



Enemas for Fecal Incontinence

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Disclosures

No financial disclosures

Enemas

- Purpose – to clean the bowel once a day and remain clean the rest of the time
 - Go to school in regular underwear
 - Social acceptance
 - Feelings of self-confidence and success
 - Ability to participate in activities
- Indications
 - For patients with true fecal incontinence and/or poor prognosis for voluntary bowel control
 - Patients with good prognosis for continence but who have tried laxatives and/or are struggling with accidents

Enema Pros and Cons

- Pros

- Provides immediate and predictable results
- Child has one bowel movement per day – families no longer have to worry about embarrassing accidents
- Less time spent cleaning up accidents and changing diapers
- Child feels a sense of success
- Increased self esteem, social acceptance, and ability to participate in activities

- Cons

- Takes an extraordinary amount of dedication
- Families must plan ahead and rearrange their schedules
- Intrusive and fairly invasive
- May be difficult to share with extended family or friends



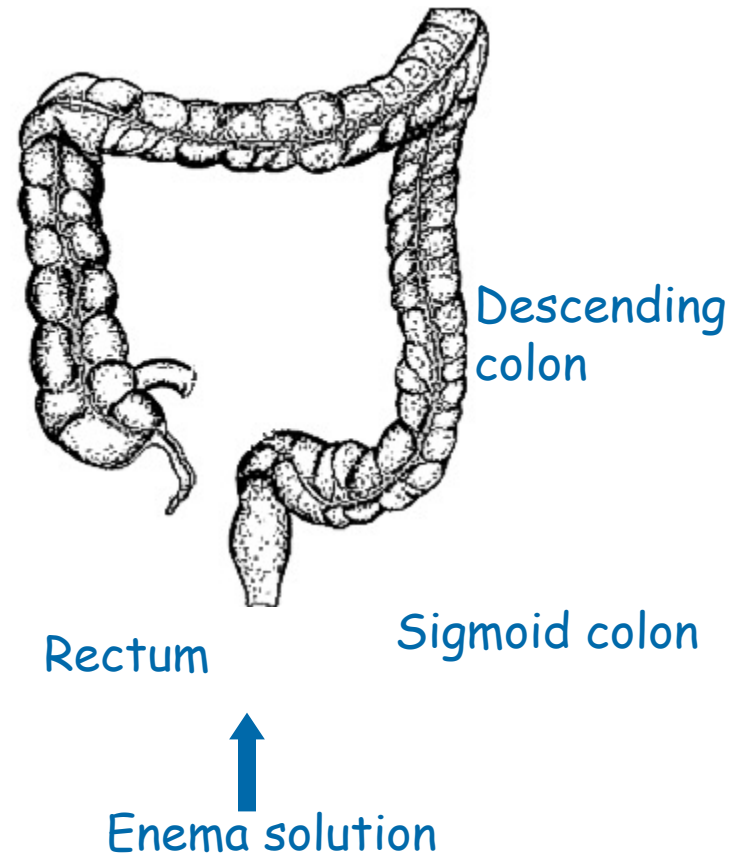
Enema Myths

- Enemas do not affect nutrition
- Enemas do not cause “dependence”
- Enemas do not have to be painful
- Enemas do not delay potty training
- Enemas are not necessarily for life



What is an enema?

- A mechanical means of flushing the bowel to assist in having a bowel movement.
- Normal saline is the main ingredient
 - Gentle, nonirritating, isotonic
 - Inexpensive
 - Families can make at home
- Usual volume of saline used is 200-800 mL
- Other ingredients (glycerin, castile soap) break up stool and help the bowel empty more completely



Enema Video



Enema details

Enema supplies – Foley catheter versus cone system versus Peristeen
Different supplies for doing the same thing
Insurance coverage is variable



