

Colorectal Program

RECTAL IRRIGATIONS

Rectal irrigations have been prescribed by our team to help your child empty their colon. Commonly, children who suffer from Hirschsprung disease or functional constipation have colons that do not move stool through the body as quickly as it should. This is called dysmotility. Sometimes, but not always, parents will notice that their child's tummy looks swollen and round. This is caused distention.

When stool sits in the colon for too long it causes bacterial overgrowth and can lead to enterocolitis or inflammation of the colon. Rectal irrigations help relieve this by flushing a safe liquid through the colon to help clean stool out and to prevent infection.

SUPPLIES:

- Silicone Foley catheter
 - Under 1 year of age: 20 French
 - Over 1 year of age: 24 French
- 60 ml catheter-tip syringe
- Water soluble lubricant (not oil based)
- Saline solution
- 2 non-sterile basins (such as emesis basin)

SETTING UP:

- 1 Pour normal saline into one of the basins (saline basin)
- 2 Using the 60 ml catheter-tip syringe, draw up 20 mL of normal saline
- 3 Lubricate the Foley catheter

INSERTING THE CATHETER INTO YOUR CHILD:

- 4 Gently insert the Foley catheter into the rectum about 6 inches.
- 5 Place the other end of the catheter into an empty basin so it can drain.
- 6 Allow any stool or gas to run into empty basin.
- 7 Advance, or move, the catheter into the rectum a bit more to allow any other "pockets" of stool or gas to empty.



ADMINISTERING THE SALINE SOLUTION:

- 8 Next, take your catheter-tip syringe and place it into the free end of the Foley catheter (which was in the emesis basin) and slowly push on the plunger to make the saline solution flow through the catheter as you inject 20 ml of saline solution into the rectum. Hold the catheter at the same level of the anus so it does not fall out. Avoid tugging on it!
- 9 Disconnect the catheter-tip syringe from the free end of catheter and allow the normal saline and any stool to drip into the empty emesis basin.
- 10 Repeat this process with 20 ml. With each irrigation, advance the catheter a few inches further and twist or spin catheter while you advance it. Do not force the catheter. When you gently advance it, the catheter will easily follow the curve of the colon.

TIPS AND IMPORTANT REMINDERS:

- It is important to wait between each flush for 20 ml of saline fluid to drain out of the rectum. As long as you continue to get 20 ml back from each flush, you may repeat steps 8-10 in this process until the fluid draining from the catheter is clear.
- Slowly move the catheter back and forth in the rectum. This may help find pockets of stool that are stuck in the colon.
- The catheter can be held in place for a few minutes to help expel any as not relieved with the irrigations
- Do not insert farther than y-divider ports.

TROUBLESHOOTING:

- If you are inserting fluid and you are not getting fluid draining back into the basin, reinsert the catheter and gently draw back on the syringe.
- If you do not get any saline or stool back with the irrigation, check the catheter for obstruction (food or thick stool can cause this to happen), massage the child's belly or have them change positions.
- If you still do not get return, contact the Children's National colorectal team.

IMPORTANT:

If your child develops symptoms of enterocolitis (fever, abdominal distension, foul smelling stool, no output in 24 hours, or dehydration) irrigate immediately until clear and then contact the Children's National colorectal team.

Contact the Colorectal Clinical Team:
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