



COLORECTAL AND PELVIC
RECONSTRUCTION SERVICE

Appendicostomies and Caecostomies

Information for families

Appendicostomies and Caecostomies

Colorectal and Pelvic Reconstruction Service (CPRS)
Information for families

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We are indebted to the contributions of the many families that are cared for by the CPRS team. This resource is for all families affected by colorectal and pelvic conditions.

About this booklet

The Colorectal and Pelvic Reconstruction Service (CPRS) at The Royal Children's Hospital Melbourne (RCH) is leading the way in colorectal and pelvic care in Australia.

We aim to deliver the highest quality clinical care to children and families with colorectal and pelvic conditions. We play a vital role in increasing the awareness, understanding and knowledge of these conditions in the community, and work collaboratively to educate health care professionals.

This booklet has been developed to support parents, carers and children who have colorectal and pelvic conditions. The CPRS seeks to establish a healthy relationship with all families, as we believe this enables the best care possible. The content of this booklet has been developed based on the extensive clinical experience of the authors and the most recently published evidence for this clinical condition.

This CPRS booklet has been categorised into different stages of your child's journey, which allows you to read the information that is important to you at the time. Some parts may appear repetitive. This is because some of the information is relevant throughout different periods of your child's care.

Everyone learns differently. Some people like to read instructions, some like to learn by having information explained to them, and many like to do both. Make sure you tell the members of the CPRS team if you are finding any information in this booklet difficult to understand.

Appendicostomies and Caecostomies

Formation of an appendicostomy or caecostomy is performed for children who have stool (poo) incontinence or constipation. The need for an appendicostomy or caecostomy may be due to a birth anomaly (that makes it difficult for children to hold their stool) or severe constipation (where the child is not able to feel or hold their stool).

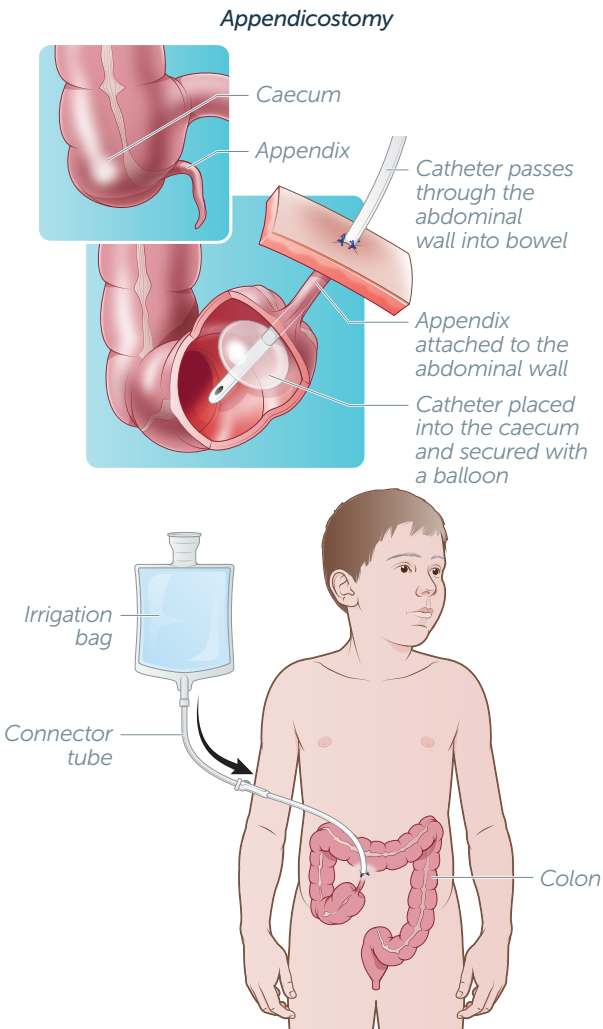
Appendicostomy and caecostomy procedures allow your child to empty their bowel by giving washouts (inserting liquid into the bowel) through a small tube in the abdominal wall. After an appendicostomy or caecostomy formation, the washout is given at the start of the large bowel instead of being flushed through the rectum (bottom). This means that the washout is given from the top down, rather than bottom up. This is called an antegrade continence enema (ACE).

The difference between an appendicostomy and a caecostomy is the part of the bowel that is used to form the small tube. They are both types of stomas.

We understand that the adjustment process for children who require an appendicostomy or caecostomy, and their parents, may be difficult. Therefore, the CPRS team includes Clinical Nurse Consultants, Stomal Therapy Clinical Nurse Consultants, Psychologists, Social Worker, Child Life Therapist and a Dietitian who are able to provide advice and support for children and their families.

