



COLORECTAL AND PELVIC
RECONSTRUCTION SERVICE

Bowel Washout (Rectal)

Information for families

Bowel Washout (Rectal)

Colorectal and Pelvic Reconstruction Service (CPRS)
Information for families

Design, photography and medical illustrations by
The Royal Children's Hospital Melbourne

© The Royal Children's Hospital Melbourne 2020

Authors

Associate Professor Sebastian King, Director CPRS,
The Royal Children's Hospital Melbourne

Ms Jessica Taranto, Clinical Nurse Consultant CPRS,
The Royal Children's Hospital Melbourne

Mrs Suzie Jackson-Fleurus, Clinical Nurse Consultant CPRS,
The Royal Children's Hospital Melbourne

Citation

[https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/
Bowel_washout_rectal/](https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Bowel_washout_rectal/)

Acknowledgements

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.

Bowel washout (rectal)

Bowel washouts (rectal) are performed to decompress the last part of the bowel and deflate the abdomen by removing gas and stool (poo). Failure to empty the stool from your child's bowel may cause bacterial overgrowth, which may lead to inflammation of the bowel and infection. This is also known as enterocolitis.

A bowel washout involves passing a small tube (catheter) via your child's bottom into their bowel. The bowel is then flushed with a warm saline (salt) solution or warm water to clear it of any gas and stool.

Before going home, the CPRS team and bedside nurses will teach you how to perform a bowel washout on your child. You will be given the opportunity to practise and become confident performing the procedure with the support of the CPRS team.

You will have the opportunity to discuss the bowel washout regimen, clarify details and voice any questions or concerns with your surgeon prior to discharge. The CPRS Clinical Nurse Consultants, Stomal Therapists and Psychologists will also be available.

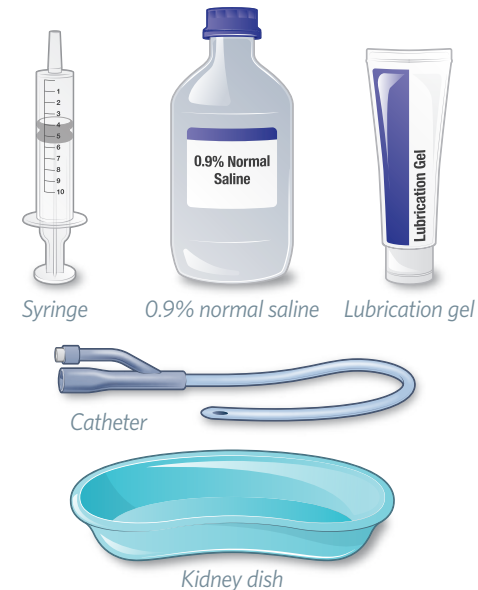
Before leaving the hospital you will be given some bowel washout supplies, along with instructions on how to clean them and purchase more if required.

Bowel washouts often require two people initially; one to cuddle your child and help them remain still, and the other to perform the washout. To reduce discomfort, perform bowel washouts before meals, when your child's stomach is not full. Although your child may feel a small amount of discomfort during the bowel washout, they should not need regular pain medication. Once the bowel washout is done, your child should not be in any further discomfort; in fact, they should feel more settled.

Bowel washout (rectal) —equipment

- Change mat/table and protective sheet
- Towel
- Two bowls
- 0.9% Normal saline
- 60ml catheter tip syringes
- Catheter
- Lubricating gel (water based only)
- Disposable bag
- Clean nappy or underwear
- Baby wipes

Bowel washout (rectal) equipment



Bowel washout (rectal) — a step by step guide

- Start by gathering your equipment. (Toys that will engage your child's interest straight after the procedure are also important)
- We recommend to mark the catheter at 5cm from the tip with a laundry marker. This will ensure that the catheter is inserted to the correct length.
- The 0.9% Normal saline may be placed in some warm (not hot) water 5 to 10 minutes prior to the bowel washout.
- Carefully open the saline and draw up the required amount before you undress your child. Test the temperature of the saline before you do this.
- When ready, undress your child leaving their top half of clothes on for warmth.
- Remove your child's nappy or underwear and have a look and feel of your child's abdomen. Take note of how 'full' their abdomen feels.
- Lay your child on their back with his/her legs raised, or on their left side, whichever is more comfortable for their age.
- Lubricate the tip of the catheter and gently insert it into your child's bottom to 5cm.
- Holding the tube in place with one hand, use the other hand to gently push in the saline with the syringe.