Enema Supplies

- Foley catheter (24 Fr with 30 mL balloon)
- 1000 mL gravity feeding bag
- 30-60 mL luer lock syringe (for balloon)
- Water soluble lubricant
- Benefits
 - Simple
 - Inexpensive
 - Readily available through medical supply company
 - Works well for parents/caregivers administering enema with child in supine or side-lying position
- Cons
 - Difficult for patient to self-administer
 - Requires a prescription
 - May not be covered by insurance
 - May not work well for patients with low anal tone



Peristeen

- System manufactured and sold by Coloplast
- Disposable/removable catheter
- Chambered bag that sits on floor
- Hosing with hand pump/bulb
- Benefits
 - Designed for patients to self-administer while seated on toilet
 - Made for this specific use
- Cons
 - Very expensive
 - Insurance denials
 - Filling/dosing challenges



Cone System

- Traffic cone design
- Connects to tubing and gravity bag
- Designed to be used in a stoma/colostomy
- Cone inserted into anus and held in place
- Benefits
 - May work well for patients with low anal tone
 - Simple/easy to use/understand
- Cons
 - Leaking
 - Transferring to the toilet w/out a mess
 - Difficult to self administer



Saline

- **Pre-mixed sterile saline from pharmacy**
 - Requires a prescription
 - May not be covered by insurance
 - Expensive
- **Homemade saline - Mix 1 ½ teaspoons of regular table salt in 1 liter (1000 mL) of water**
 - Use warm water
 - Use measuring spoons like you would for baking
 - Shake well before using
 - It is important to follow this recipe exactly – Adding too much or too little salt can be harmful

Enema Administration

- During bowel management week, give the enema first thing in the morning
- After bowel management week, give enema at the same time every day at a time that fits in with family's schedule
- This is important because it trains the colon to empty at the same time every day
- **Allow 1 hour for the entire process**



Gather all supplies

- Foley catheter/Peristeen/cone enema system
- Gravity bag
- Saline solution
- Prescribed additives (castile soap or glycerin)
- 30-60 cc syringe (to inflate Foley balloon)
- Water soluble lubricant (KY Jelly or generic)
- Plastic lined pads or a thick towel



Combine enema ingredients

- Close roller clamp on gravity bag tubing
- Open top of gravity bag
- Pour in prescribed amount of saline
- Add any additional ingredients as prescribed (i.e., glycerin or castile soap)
- Gently agitate bag to mix ingredients together
- Hang bag from a hook on the wall or other high place



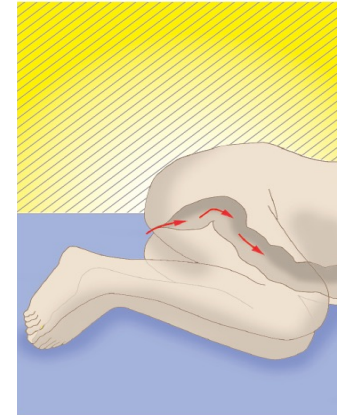
Prepare enema location

- Soft rug or mat (yoga mat works well)
- Cover with absorbent waterproof pads (e.g., Chux) or large plastic garbage bag and thick towels
- Pillow or foam wedge



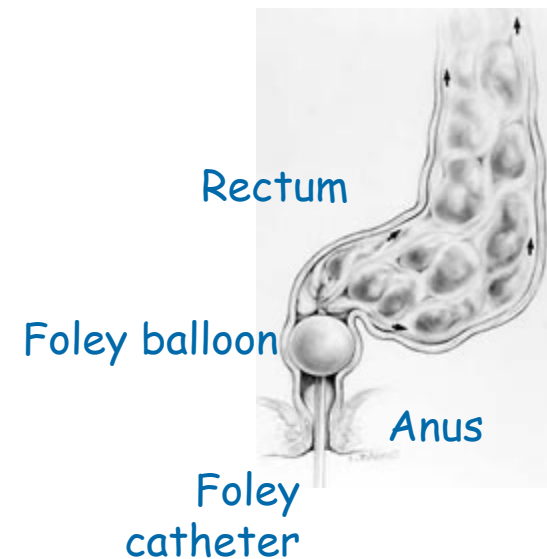
Position child – two options

1. Lying left side down with knees to their chest
 - Use pillows or a soft wedge to elevate the bottom above the shoulders
2. On knees and elbows with bottom up in the air



