

Rectal washouts

for infants with Hirschsprungs
Disease or bowel motility problems

Information for parents and carers



Leeds children's
hospital

caring about children

Teaching programme for undertaking rectal washouts

Teaching and learning to care for a child requiring rectal washouts is a joint commitment between the hospital and the carers. It is individual, some people will need more opportunity to practice than others.

This teaching programme aims:

- To give you information about rectal washouts
- To teach you to undertake rectal washouts safely
- To teach you about the potential problems that may arise and how to deal with them

This teaching programme will cover the following subjects:

- The reason for rectal washouts
- Preparation
- How to perform the procedure
- What to look out for
- Problem solving
- Written instructions and contact numbers

What is a rectal/bowel washout?

A Rectal washout is a means of emptying and cleaning the lower bowel with the use of a rectal catheter and saline solution.

Why is it necessary for your baby to have rectal/ bowel washouts?

At present your baby is unable to empty their bowel adequately without help. Babies with bowel motility problems are more prone to bowel infections and rectal washouts will help to prevent these problems. Cleaning the bowel also keeps your baby comfortable enabling them to feed and grow.

Rectal washouts can be a positive experience if performed at a time that is comfortable and convenient for you and your baby.

Babies do not always like to lie still with no nappy on and may appear upset. Your voice, soothing music or a comforter may help to settle them. A recently fed baby will be relaxed which means the washout will be more successful.

If your baby remains unduly distressed and appears to be in pain the washout should be discontinued and professional advice sought.

Preparation

With careful preparation the procedure should be uneventful.

Decide on the best place to perform the washout. The environment must be warm and free from draughts and disturbances.

The washouts can be performed either on a changing table or a changing mat placed on a table or chest of drawers. Your baby should be supervised at all times.

Collect and assemble the following equipment:

- Warm normal Saline 0.9%
- Lubricating gel
- Bowl and jug
- Rectal tube
- 50mL bladder syringe
- Apron and gloves (optional at home)
- Disposable pad or towel
- Plastic sheet to protect surrounding area
- Towel
- Changing mat and wipes
- Disposal bag
- Dummy/comforter.

Ensure baby is safe and can not roll off.



How much Saline do I use?

Warm sterile Saline: 100-150mL per Kilogram of body weight. (E.g. If your baby weighs 3kgs 300-400mL of Saline may be required). Some babies will need more fluid others may use less.

Warm the Saline by standing the bottle of saline in hot water. Older children may tolerate fluids at room temperature.

NB. Water must not be used for this procedure as it is easily absorbed by the bowel and may make your baby unwell.

Procedure

Following preparation of equipment and environment;

1. Wash your hands and put on apron and gloves (parents/ carers optional)
2. Undress your baby leaving vest or t-shirt on
3. Wrap your baby in an old towel leaving buttocks exposed
4. Lay your baby on the chosen surface i.e. changing mat, chest of drawers etc.

Whilst your baby is undressed, look and gently feel your baby's tummy.

You can often see that your baby's tummy is swollen before the washout is performed. This swelling should go down with the release of the bowel contents and air. If after performing the washout, your baby's tummy remains swollen, please seek advice from your surgical outreach nurse or ward staff.

5. Remove plunger from syringe
6. Connect the syringe to the end of the catheter
7. Lay your baby on their back (laying your baby on their left side may aid the flow of saline into the rectum)

To make the rectal tube easier to insert, smear the end of the tube and the anus, with lubricating gel. Put more gel on the tube each time it needs reinserting to prevent soreness.



8. Gently insert tube into the rectum
9. The tubing should be inserted until it no longer advances easily. You can vary the position of the tube to suit your baby's needs in order to get the best results.

Never force the tube as this could damage the lining of the bowel.



10. Holding the tube in place with one hand, fill the syringe barrel with 20mL of Saline with the other. This can be difficult at first if doing this on your own.

If there are two people, one can hold the syringe & the other can comfort your baby.

Holding the syringe up allows the saline to flow into the bowel, and as it flows, the catheter can then be advanced further.

