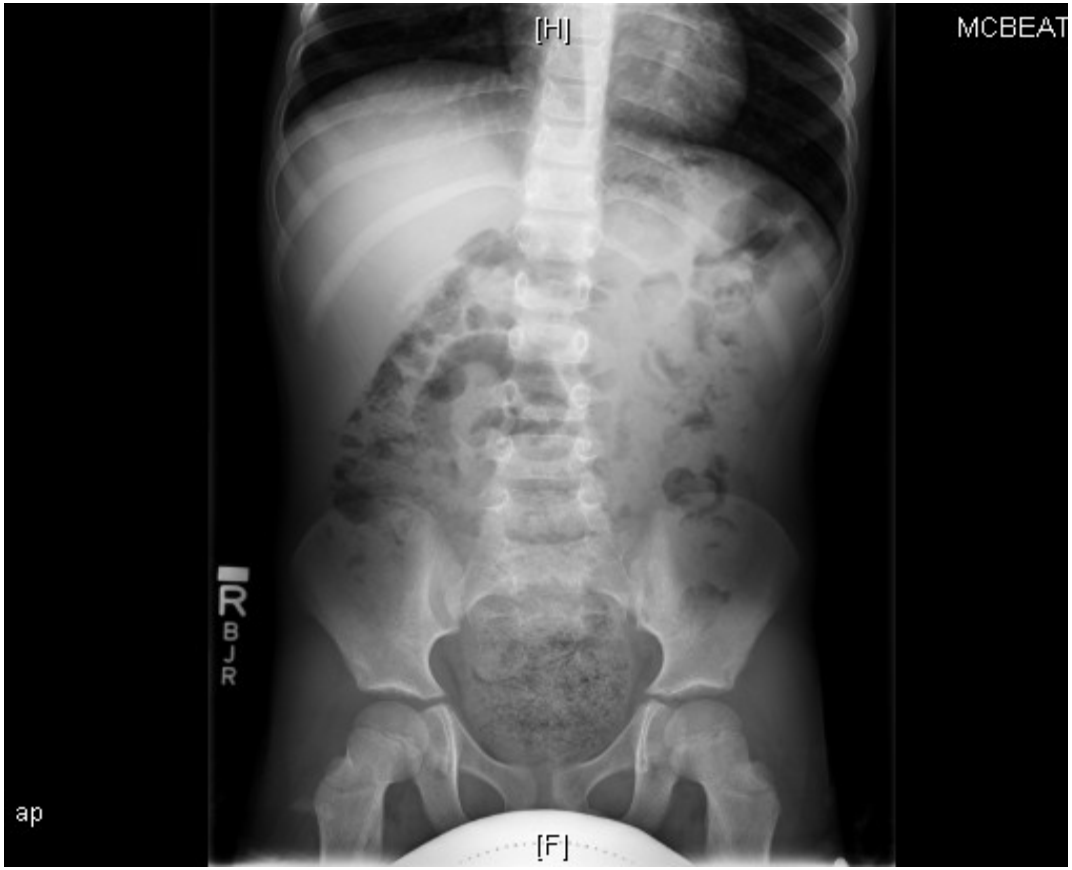
- Try to form solid stool through stoma
- Keep the stoma “quiet” for 24 hours
- Predicts success of pull-thru, with daily enema via a Malone





Idiopathic Constipation

- Candidates for bowel management
- Disimpact proven by x-ray film
- Starting laxatives
- X-ray films everyday
- Taper down or up depending on what is being reported by patient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Does Bowel Management sound easy?

It is if you:

- Understand how to categorize your patient
- Understand it is trial and error
- Understand that a child is only clean if proven by 2 factors, x-ray film and clean in the underwear

Goals

- To give an effective enema that will keep the patient clean for 24 hours
- Have a child that can go to school in normal underwear
- Have a child that will be socially accepted

Bowel Management requires

- Trial and error
- Medical supervision
- Dedication

“Your number 2 is our number 1 priority”!