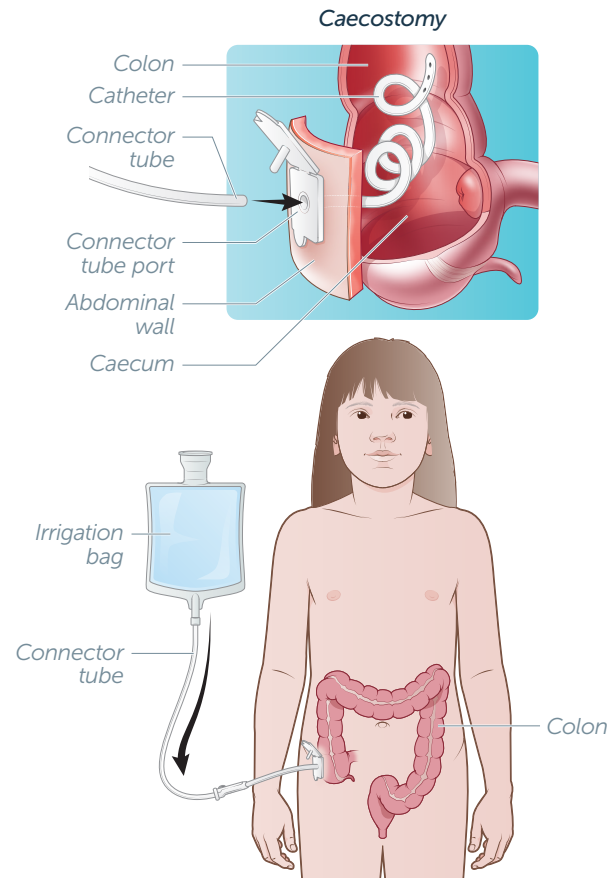
Appendicostomy

During the formation of an appendicostomy, the appendix is used to form the stoma.



Caecostomy

During the formation of a caecostomy, a portion of the caecum is used to form the stoma. The caecum is the first part of the large bowel.



Procedure —before

Before your child has an appendicostomy or a caecostomy formed you will have an appointment with a Stomal Therapy nurse. The Stomal Therapy nurse will explain what the procedure is, and how the new stoma will look and feel on your child's body.

Education and information will be provided during this appointment so that you and your child may make an informed decision about the procedure.

Procedure —during

Your child will be admitted to the hospital on the day of their procedure.

To form the appendicostomy or caecostomy, the surgeon will create an opening on the right side of the abdominal wall and attach the appendix or caecum to the abdomen with dissolvable stitches. This will create the stoma. This procedure is typically performed using laparoscopic (keyhole) surgery. The appendicostomy or caecostomy will allow the Foley catheter (connector tube) to pass into the large bowel. The appendicostomy or caecostomy acts as a one-way valve, limiting the amount of stool and body fluids (mucus) that will be able to come out onto the abdominal wall.

If your child's appendix has already been removed, the surgeon will create a special tube from your child's bowel called a neo-appendicostomy.

Your child will be given a general anaesthetic for the procedure, and will need to stay in the hospital for five to seven days afterwards. While in hospital, your child will receive fluids through a drip and antibiotics to help prevent infection, as well as pain medication.

Procedure —after

Once your child is eating and drinking, the first washout will occur through the Foley catheter. The washouts will increase in volume over several days and be monitored by the CPRS team. It is not unusual for your child to not have a result (poo in the toilet) after the first washout.

The Stomal Therapy nurse will teach you how to provide daily special care for your child's appendicostomy or caecostomy before you leave the hospital. They will work with you and your child to customise a washout regimen, and will help organise your supplies. You will also be taught how to care for your child's dressing around the stoma site.

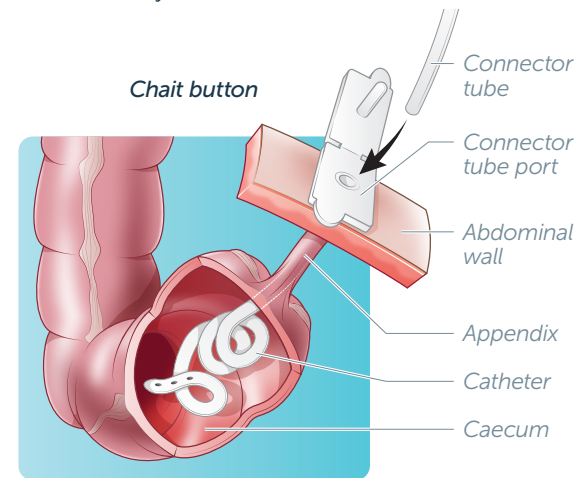
Following discharge from the hospital, the CPRS team will be in contact to ensure that the washout regimen is working well.

To help us manage your child's washout regimen, we ask that a bowel diary be completed and sent back to the CPRS Stomal Therapy nurses weekly. This will allow us to adjust your child's washouts to increase their chance of success.

Chait button

The Foley catheter will stay in the appendicostomy or caecostomy until your follow-up appointment at six weeks. Your child will then be re-admitted, and the tube will be changed to a smaller device, called a Chait button. This may be performed under general anaesthesia as a day surgery, or in the outpatient clinic, depending on your child's age and preference.

The Chait button sits flush against the skin, and it is important that both the catheter and Chait button are well secured with tape. If needed, a referral to the RCH Orthotics team will be arranged to enable your child to have a protective belt made. The belt may be used by your child so they may participate in sports and activities safely.



Stomal Therapy

Stomal Therapy nurses provide education and support to parents and children with stomas, as well as early learning centres and schools.

A referral to Stomal Therapy for stomal education and counselling prior to your child's procedure will be completed by the CPRS team.

The Stomal Therapy nurse will also be seen during outpatient clinic appointments, and may be contacted with any issues regarding the stoma, the surrounding skin, and stomal supplies.

If you would like advice or education in regards to your appendicostomy or caecostomy, please feel free to contact the CPRS Stomal Therapy Nurses at colorectal.stomaltherapy@rch.org.au

If you would like advice or counselling to help prepare for stomal surgery, please feel free to contact the CPRS Clinical Psychologist at colorectalpsychology@rch.org.au

For any other enquiries, please contact the CPRS Clinical Nurse Consultants at colorectalnursingcnc@rch.org.au





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