11. When the saline has flowed into the bowel lower the syringe and allow the saline and stool to drain back into the syringe.
12. Empty returned fluid from the syringe into the bowl. The syringe should be lower than the baby's bottom to aid drainage.
13. Refill the syringe with another 20mL and hold up to begin the washout procedure again.



Check the fluid draining out is equal to the volume that went in.



If possible ensure the tube stays in the rectum during the procedure, to minimize discomfort and protect the baby's anus from soreness.



14. This procedure should be repeated until all the Saline in the jug is used or the backflow of saline is running clear.

Stop sooner if your baby is unduly distressed, cool or seems unwell.

15. Gently and slowly withdraw the catheter from your baby's rectum, with the syringe upside down over a bowl. Gently massaging the tummy as you withdraw the catheter.

This will help the process of emptying the bowel and allow any fluid or wind left in the rectum to drain out.

16. Observe the colour, consistency and smell of the stool. Signs of infection can include changes in stool consistency different from usual:

- Offensive smell
- Unusual colour
- Looser consistency
- Blood in stool

If your baby appears unwell or has any of these symptoms please ring for advice. (See back of booklet for appropriate phone numbers).

17. When the procedure is complete, your baby should be cleaned dried and dressed appropriately to keep warm.
18. Empty and measure the fluid in the bowl. The amount should be approximately the same as you started with, allowing for any spillages.
19. Fluid should be disposed of down the toilet. All equipment should be washed in the bathroom with hot soapy water and stored ready for use again.

If after performing the rectal washout the fluid draining from the bowel remains dirty, it may be necessary to repeat the procedure later in the day. In between this time, take notice of your baby's abdomen and nappies, it may be that your baby as his/her bowels open themselves, in which case, additional washouts may not be required.

Wind can cause more discomfort than stool and is more difficult to pass. If you had a good result from the washout but later in the day your baby seems uncomfortable and their tummy feels full, try passing a flatus tube to release excess wind. (See problem section).

Some babies will continue to pass stools bowel on their own – Please still continue with washouts as planned.

Daily rectal washouts will need to continue until your baby has surgery or you are advised to stop or decrease the frequency.

Problem solving

Problem	Action	Contact
<p>Tube does not go in the babies bottom the suggested length</p>	<p>Do not use force to push the tube in. Try changing the position of the baby, laying on side or back. Leave the washout for 30 minutes and try again. Rotate the tube gently whilst putting it in. Use smaller amounts of fluid (10mL) to release wind.</p>	<p>If you are unable to get the tube in after trying recommended action seek medical advice.</p>
<p>Solution does not run in with gravity</p>	<p>Hold the tubing up higher. You may have to use the plunger to gently start off the flow. The tube may be blocked with stools. Remove the tube and examine the end for blockage. Use smaller amounts of fluid (10mL) to release wind. Gently plunge fluid in (but do not pull fluid out).</p>	<p>If the problems persist seek medical advice.</p>
<p>Solution does not drain out after the washout</p>	<p>The tube may be blocked. Gently rotate the tube whilst withdrawing it from the baby's bottom. Change the position of the babe (side to back, or side to tummy). Observe the nappy after the washout to see if the solution is passed out of the bottom.</p>	<p>If problem persists seek medical advice.</p>

Washout is non-productive of stools	You may have to repeat the washout in a few hours. The baby may have passed stools unaided.	If the baby's abdomen remains distended or is vomiting you must seek immediate medical advice.
Bleeding from the bottom	Passing the tube may have caused irritation to the lining of the bottom. If it is only a small amount of blood no action is needed.	If the bleeding continues seek medical advice.
Wind	Pass an empty lubricated tube into the rectum. As well as releasing wind it can start flow of poo. It is not necessary to do 'kinking' procedure (page 6) if flow of poo started.	
Baby passes stools unaided	It is difficult to tell if the baby has passed an adequate amount of stool.	Do not miss out a washout without seeking medical advice.

What is a flatus tube

- A flatus tube is a rectal tube used to aid the passage of wind.
- The tube is the same tube that is used to perform the daily washouts.
- There is no need to insert any saline.
- Pass the tube into the rectum, with syringe attached.
- Holding the syringe down allow the wind to be released.
- Clean equipment as per usual.

