

Enemas for Fecal Incontinence in Hirschsprung's Disease

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Children's Hospital Colorado

INTERNATIONAL CENTER FOR
**COLORECTAL AND
UROGENITAL CARE**

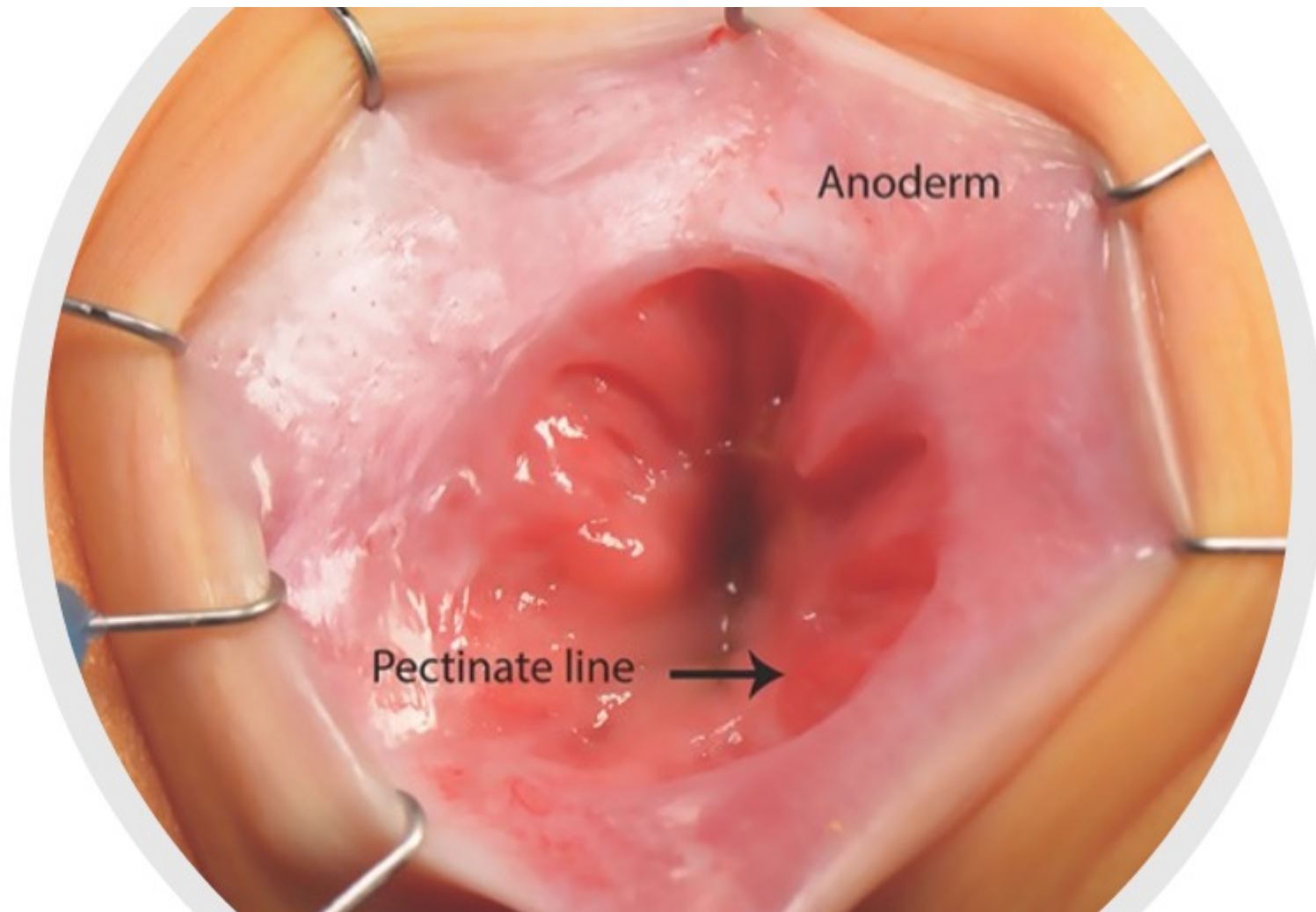


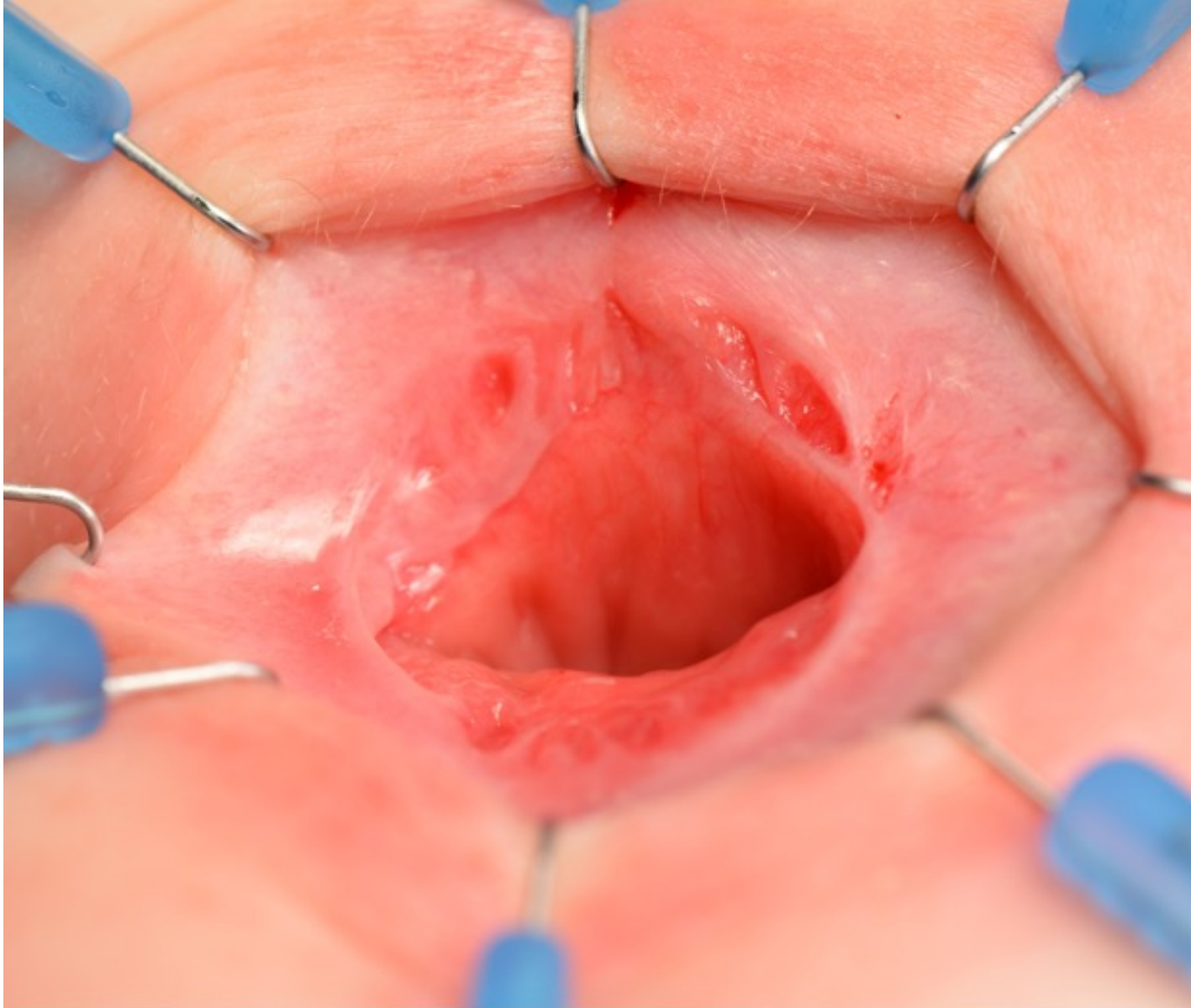
I have no disclosures at this time



FECAL INCONTINENCE

- COMPLICATION
- 100% preventable
- 100% irreversible
- 100% Irreparable





Bowel Management Long-Week



Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Studies	Workshop & Clinic	Practice & Trial period	Practice & Trial period	Trial period	Trial period	Trial period	Trial period	Clinic
	Evaluation & initiation of plan			X-ray email or call with report before 10 AM	X-ray email or call with report before 10 AM	X-ray email or call with report before 10 AM	X-ray email or call with report before 10 AM	X-ray Discuss final plan for future
				MD/RN discussion RN to call patient with adjustments	MD/RN discussion RN to call patient with adjustments	MD/RN discussion RN to call patient with adjustments	MD/RN discussion RN to call patient with adjustments	

Contrast enema helps us find the right enema for each patient



X-ray are the
only way to
confirm a
perfect clean
out





What is an Enema

An enema is the procedure of introducing a liquid into the rectum via the anus.





