

Rectal Irrigations

Amy Krause, BSN, RN, CPN



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The 65th Workshop for the Surgical Treatment
of Colorectal Problems in Children

Disclosures:

We have no disclosures.

Objectives

- Develop understanding of the clinical indications of rectal irrigations
- Verbalize steps of performing a rectal irrigation
- Verbalize clinical exam findings which are consistent with an effective rectal irrigation.

Clinical Indications

Rectal irrigations- decompression and clean out facilitation.

Rectal irrigations for Hirschsprung disease prior to pull through procedure or for Hirschsprung associated enterocolitis.

Case Study: Hirschsprung Disease

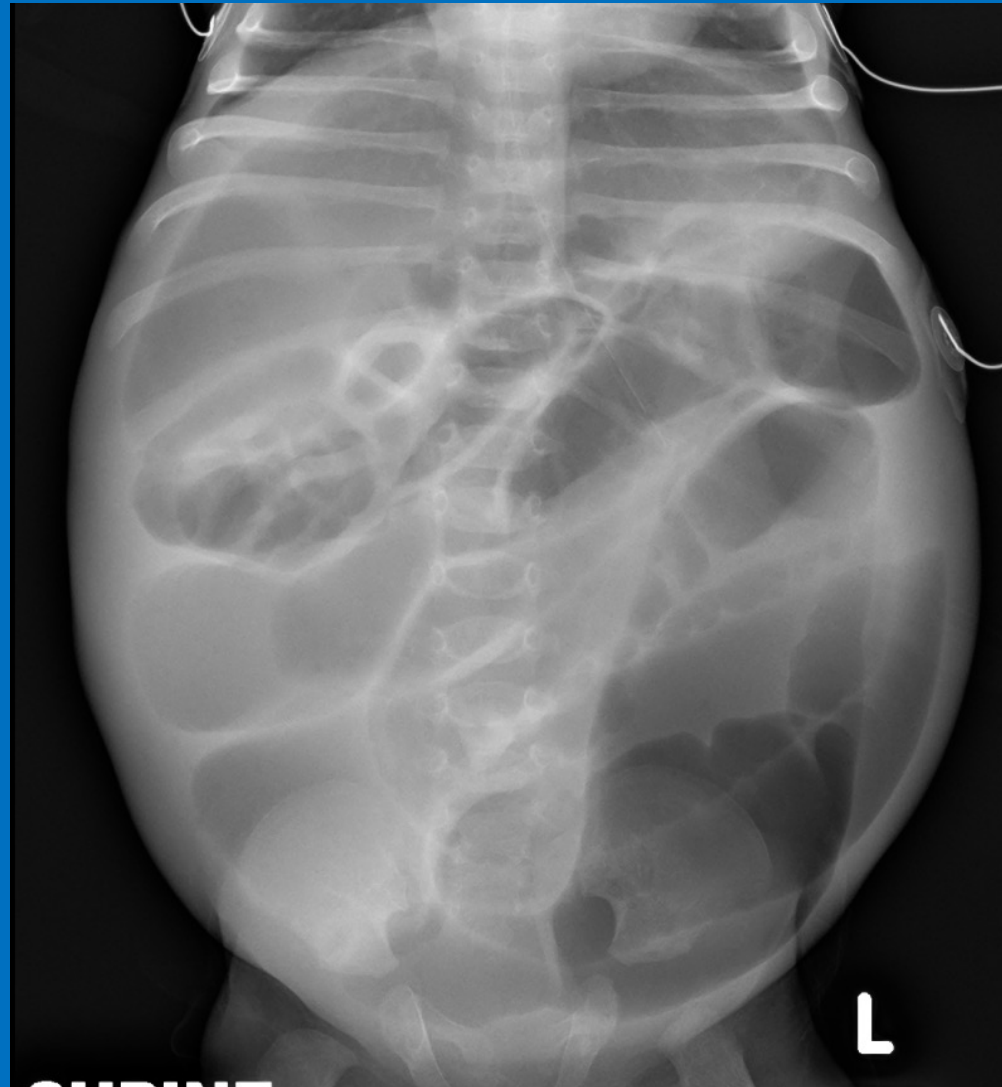
- 3-month-old-baby admitted from an outside hospital with abdominal distention, poor feeding and no stool for over 24 hours. History of trisomy 21 and pulmonary hypertension.
- Weight 2.2 kg
- Contrast enema performed DOL 7 at OSH which showed “meconium plug” which passed- discharged home with PRN suppositories for constipation.