Bowel washout - Theory

Important information

Understands why your child requires bowel washouts

Has read the Leeds Children's bowel washout teaching pack

Know who to contact if concerned and for ongoing supplies

Aware of the importance of observing the child throughout the procedure

Aware of the importance of good hand hygiene

Explanation by staff

Explain the signs and symptoms for washout requirement

Explain the aims and indications for flatus tube

Explain the complications related to performing bowel washout including Hirschsprungs Enterocolitis

Aware of correct positioning of infant/child

Explain the importance of assessing abdomen pre and post washout

Explain how often bowel washout needs performing

Explain the importance of inserting the tube safely

Problem solving and home care

Explain what to do if the washout tube is blocked

Explain what to do if bowel washout is unsuccessful

Discuss where washout will be carried out in the home, where equipment will be stored, and safe disposal of irrigation fluid

Explain how to clean reusable equipment and when to change

Statement: I certify that I have completed this complex care training and I am competent to care for my child with a bowel washout without further training.

Bowel Washout - Practical

Important information

Demonstrate good hand hygiene

Demonstrate the safe disposal of clinical waste

Bowel washout procedure

Gathers all equipment required for bowel washout

Demonstrate safe positioning of infant

Demonstrate correct assessment of infants abdomen prior to washout

Demonstrate the correct amount and temperature of normal saline

Demonstrate safe technique of inserting the washout tube

Demonstrate the safe administration of normal saline and correct volume by gravity method

Demonstrates safe withdrawal of fluid inserted

Assessment skills

Demonstrate correct assessment of infants abdomen following washout

Demonstrate good communication skills during bowel washout procedure

Demonstrate safe bowel washout

Demonstrate insertion of flatus tube

Statement: I certify that I have completed this complex care training and I am competent to care for my child with a bowel washout without further training.

Bowel washout competencies for parents / guardians

Child's Name:	
NHS Number:	

Parents / guardians name:

This document is used as a guide to ensure parents / guardians have received appropriate training to care for their child's health care needs. Parents / guardians will have demonstrated an appropriate level of competence on the date assessed to enable them to take their child off the unit and facilitate discharge. A parent / guardian must fulfill the following for each section before signing the competency:

TAUGHT - Shown the skill or talked through the indications / cautions by a trainer

PRACTICE - Can perform the skill or describe the indications / cautions with minimal prompting from trainer

ACHIEVED - Repeatedly performs the skill independently as part of the child's care

Supplies list for home

Item	Amount	Ward stock given for home	
Rectal tubes	X2 current size X1 larger size		
Disposable bed sheets	X10		
Disposable gloves and Aprons	X1 box (For Nurse Use)		
The following are supplied by bca direct			
Bladder syringes	X4 (per month)		
Lubricating gel (water based)	X1 tube or 10x 5grams sachets per week		
0.9% Saline litre bottles	X30 litres (per month)		
Jug	X1		
Bowl	X1		
Plastic sheet	X1		
Also available if required:			
Dry wipes			
Wet wipes			

To set up home delivery from bca direct/amcare

Phone **0800 854 753** and state what supplies are required, Name & address etc.

Please allow 48 hours for delivery

Contact details

If you have any questions after reading this leaflet please contact us using the details below.

Telephone numbers:

Neonatal Surgical Outreach Team - 0113 392 3826

Neonatal Surgery - 0113 392 7165

Ward 42 - 0113 392 7442

Address:

Neonatal & Paediatric Surgical Outreach,
Room 38,
F Floor,
Martin Wing,
Leeds Children's Hospital,
Leeds,
LS1 3EX



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© The Leeds Teaching Hospitals NHS Trust • 1st edition (Ver 1)
Developed by: Alison Broadbent, Team Leader Neonatal & Paediatric Surgical Outreach Team
Produced by: Medical Illustration Services • MID code: 20190304_010/BP

LN004539
Publication date
03/2019
Review date
03/2022