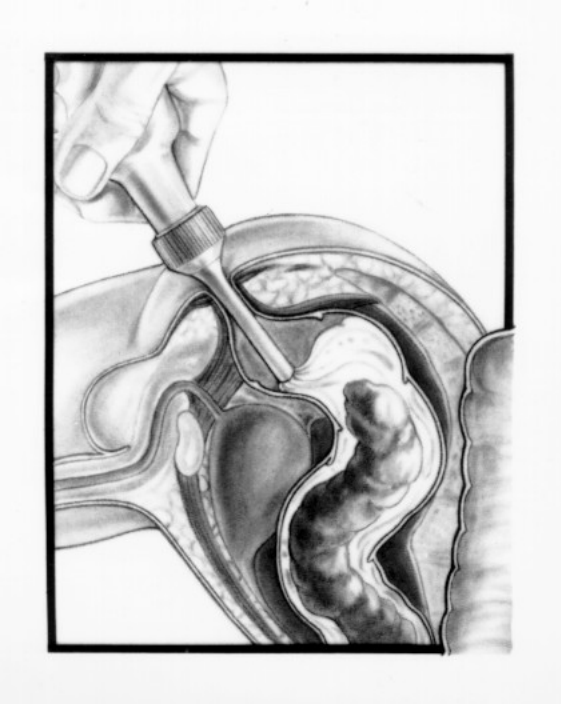
The Colorectal Center for Children

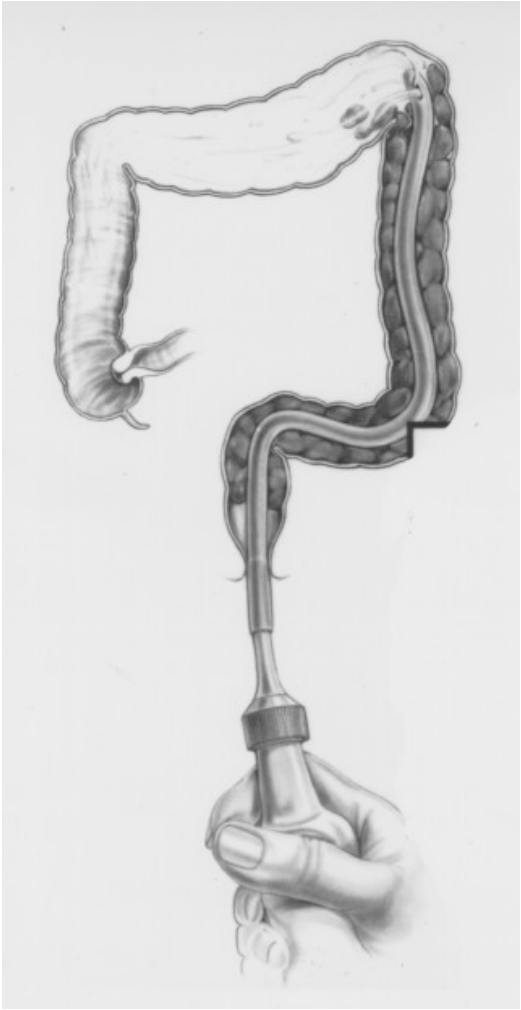
Troubleshooting

Tricks of the trade

To make the enema more desirable we suggest:

- Warm the solution
- Fill balloon with warm water
- Diversional activities
- Allow the child to have some choices





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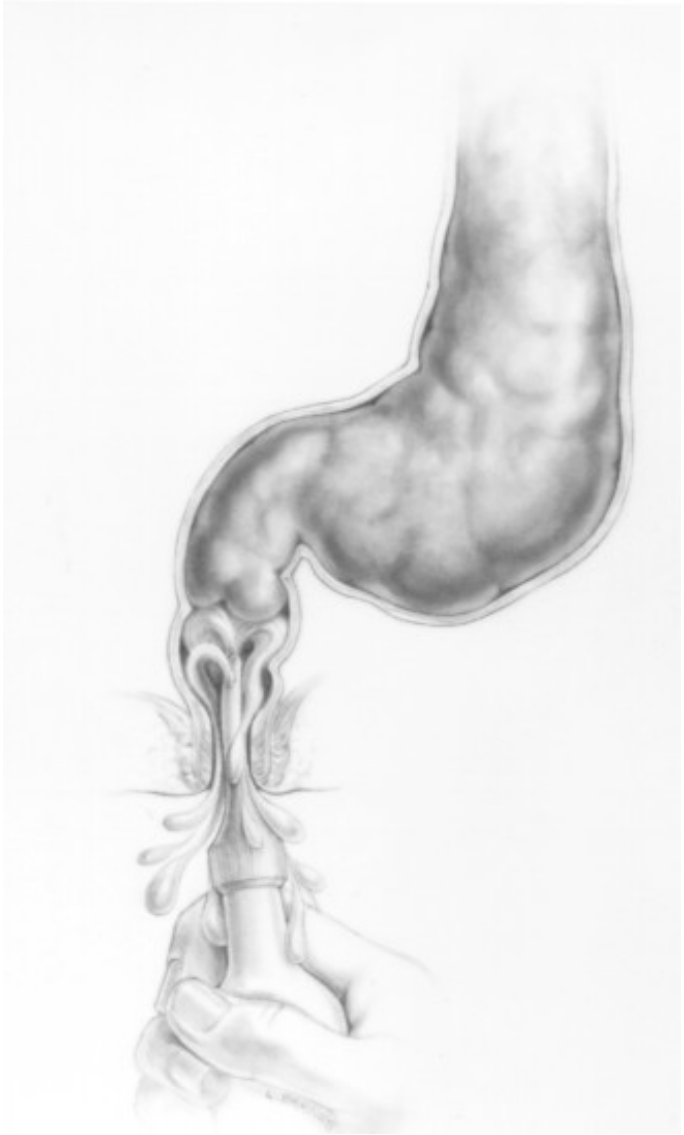

