



Antegrade Continence Enema (ACE)

What is antegrade continence enema?

An antegrade continence enema (ACE) is an alternative way to give an enema. The ACE is an option for children who need a long-term constipation management, but who do not want to have daily enemas given by rectum. The ACE allows children to give their own enemas through a tube that passes through a small opening in the abdominal wall called a stoma. This increases their independence and improves their quality of life.

What happens during surgery?

Your child will receive general anesthesia to help them sleep and not feel pain during surgery. The procedure takes 1-3 hours and may be done on an outpatient basis or may require a short hospital stay depending on if they are having other urological procedures. Your child's surgeon will use the appendix or small piece of intestine to create a passageway between the intestine and an opening in the lower abdomen or belly button through which the bowel irrigation(enema) is given. A catheter will be kept in the new stoma to keep open as it heals from surgery. After surgery, your child's surgeon will detail a plan for removal, usually 3 weeks after surgery.

Will my child be in pain?

Most children do well with the surgery. If your child is in pain, a pain medicine can help. You may alternate Acetaminophen (Tylenol® or another brand) and Ibuprofen (such as Advil® or Motrin®). Do not give aspirin because it may cause bleeding.

- Your child may be sent home with other pain medications, always follow your surgeon's specific instructions.

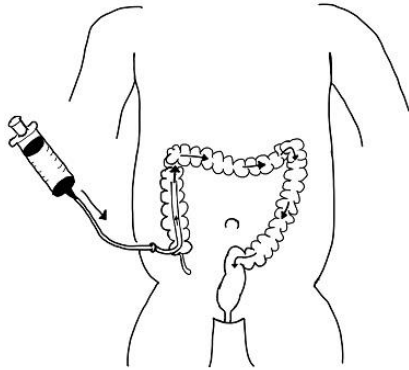
What can I expect after the surgery?

Your doctor will tell you when to start irrigating your new ACE, usually 5-7 days after surgery. At first, you will irrigate daily using the catheter that was placed in your child's abdomen during surgery. You will gradually increase the amount of normal saline (a salt-water solution) used to flush the bowel. Over time, you will find the right amount of saline and the right schedule for your child. Some children need to do an irrigation every day, and some do it every other day. You will find what works best to allow a good bowel movement through the rectum with no stool accidents in between irrigations. A bowel movement can take 20-45 minutes after the irrigation. Pick a time for the bowel irrigation that works with your schedule, so you are not rushed. If possible, try to do the irrigation at the same time every day. Soon bowel irrigation will become a normal part of your child's daily life.

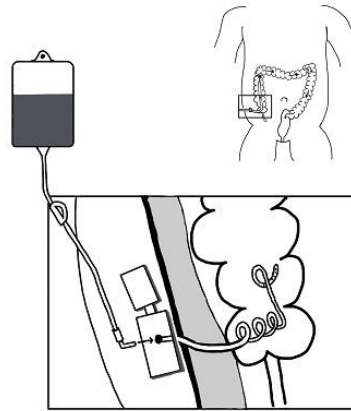
At an appointment a few weeks after surgery, the catheter will be taken out. A nurse will teach you and your child how to pass a catheter into the stoma each time you irrigate, and you will get a prescription for catheters to fit the stoma.



Your child's surgeon may discuss the placement of a soft, flexible tube (Chait tube) into the new ACE if intermittent catheterization does not work. *See Chait Cecostomy tube education sheet



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Chait Tube

Irrigation schedule

Increase the amount of irrigation by 50 ml every 3 days until you have good results: a good bowel movement with no accidents between irrigation. **Never force the normal saline.**

Date	Amount	Date	Amount
	50ml		300ml
	50ml		300ml
	50ml		300ml
	100ml		350ml
	100ml		350ml
	100ml		350ml
	150ml		400ml
	150ml		400ml
	150ml		400ml
	200ml		450ml
	200ml		450ml
	200ml		450ml
	250ml		500ml
	250ml		500ml
	250ml		500ml



Normal Saline Recipe

1 gallon of distilled water

8 teaspoons of table salt

Shake until salt is dissolved

Normal saline is good for 7 days if left at room temperature, or 30 days in the refrigerator (bring to room temperature before using)

Irrigation procedure

1. Wash hands and gather supplies: baby wipe or wash cloth, catheter, K-Y jelly, or other water-based lubricant, 60ml catheter tip syringe or enema bag, and room temperature normal saline.
2. Prepare the correct amount of saline. Draw up normal saline into the syringe or pour into enema bag and run normal saline through the end of the tubing to push the air out (air in the bowel may cause gas and cramping.)
3. Have your child sit on the toilet.
4. Insert the tip of the syringe or bag tubing into the catheter.
5. Slowly give the normal saline. Giving it too quickly may cause cramping.
 - When using an enema bag, the higher you hold the bag, the faster the saline runs.
 - If cramping occurs, stop the normal saline. When cramps resolve, restart the normal saline at a slower rate.
 - **Never force the normal saline**
6. Disconnect the syringe or enema bag when all the normal saline has been infused.
7. A good bowel movement may take 20-45 minutes. The first few times you irrigate; there may be no or very little passage of stool. If your child does not pass stool with the irrigation, you should do your child's pre-surgery bowel program to avoid significant constipation. It can take weeks for the ACE irrigation to produce a full evacuation with no stool accidents in between.
8. Catheter can be re-used. Wash with antibacterial soap, rinse well and air dry. Replace the catheter every 7 days or sooner if it becomes firm or cloudy.

You will be given a prescription for all supplies at your child's post-operative appointment.



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What to call the surgeon for:

- Fever with worsening redness or pus like drainage at surgical incision
- If the incision starts to separate
- Pain not controlled with prescribed medications
- Difficulties with infusing normal saline

Call your primary care provider for any other concerns.

Follow-up care: Follow-up with your child's surgeon as directed following the surgery. Call your surgeon's office to schedule an appointment, (612) 813-8000 option 3.

Questions? This information is not specific to your child but provides general information. If you have any concerns, please call our clinic at (612) 813-8000 option 6 for the urology nurses.