balloonnotes

children'shealth

A Parent's Guide to Rectal Irrigations

What is a rectal irrigation?
Rectal irrigation is a task that can be performed at home or in the hospital where saline solution is put into your child's bowel through the rectum for the purpose of flushing out poop and bacteria from the bowel.

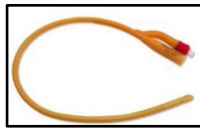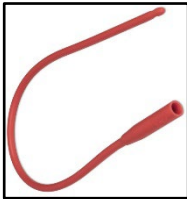### Why does my child need rectal irrigations?
A baby born with Hirschsprung Disease may have trouble moving poop and gas through their large intestine or bowel. They may need daily rectal irrigations to help flush out these wastes. When stool or gas stay in the bowel too long, it can cause pain and grow too much bacteria or germs. These germs can cause an infection, known as enterocolitis [en·tero·co·li·tis]. Your child will need your help to clear out the poop and infection.

When will I begin irrigations?
While your child is in the hospital, the nurses will start irrigating your child's bowel every 6-8 hours. Before you take your child home, a nurse will teach you how to do the irrigations. Irrigations must be done to keep your child safe and healthy.
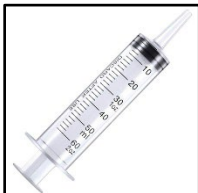
What do I need?
You will need the following supplies for irrigation:

A silicone or red rubber catheter [cath·e·ter] to open your child's rectum so poop will easily pass during the irrigation. Ask a member of your child's healthcare team what the best size is for your child.

Normal saline is used to flush the poop and gas out of your child's bowels. **Never use plain water for rectal irrigation. This may cause your child to have further health problems.**

A 60 ml catheter tip syringe is used to push the fluid through the catheter.

Two basins are needed. One to hold the irrigation fluid and one to collect the poop.

Water soluble lubricant. You will need to buy this at the local pharmacy. Do not use petroleum-based jelly.

How often will I need to do the irrigations?

Rectal irrigations will need to be done _____ times a day for ____ days, or until your doctor tells you to stop.

Steps for irrigation

1. Place your child on their back or left side with the knees pulled up to the chest. You may need another adult to help hold or distract your child.
2. Place a clean diaper or towel under your child's bottom.
3. Pour the total amount of normal saline into a basin. Your doctor will tell you how much saline to use.
4. Spread lubricant on the tip of the catheter.
5. Gently put in the silicone or red rubber catheter into your child's bottom with slow and gentle pressure. Direct the tip of the catheter towards your child's belly button. If it becomes hard to put in, do not force the catheter. Wait until your child is calm and relaxed before you try to push the catheter farther in.
   a. For babies less than 28 days old, put in the catheter about 1 ½ inches
   b. For 28 days to 1 year old, put in the catheter about 3 inches
   c. For over 1 year old, put in the catheter 4-6 inches

   If the catheter that you are using has a balloon on it, never inflate the balloon of the catheter. This can cause injury to the tissues in the bowel.

6. The tip of the catheter will be in the right place when there is a gush of air or liquid stool coming through the catheter.
7. Allow air or poop to drain from the catheter into the dirty basin.
8. Draw up the appropriate amount of saline solution based on your child's age.
   a. For babies less than 28 days old, put in 10-20mL of solution at a time
   b. For 28 days to 1 year old, put in 20-40mL of solution at a time
   c. For over 1 year old, put in 40-60mL of solution at a time
9. Attach the 60 mL syringe to the catheter and slowly push the irrigation solution through the catheter into your child's bottom. Do not force the solution. It should flow in easily. Hold the catheter in place so it does not fall out.
10. Remove the syringe from the end of the catheter and allow the solution to drip into an empty basin. Continue to use this basin for the waste.

11. If the return of poop/solution is slow you can:
    a. Gently move the catheter slightly in and out or twist to remove extra poop and gas. If this does not work, reattach the syringe and gently draw back to remove more fluid. Do not pull on the syringe if you meet resistance.
    b. Change your child's position or gently massage their tummy to help get the stool and gas out.
    c. Remove the catheter, clear the holes in the catheter of stool, and reinsert it.

If you irrigated with the directed amount of solution and you still did not get any poop back, STOP, and immediately call the doctor's office.

12. If the drainage is adequate, repeat the process and continue irrigating until the return fluid is clear.
13. Make sure the amount of fluid drained is more than or the same as the amount of solution being pushed in. By the time the clean basin is empty of irrigation solution, the soiled basin should be filled with the same amount of poop and saline.
14. Clean your child's bottom with a baby wipe or clean cloth.
15. Wash your hands, the catheter, syringe and basins with soap and water.

Helpful tips
- Offer praise and encouragement to support your child.
- Irrigation should not be painful. If there is discomfort, it is **very important** to stop the irrigation and reposition the catheter. If it continues to be painful, stop and call your doctor.

When to call your child's doctor
Call the clinic office if:
- you have a hard time putting in the catheter.
- your child seems to be in pain, has pus, redness or swelling around the bottom or blood in the stool or poop.
- your child has fever greater than 100.4F.
- your child is unusually irritable, bloated (swollen belly), nauseated, or throws up.
- your child has signs and symptoms of dehydration [de·hy·dra·tion] such as no wet diaper for 8 hours, no tears when crying, has a dry mouth or cracked lips.

Questions or concerns?
Please feel free to call the surgery clinic at 214-456-6040. You can also send a message to your doctor via MyChart.

If you have urgent issues after hours, please call the hospital operator at 214-456-7000 and ask them to page the Pediatric Surgeon on call.