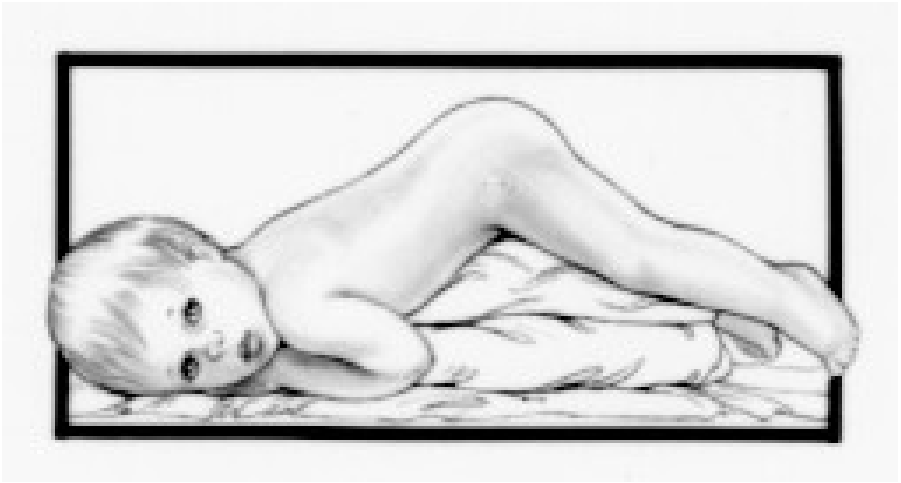

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Common Problem and Solution

Problem:

- Leaks during the enema administration

Solution:

- Review technique with family!

COMMON PROBLEMSAND SOLUTIONS

Problem:

- Large amount of stool in colon

Solution:

- Increase volume or concentration of enema
- Note: It is wise not to change, add or delete more than one thing at a time!!

Common Problems and Solutions

Problem:

- Soils during the day

Solution:

- If x-ray film demostrates accumulating stool: add or increase additive

COMMON PROBLEMS AND SOLUTIONS

Problem:

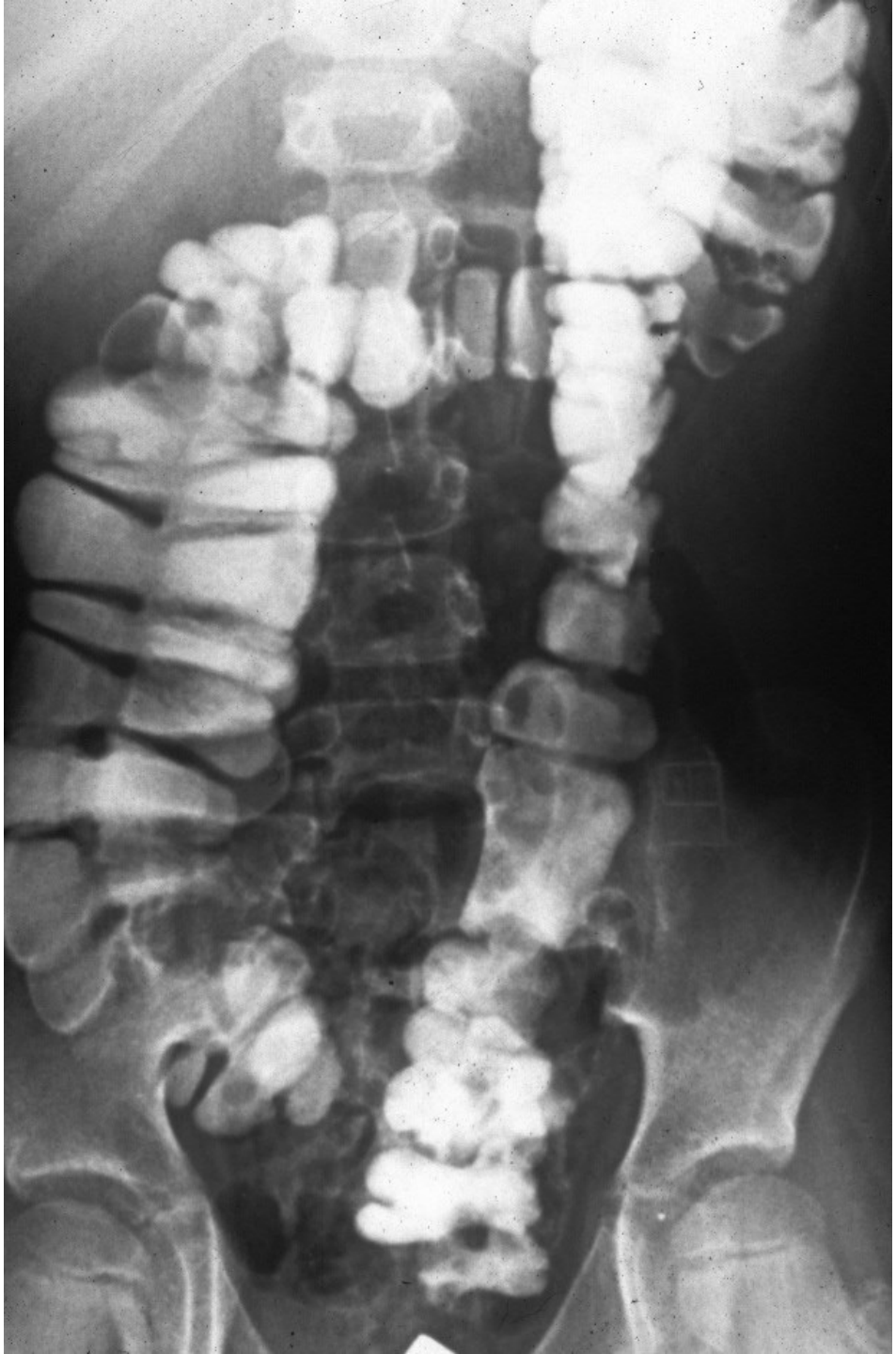
Too much time spent on the toilet after the enema

Solution:

Make the enema more potent with additives

What enema would you choose?

Is it hyperactive or hypoactive colon?