Case Study: Hirschsprung Disease

- At two months of age was seen by pediatrician locally due to poor weight gain, abdominal distention and constipation.
- Referral to Children's Hospital Colorado.
- Two days later presented to ED locally and life-flighted to Children's Hospital Colorado.
- On presentation was extremely distended, tachycardia, poor perfusion, oliguric.

Case Study: Abdominal X-ray Obtained



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Case Study: Hirschsprung Disease

Plan

- Place femoral PICC for central access
- Fluid resuscitation
- Start IV Flagyl
- RECTAL IRRIGATIONS
- Contrast enema
- Rectal suction biopsy



Rectal Irrigation Supplies

- 16 french Foley catheter- under age 1
- 24 french Foley catheter- over age 1
- Water soluble lubricant
- 60 ml cath tip syringe
- Normal Saline- warmed
- Two kidney shaped emesis basins
- Chux pads

Most important intervention to prevent bowel perforation?

- A. Flagyl
- B. Irrigations
- C. Enema
- D. Surgery



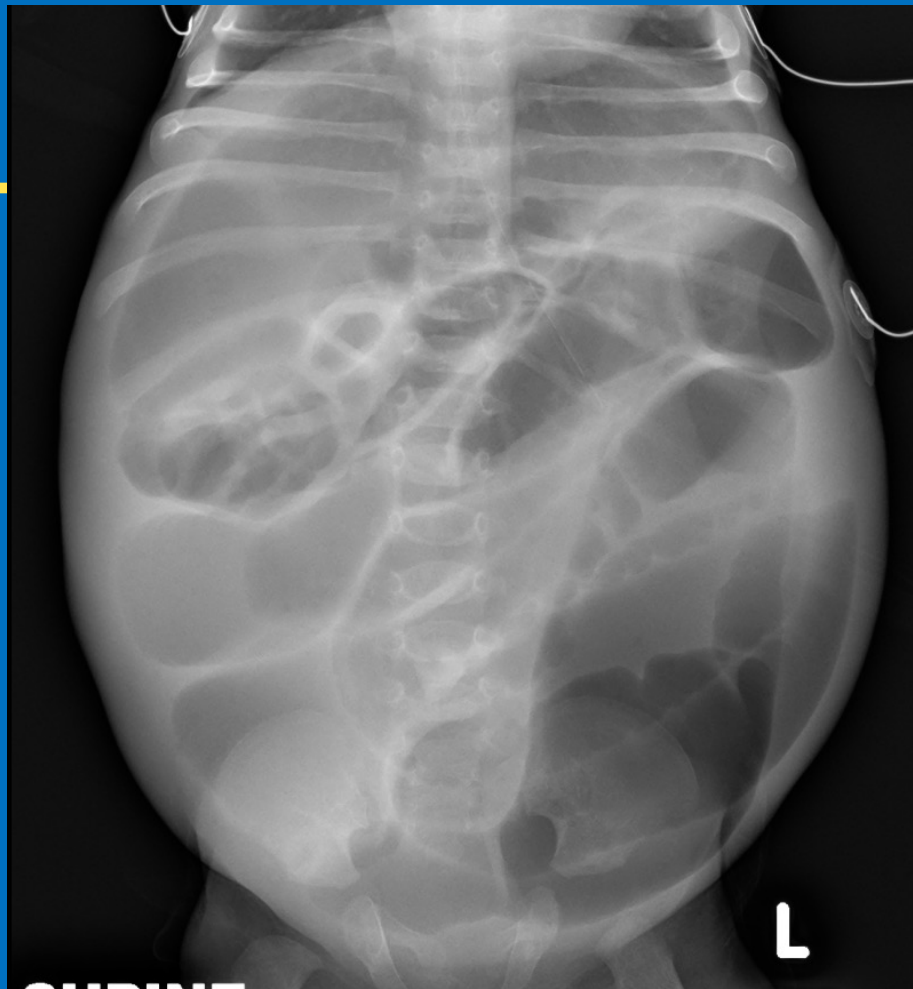
Rectal Irrigation Procedure

- Place patient in left side lying position or supine.
- Insert Foley catheter into the rectum with end of catheter in a basin.
- Slowly insert the catheter allowing any stool to drain into a basin.
- Safe to insert catheter all the way to the “Y” port as long as no resistance.

Rectal Irrigation Procedure

- Using large syringe inject 10 mL of saline into catheter to help clear the lumen of the catheter of stool.
- Safe to pull back gently on syringe or allow to drain by gravity into the basin.
- Repeat this process moving catheter to allow for drainage of pockets of gas and stool.
- Irrigation is complete when output from catheter is clear and abdomen is decompressed.

Before and After Irrigations



Case Study: Hirschsprung Disease

- Decompressed with irrigations and Flagyl TID until able to go for surgery.

Questions ?



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