Insert Foley Catheter

- Lubricate Foley catheter or cone with water soluble jelly
- Insert catheter into rectum approximately 4 – 6 inches OR insert cone into anus as far as it will go and hold in place
- If using a Foley catheter
 - Inflate balloon with ~30 mL of water
 - Pull back gently to ensure that balloon is acting as a “plug” in the rectum
 - Remove the syringe from the catheter to prevent the balloon from deflating



Deliver Enema Solution

- Connect Foley catheter or cone to the gravity bag tubing
- Unclamp the tubing so the solution can flow freely
- Deliver solution over 5-10 minutes
 - Adjust the flow rate
 - Higher bag = faster
 - Lower bag = slower
- Close roller clamp once all solution is in



Allow Enema to Absorb (“Dwell”)

- Child should hold fluid inside for 5-10 minutes
 - Leave catheter/hold cone in place during the dwell
 - The longer the dwell time, the better the enema solution can do its job
 - Remember to pull gently on the Foley catheter or hold the cone in so that fluid does not leak out
- Use a timer so that the child knows how much time is left



Let the Fun Begin!

- Child sits on toilet
- Remove the cone or deflate Foley balloon and remove catheter
- Child must sit on toilet for 45-60 minutes
- Support feet with a small stool
- Record the results



Effectiveness and Accidents

- Estimate of output
- Consistency of stool
- Check for accidents every 2 hours
 - Time
 - Amount
 - Consistency



Tips

- Try to relax
- Get all supplies prepared and run through the steps before starting
- Get help if possible
- Make sure your child drinks plenty of fluids



Troubleshooting

Problem

- Enema fluid leaks out before it all goes in
- Child complains of cramping or discomfort while fluid flows in
- All of the enema fluid does not come out when child sits on toilet (or none of the fluid comes out)
- Child cannot hold fluid inside for any dwell time

Solution

- Pull back on the Foley catheter or push a little more firmly on the cone to create a “plug”; add 10 mL more water to Foley balloon
- Slow down flow of fluid by lowering bag or partially closing clamp; use warm (not hot) water to make saline
- This is ok; record in diary and inform provider at next day’s visit
- Try the best you can, even a couple minutes is better than nothing



Enema Supplies at Home

- We provide first “kit” during BMW (Foley, gravity bag, syringe)
- Supplies last about 1 month
- Future supplies ordered through DME company
- Insurance coverage/out of pocket cost varies
- Foley catheter/gravity bag = \$15/month (\$180/year)



Case Study

- 5 y/o boy with ARM (unknown type)
- Had colostomy, PSARP, colostomy closure
- Adopted at 18 months of age
- Otherwise healthy, developmentally normal
- Parents have attempted potty training unsuccessfully
- Miralax 1 capful BID → stools in pull up throughout the day; gets frequent diaper rashes
- Potty trained for urine but some overnight accidents
- No record of any screening studies done
- Parents are worried because he is supposed to start Kindergarten in the fall

Case Study

Today's X-ray - what do you see?

Plan of care?
Bowel management program.



What would you recommend for treatment?

- a. Enema?
- b. Laxative?

Finding from studies

- Contrast enema – dilated rectosigmoid colon, 800 mL fill vol
- Sacral X-ray 2 view – sacral ratio 0.9
- Renal u/s – normal
- MRI of the lumbar spine w/o contrast – no evidence of TC
- Daily 1 view abdominal X-ray

Case Study

- Contrast enema – what do you notice?
- What do you recommend?