- Leave the catheter in your child's bottom and remove the syringe from the opposite end.
- Let the fluid and gas run out of the tube into a bowl.
- If you find that the saline is not coming out, you may try to gently move the catheter in and out a few cm's to help. Also make sure the bowl is lower than your child's bottom and use gravity to your advantage. Gently massaging your child's abdomen will also help.
- Check that the amount of fluid coming out is similar to the amount that you put in.
- If the catheter has come out of the bottom, re-apply the lubricating gel and reinsert it into their bottom.
- Continue the procedure until you have used up the measured amount of saline.
- Gently remove the catheter whilst massaging your child's abdomen.
- Feel your child's abdomen again. You should feel that it is now less full.
- Clean your child with baby wipes, redress them and offer comfort.
- Once you have measured the fluid/stool, you can flush it down the toilet.
- Wash all equipment in hot soapy water and allow to dry, as the equipment is able to be re-used.

Bowel washout (rectal) — problem solving

Below is a list of common problems that may occur while doing a bowel washout at home.

You may use this table if you have any problems, or contact the CPRS Clinical Nurse Consultants for support.

Problem	Action
Difficulty inserting the catheter into your child's bottom	<p><i>Do not force the catheter in.</i></p> <p><i>Change your child's position by laying them on their side or back.</i></p> <p><i>Use more lubricating gel.</i></p>
Saline is not coming back out of the catheter	<p><i>Gently rotate the catheter whilst withdrawing it from your child's bottom.</i></p> <p><i>Check the catheter for obstruction (food or thick stool may cause this to happen).</i></p> <p><i>Remove the catheter from your child's bottom and flush out any pieces of stool.</i></p> <p><i>Change your child's position by laying them on their side or back.</i></p>
Washout removes no stool	<p><i>You may need to repeat the washout in a few hours.</i></p> <p><i>Your child may have already passed stools without help.</i></p>

Enterocolitis

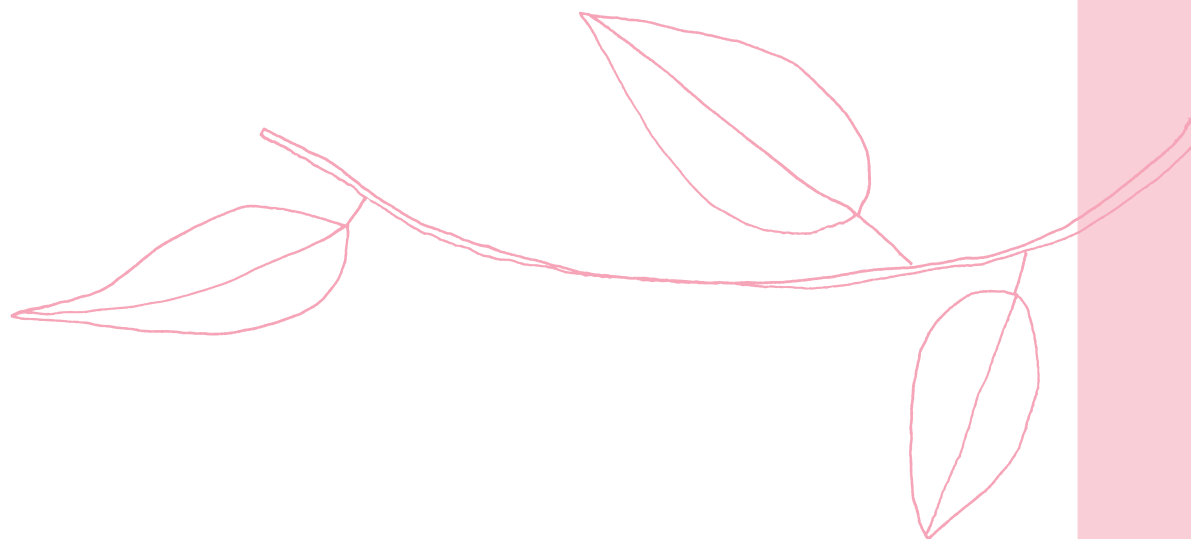
It is important to look at the colour, consistency and smell of your child's stool for signs of enterocolitis.

Enterocolitis—signs and symptoms

- Offensive smell
- Unusual colour
- Loose consistency
- Blood

If your child is experiencing any of these symptoms, has a swollen abdomen or appears unwell, please contact the CPRS Clinical Nurse Consultants at colorectalnursingcnc@rch.org.au or present to your local Emergency Department.

* Please refer to the *Hirschsprung Associated Enterocolitis (HAEC) booklet* for more information



Bowel washout (rectal) —your child’s regimen

Frequency of washouts	
Size of tube	
Approximate length of tube to be inserted	
Total amount (mls) of saline to be flushed	

Bowel washout (rectal) —emotional impact

We recognise that performing bowel washouts may be very challenging for parents. There is a lot you may do to help you and your child manage psychologically through the process.

On the following pages is an example of how to approach the procedure. However, you know your child best, so use what you feel is appropriate.