Supplies for Enema

20 or 24 Fr. Foley catheter

Saline (0.9% sodium chloride)

Glycerin

Castile Soap

Fleet®

Lubricant

Enema Bag with roller clip

30 cc syringe



Supplies for enema – Foley Catheter





Supplies for Enema – Enema Bag





Supplies for
Enema – 30
ml syringe



Supplies for enema - Lubricant



Supplies for enema - Saline



Supplies for Enema – Glycerin



Supplies for Enema – Castile Soap





Step 1 – Gather all the supplies for enema

- Foley catheter 24 French
- Syringe 30 ml
- Lubricant
- Enema bag
- Saline solution
- Glycerin
- Soap
- Fleet ®





Step 2 –Prepare the enema solution as prescribed

- Saline solution
- Warm “body temperature”
- Glycerin
- Soap
- Fleet ®





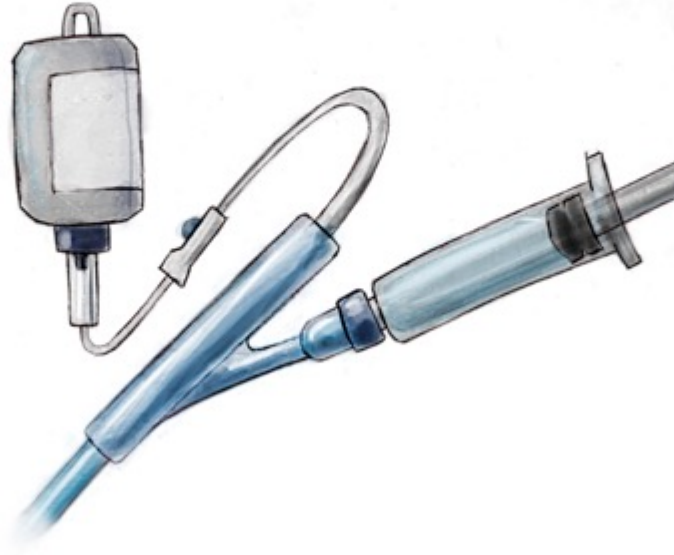
Step 3 – Fill the enema bag

- Fill the enema bag with the prepared solution.
- Prime the tubing (fill tubing with solution)





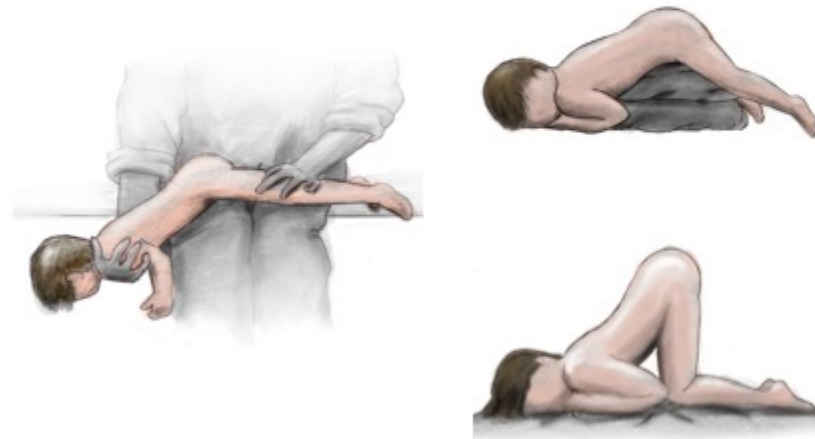
Step 4 – Attach syringe and enema bag to foley





Step 5 – Position for an enema

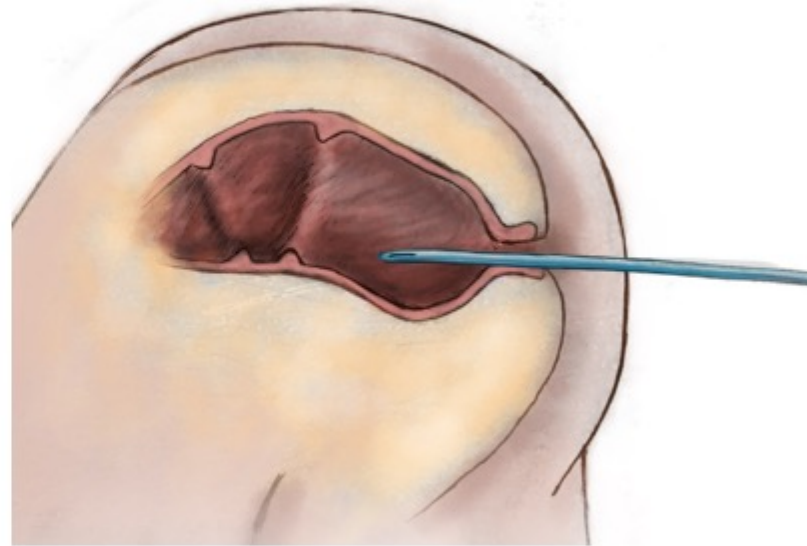
- Place the patient in a position depending on age.
- The goal is a comfortable position for both the child and parent.
- The positioning is also very important to utilize gravity for an effective enema.