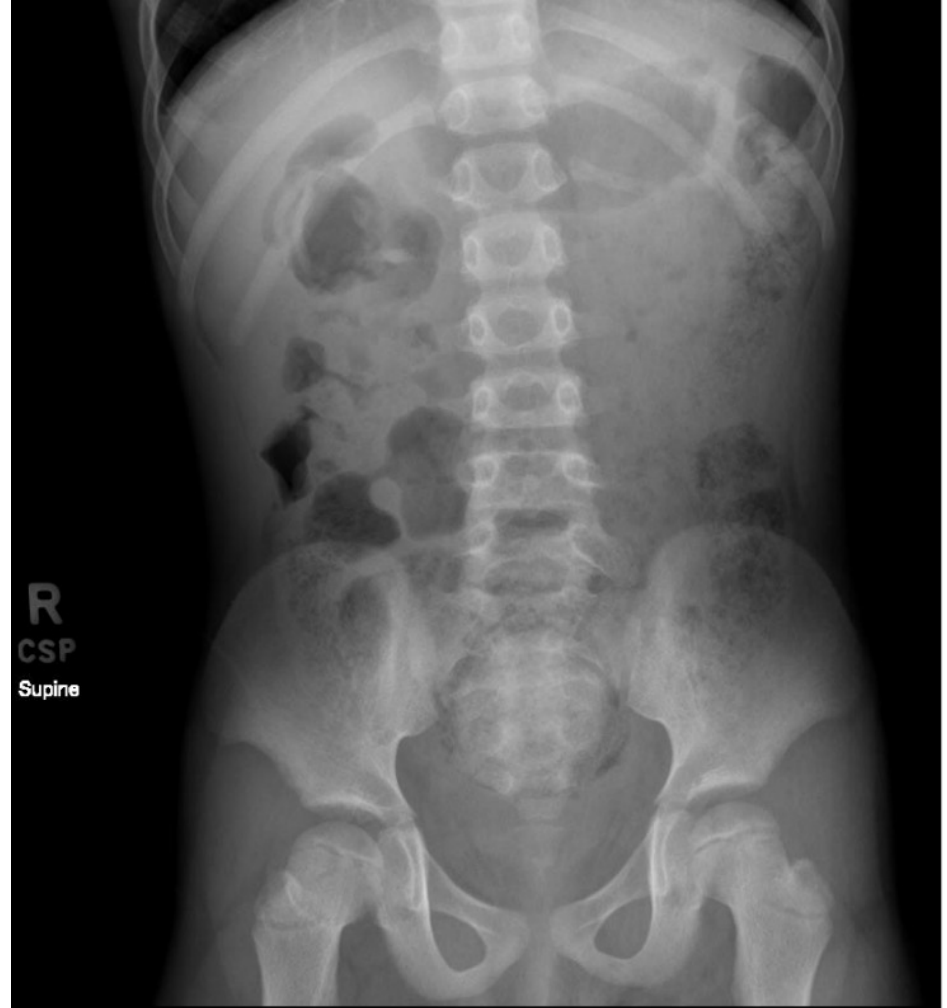
Case Study

- Patient started on a daily enema program
 - Volume – 300 mL saline
 - Additives – 20 mL glycerin
- Received enema Sat am, Sun am, Mon am, and came for X-ray Mon am
- Parent report
 - Enemas went well – no leaking, dwelled x 10 minutes, no pain
 - Accident on Saturday afternoon at 2 pm, moderate volume, loose
 - Two accidents on Sunday (1pm and 6 pm), small volume, loose
- This is his X-ray Monday morning...



Case Study

- What would you recommend?
 - a. Keep enema the same
 - b. Increase normal saline
 - c. Increase glycerin
 - d. Increase both glycerin and normal saline



Case Study

- Enema increased to 350 mL saline + 30 mL glycerin
- Next morning report – enema went well, no accidents
- Today's X-ray shows...

Case Study

- Clean X-ray
- Continue current enema
- Call with any changes and follow up once a year



THE END!!!