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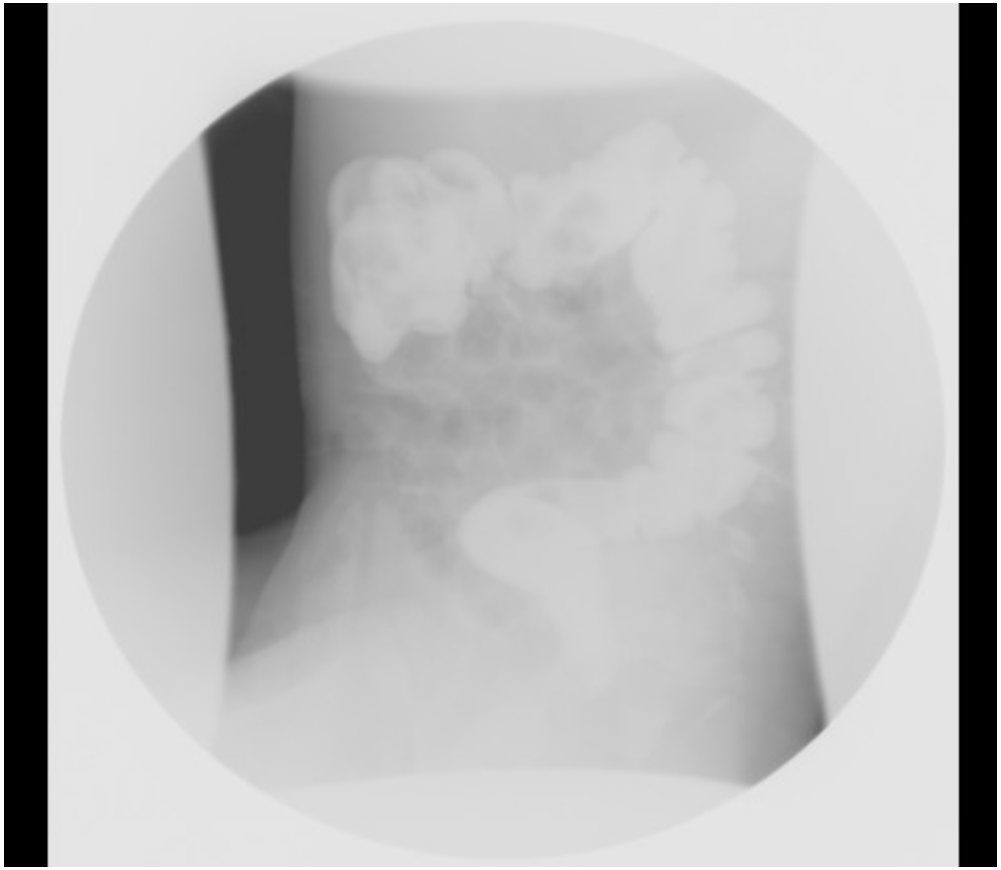

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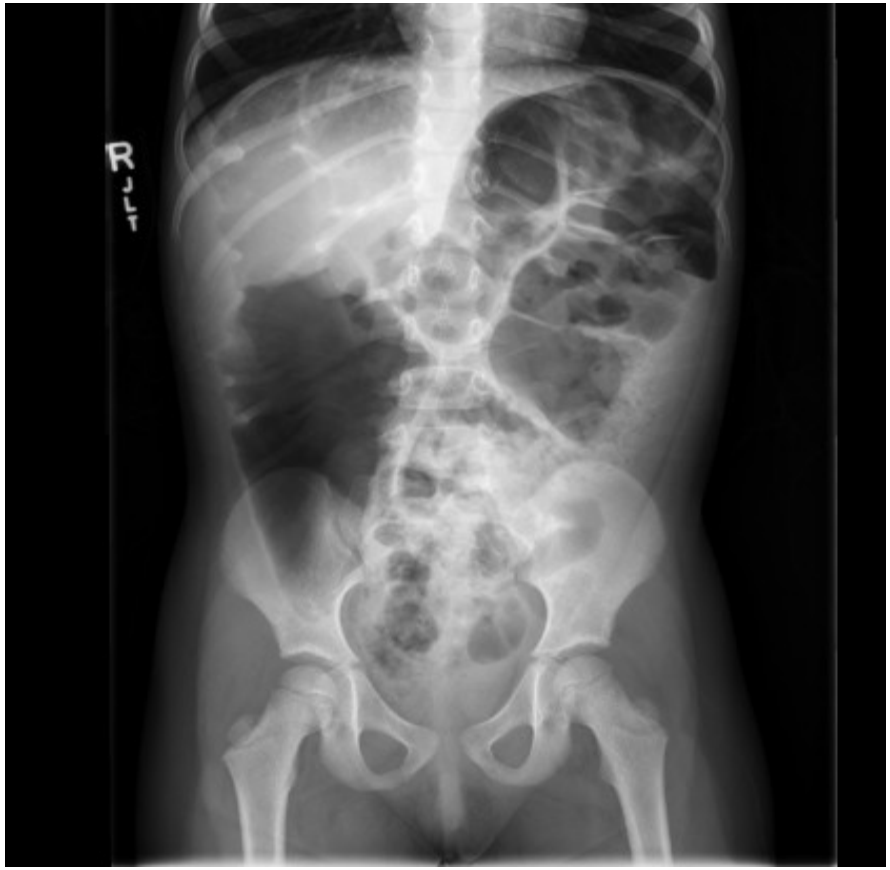
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