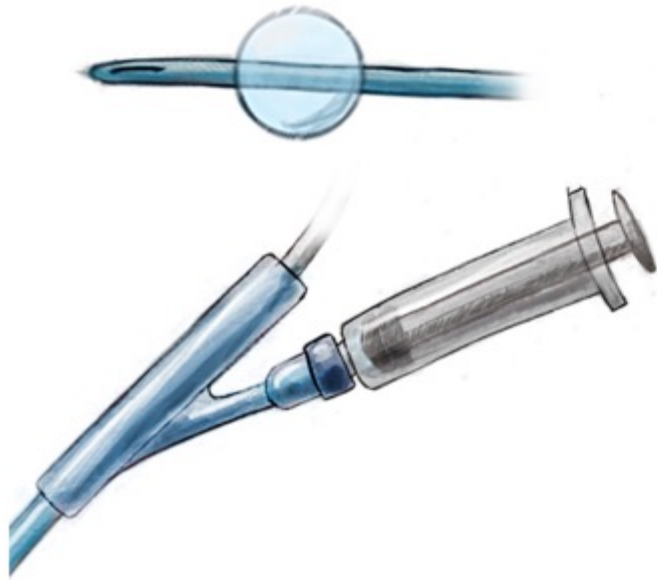
Step 6 – Lubricate and insert Foley

- Lubricate the Foley very well and insert 15 cm.
- This should be done gently and with care to avoid any discomfort during insertion.





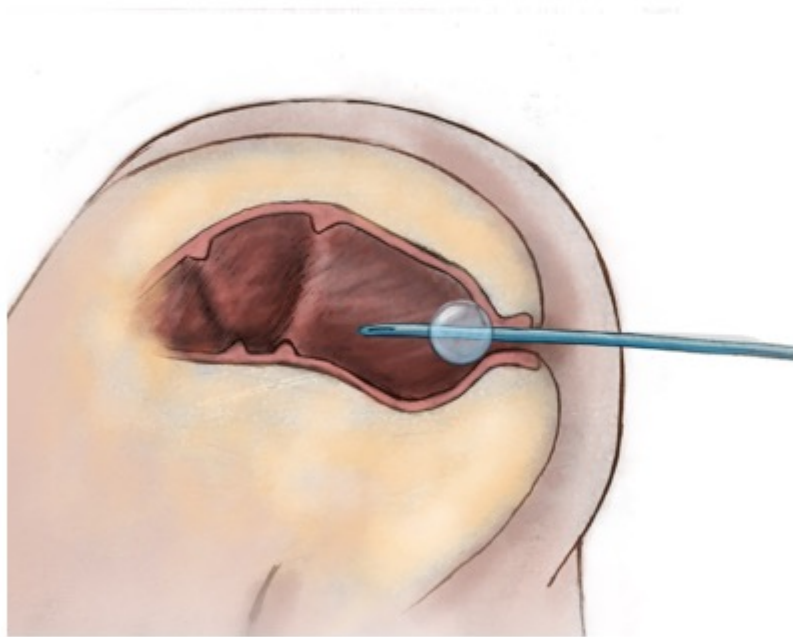
Step 7 – Inflate the Balloon



Inflate the balloon with the filled syringe until all 30 ml of air or water is instilled.