Preparing yourself to do the bowel washout

You may be feeling anxious about the bowel washouts, which is perfectly normal and understandable. It will be easier for you to provide reassurance to your child if you are feeling calm. If you can ensure that the person helping you perform the bowel washouts is someone that you trust and can rely on, this will increase your confidence.

Even if you don't feel calm, try and take a deep breath, remind yourself that the bowel washouts will be over within a short period of time, and do your best to not let your child see your distress.

Talk to your child

Before you start, help your child gently settle into a calm state. Do what you know your child likes (eg. stroke their face, sing or gentle chatter).

Calmly talk to you child about what is about to happen. Having a similar 'script' that you use each time will make the bowel washouts more predictable for your child and will help you approach the procedure with more confidence.

Take some time to think about what you are comfortable saying to your child.

An example may be:

"Now, it's time for the bowel washout. This will help your body remove poo and gas from your bowel. We won't have to do this forever; just until you can do this for yourself".

Reassure your child that you're there alongside them and it will be over quickly.

The simple, matter of fact words that you use may also help explain what is happening to older siblings or visiting relatives.

Using a technical term like bowel washout may often work well as it is a term only used for this procedure and avoids confusion.

Your child may protest or cry during the bowel washouts. Although this is distressing for parents, it is natural and appropriate for your child to protest if they are uncomfortable.

Reassure and cuddle your child afterwards, and gently engage them in another experience, such as singing a song, playing with a rattle or other child toys, until they are calm. Tell your child that the procedure is finished now.

You may wish to offer a feed after the procedure.

Create a predictable routine

Try to conduct the bowel washouts at a similar time of the morning and/or night each day. Incorporate the bowel washouts into a predictable routine, together with talking to your child about what is about to happen and telling them when the bowel washout has finished. This will help to reduce the risk that your child will spend the whole day in an "alert and alarmed" state, worrying that it is going to happen again.

It might be helpful to choose times when you know you and your child will feel more energised – that way, you both feel more able to cope.

As mentioned earlier, having another trusted person to help with the bowel washouts may make the procedure easier.

Choosing a location

Avoid conducting the bowel washouts in your child's safe space, such as a cot or their play mat. Choosing a consistent place to do the bowel washouts will further add a sense of predictability to the routine.

If using a nappy change table (a common place), it may be helpful to have a particular coloured sheet for the change mat that you only use during the bowel washouts. This will reduce the risk that your child will worry that every nappy change involves the procedure. After the bowel washout, you may both put the coloured sheet away so they know that the bowel washout has finished.

When changing their nappy and not performing the bowel washout, explain that it is nappy change time and have a different coloured sheet ready to distinguish this from bowel washout time.

Coping with anticipatory anxiety

You may notice that your child starts to show mild levels of apprehension when they realise that bowel washouts are about to happen.

Techniques to reduce anticipatory anxiety are:

1. Talking to your child in a calm manner before, during, and after the procedure.
2. Offering an engaging activity or toy or distraction immediately after the procedure,
3. Making the bowel washouts part of a predictable routine, and
4. Clearly announcing that the procedure has finished, may all help to reduce this anticipatory fear.

Explaining the procedure to older siblings

It is important to talk to your child's siblings so that they also have an understanding of what the bowel washouts involve and why it is happening. Without clear information, young children may develop their own theories about illness and medical procedures and may worry that they will catch the same illness or require the same procedure.

It is best to give clear, factual information. Using simple, matter of fact words may also help explain the procedure to visiting relatives.

A possible explanation to a toddler or pre-schooler could be:

"When baby was growing inside mummy's tummy, before they were born, their tummy grew a bit differently. We have to make sure that the poo has a way to get out of baby's tummy so we help them with this tube. Sometimes, baby cries when we are doing the bowel washouts because he doesn't like us to hold him still and he can't see what's happening and it feels a bit weird. We won't have to do this forever".

It may be helpful to guess a time frame that makes sense to the child, such as until Christmas, after your birthday, after our holiday, etc.

Again, remaining calm will reassure your child's sibling that no harm or danger is present.

Any problems doing the procedure or other issues

If you are unable to complete the bowel washout or have any concerns please contact the CPRS Clinical Nurse Consultant on **(03) 9345 6970** or at **colorectalnursingcnc@rch.org.au**

If you would like advice or counselling to help your child, other children, yourself or other family members deal with the emotional impact of this procedure, please feel free to contact the CPRS Psychologists at **colorectalpsychology@rch.org.au**





The Royal Children's Hospital Melbourne
Department of Paediatric Surgery
Colorectal and Pelvic Reconstruction Service (CPRS)

Clinical Offices
Level 3, West Building
50 Flemington Road Parkville
Victoria 3052 Australia

Telephone + 61 3 9345 6979
Facsimile + 61 3 9345 6668
Email colorectal.coordinator@rch.org.au
www.rch.org.au/paed-surgery

www.rch.org.au/cprs