

# Bowel Washout Guidelines



**Information for  
patients, parents  
and carers**



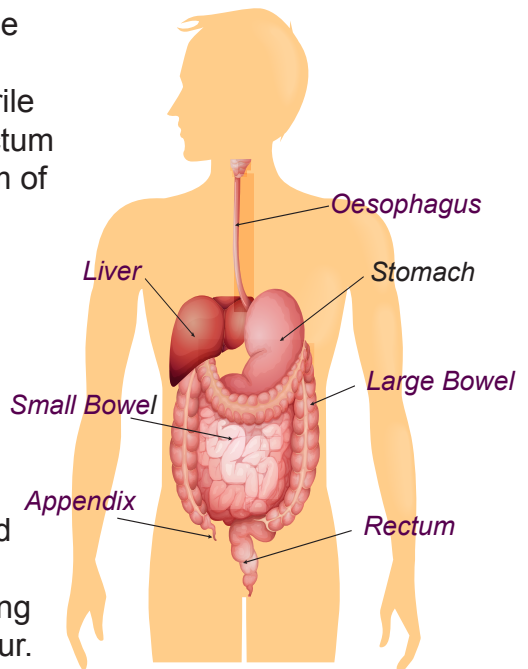
Children's Health Ireland  
at Temple Street

## What it is

A bowel washout or rectal lavage is washing out the rectum using appropriate volumes of non-sterile water to remove faeces (the rectum is the storage area at the bottom of the bowel for faeces).

## Why is it done?

Children with some medical conditions can have difficulty emptying their bowels causing constipation. Bowel washouts ensure that the bowel is emptied regularly and at the times you choose. It is a method of ensuring that bowel accidents do not occur.



## Where is it done?

Where possible, bowel washouts should be done when sitting on the toilet. Some children may require support from a toilet or shower chair in order to feel safe. Others may prefer to have the procedure adapted so it can be done on a bed.

## How often does it need to be done?

At the start, washouts should be carried out on a daily basis but aim to reduce this to alternative days once your child remains clean with no soiling in their underwear. Some children may be able to carry out their washouts every 3

days but only if there is no soiling in between washouts or an increase in their constipation.

## **When is the best time?**

A wash out can be carried out at any time of day but after meals is best. It is important to carry it out around the same time each day in order to help the bowel get into a routine.

## **How much water should I use?**

We recommend starting the washouts with 20ml per kg of the child's weight. If child weighs 20kgs, then start with  $20 \times 20 = 400\text{mls}$ . However, this can be adjusted according to results and how comfortable it is for the child. Your nurse will help you with adjusting volumes of water.

There are various systems available to use with bowel washouts but the Colloplast® system is more suitable for use with children as the cone head (colotip) is softer and smaller. It will therefore make insertion easier and lessen the risks of causing pain or injury on insertion.

## **Equipment required**

- Colloplast® Assura 1 piece irrigation set code: 12830 (attach cone to bag)
- Lubricating gel (water based)
- Disposable powder free gloves
- Plastic rubbish bag
- Toilet paper/tissue,
- Disposable incontinence pad/sheet
- Warm tap water x 20mls per kg of bodyweight,

## Procedure for Bowel washout

1. Wash your hands using warm soapy water.
2. Add the water to the Coloplast® irrigation bag and prime the tubing with water by releasing the clamp slowly. This will remove air from the line.
3. Ask your child to sit on the toilet if physically able. The sitting position on the toilet is important. Your child's legs should be supported so that their knees are flexed (bent) and the child can bend forward slightly. This places their hips in a flexed position and prevents withholding of stool and help them to empty their bowels.
4. If your child is unable to sit, they should lie on the bed on their left side with knees drawn upwards. The upper knee should be higher than the lower knee with the buttocks facing towards the edge of the bed. If possible, elevate the foot of the bed/mattress slightly as gravity will help the flow of the solution and may help to retain the solution in the bowel once inserted in order to allow it to work. A continence pad or sheet should be placed under the child to collect the returned solution and faeces.
5. Ensure that your child is comfortable before you start and clothes are tucked out of the way while maintaining your child's privacy and dignity.



6. Older children who can understand should be encouraged to carry out as much of the procedure as possible. This will encourage as much independence as possible in your child's bowel management regime.
7. Hang the irrigation bag at shoulder level and lubricate the colotip (cone).
8. Insert the lubricated cone into the anus.
9. Release the clamp slowly and allow the water to flow in.
10. If your child complains of cramping while the water is flowing in, reduce the flow of water using the clamp and encourage your child to take slow deep breaths to help relax the abdominal muscles. Use distraction techniques such as blowing bubbles.
11. Once the solution has flowed into the bowel, close the clamp to prevent backflow of the solution and faeces into the tubing.
12. Remove the cone gently and leave your child on the toilet (or bed) until the solution is expelled with their bowel motion. This may happen immediately but it can take 20-40 minutes for a result. Even if there is an immediate result, your child should remain in position for a minimum of 20 minutes to ensure all contents are expelled. This will reduce the risk of soiling afterwards. Ideally, the volume of fluid inserted should return plus the bowel motion. If you feel your child is retaining the fluid after the given time, ensure it has not soaked into the pads or leaked out. If you are concerned, contact your nurse or doctor for advice.
13. Record the amount of water used and the effectiveness of the procedure. Take note of the stool type.

14. Attend to your child's personal hygiene needs after the procedure, ensuring that the skin is washed with warm soapy water and dried thoroughly to prevent any skin breakdown.
15. Wash the bag and cone with warm soapy water, rinse and dry thoroughly. Ensure that no particles of faeces cause any blockage in the tubing. The equipment should last approximately 1 year.

## **Trouble shooting**

The fluid is not running through on insertion of the cone (colotip). This may be due to:

- Impaction- the rectum may be full and may require initial evacuation before the tip is free to allow the fluid to pass into the rectum.
- When inserting the cone, ensure that it is not pressing against the rectal wall as this can prevent the flow of the solution. Remove gently and reinsert.

## **Accidents between washouts**

Persistent soiling can occur even following all the guidelines as no method of training can guarantee complete success with the dysfunctional/neurogenic bowel. If your child continues to have bowel accidents between washouts or you feel that this regime is not right for your child, please inform your nurse.

## **Child complains of discomfort**

Infuse the water at a slower rate or try giving a smaller amount of water. Contact your nurse if problems persist.

## **Contact details**

If you have any questions or queries concerning your child's bowel management regime, please feel free to contact the Spina Bifida/ Urology nurse on 01-8921768.

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