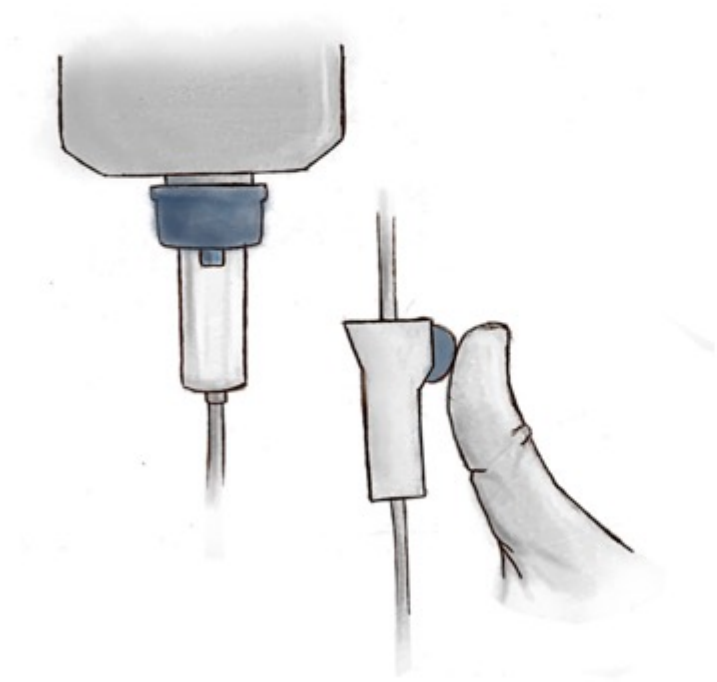
Step 8 – Pull back



Once the balloon is fully inflated, pull back on the Foley until you feel resistance in order to create a plug.



Step 9 – Introduce the enema solution



Open the roller clamp to allow the enema contents to fill the rectum and left side of the colon.



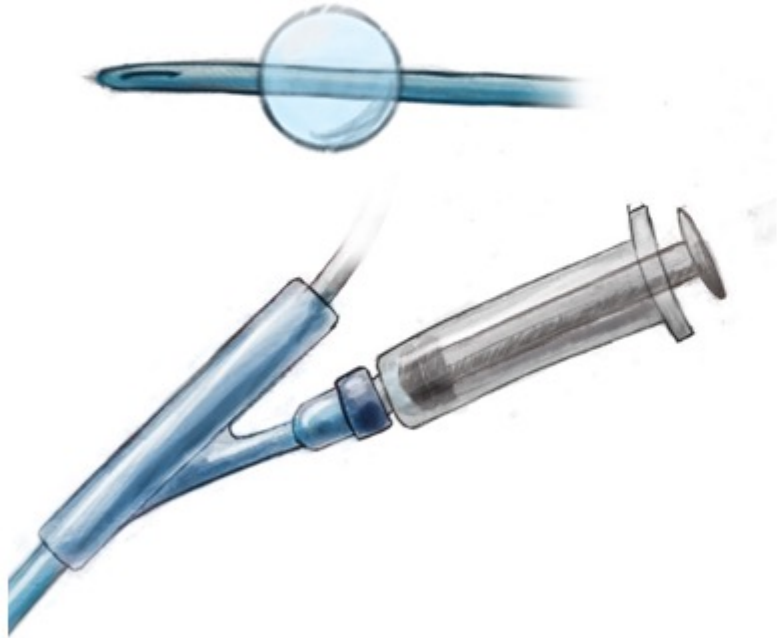
Step 10 – Dwell time



Allow the enema to “dwell” in the colon for 10 minutes.



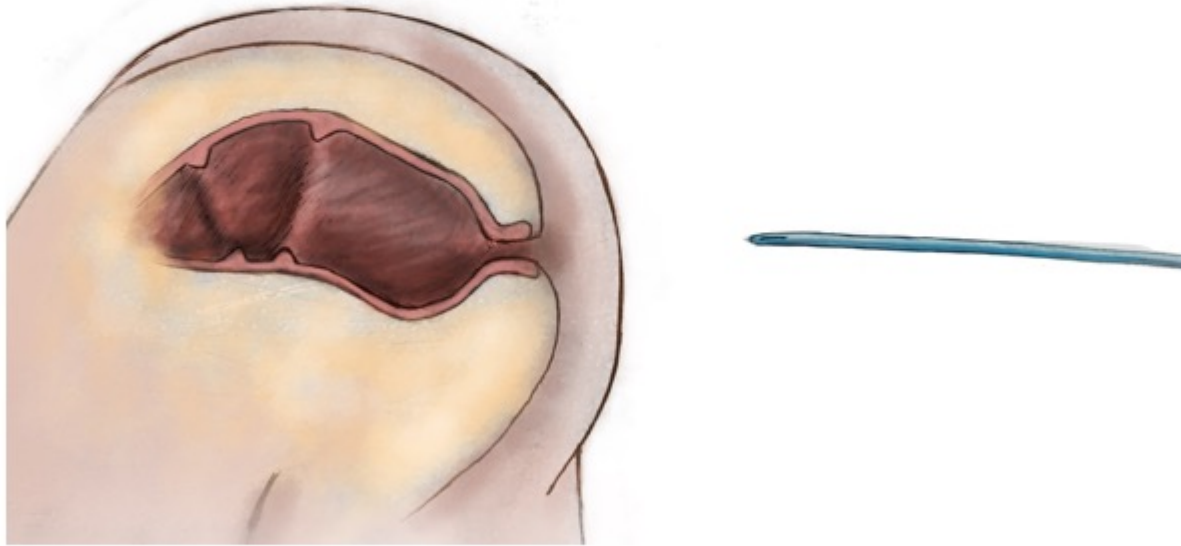
Step 11 – Deflate the Balloon



Deflate the balloon until all 30 ml of air or water is returned into the syringe.



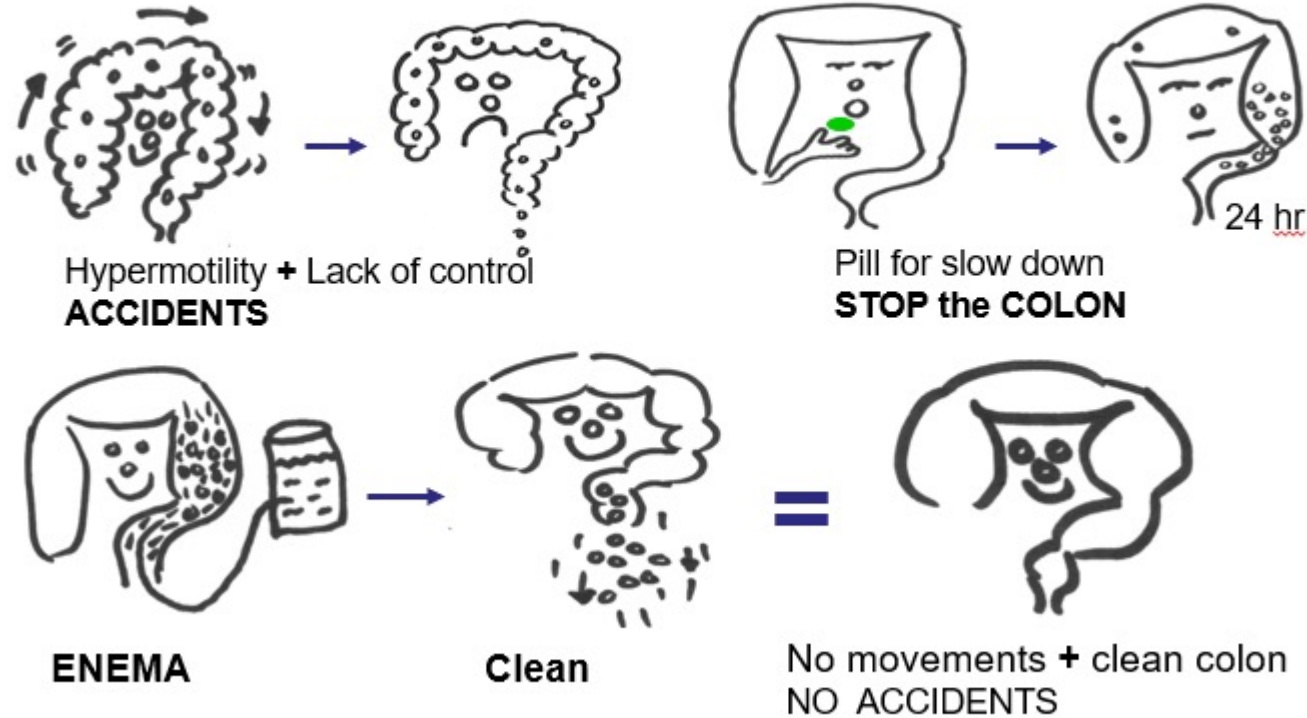
Step 12 – have patient sit on the toilet and remove foley gently







Program for true Fecal Incontinence with hypermotility





Hyperactive
colon
without
loperamide

Hyperactive Colon

Peña-Cimprich



Hyperactive
colon with
loperamide
and a
constipating
diet.

Hyperactive Colon



Fecal
incontinence
before Bowel
Management
Program



Fecal
Incontinence after
a successful
Bowel
Management
Program

