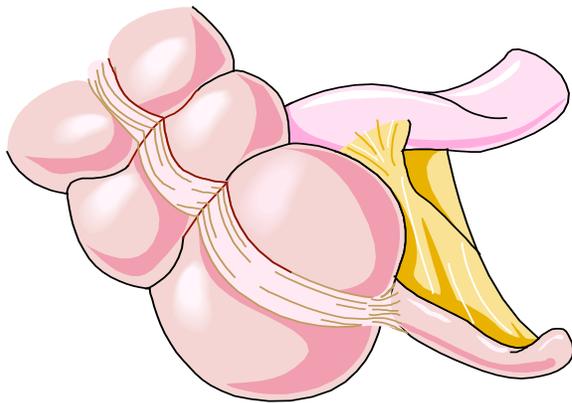




What is Appendicocecostomy, Malone Procedure, Chait Cecostomy?



^Appendix

What does “ACE” stand for?

ACE stands for *Antegrade* (in a forward direction) *Continence* (with bowel control) *Enema* (washout of the lower bowel or colon). Some centers refer to this as a ‘Malone’ procedure as it was first performed by Dr. Malone.

The Chait® cecostomy procedure achieves the same goal of antegrade enema therapy but in this procedure, a tube is placed into the cecum and is left there indefinitely. An adapter attaches to the opening of the tube and the enema fluid is infused through this tube which is removed after the infusion is finished.



Why is it done?

The operation is performed to create a passage way to introduce enema solution to the colon from above the stool and provide an easier alternative to colonic bowel cleansing than traditional enema therapy by the rectal route. This is necessary for children who

have loss of bowel control (incontinence) or severe constipation. Loss of bowel control is a very distressing problem especially for a child.

What happens during surgery?

Access to the colon is necessary in order to infuse the colonic washout or irrigant. This is accomplished in one of three ways: using the appendix or other portion of bowel (if the appendix has been removed), inserting a specially designed tube into the cecum (Chait®). The surgeon will make a small tube that connects the skin in the lower abdomen to the bowel. Many times the surgeon will use the appendix for this procedure.

Benefits:

- Children can participate in normal activities, including swimming, schooling and family outings.
- Improved self-esteem
- Decreased family stress
- Wheelchair compatible
- Children can become more involved and more independent in performing the bowel cleansing at an earlier age.

Complications:

- Stoma stenosis
- Infection
- Child grows and channel becomes too narrow for larger catheter
- Mucous discharge
- Kink in the appendix

How is the ACE/Chait used?

Each day a small tube called a catheter is passed thru the stoma (opening in your skin). If a Chait® tube is in place, the trapdoor is opened and the adapter/catheter is attached. This is a clean procedure, so the catheter can be washed and re-used. The end of the tube will be lubricated with water or water based lubricating gel, such as surgilube. The enema (bowel cleansing) solution is infused through the tube into the colon and washes out the colon from above. The child sits on the toilet during and/or following the irrigation. Irrigations will be started daily and the volume gradually increased to produce social continence.

There is great variability in each patient. The goal of the therapy is to achieve social bowel continence for 24-48 hours with the least amount of fluid necessary.

How quickly does it work?

The tube will be left in the stoma for 2-4 weeks and irrigations with small volumes are begun on the 5-7th post operative day. The entire procedure takes 45 minutes to 2 hours. After the original tube is removed, a tube is passed daily to provide the antegrade enema

and is removed after each therapy. Usually the bowel moves between twenty minutes and one hour later.

If a Chait ® is placed, the adapter is attached prior to the irrigation and removed when the irrigant is instilled.

What should I call the surgery team for?

Fever >101

Accidental catheter dislodgement or inability to pass the catheter

Vomiting

Inability to flush the tube

Excessive drainage from around the tube

Abdominal distension

Tips for the day of surgery—what to bring, what to leave home.

- A variety of favorite toys, music tapes, or books to encourage quiet time.
- A special toy or security blanket that may help to comfort your child.
- A change of clothes and loose clothes to wear home from the hospital.
- Snacks or money to buy yourself a meal. Please do not eat in front of your child.

When will my child be able to go home?

Children are ready to go home in 3-5 days after surgery when they are eating a normal diet and their pain is managed with oral pain medicine.

How much time should I plan off work?

In general, children are ‘back to normal’ 7-10 days after surgery. They can resume school at that time, although they will have a catheter in place that can be coiled and taped under the clothes.

When can my child return to school or daycare? Will I need a note to excuse him/her from PE?

Immediately after the surgery, your child should not participate in contact sports, while an ‘indwelling tube’ is in the Malone stoma or while the chait button site is healing. After 2-4 weeks, your child can fully participate in any activities.

What kind of care is needed at home after surgery?

Care of the incision: There is an indwelling tube in place with sutures into the appendicocostomy. Care must be taken to keep this tube in place and secure with tegaderm and tape. Keep it dry. Remove it according to the surgeon’s instructions.

Activity limitations:

Quiet supervised play for 24-48 hours. No running, contact sports or vigorous activity for 4 weeks.

Diet: Your child may have his/her usual diet. Some children become constipated after surgery. Give plenty of fluids to prevent this. Your child should not go more than 48 hours without a bowel movement.

Bathing: Sponge bathe/shower your child until the tube is removed.

Medication: Give pain medicine around the clock for the first 24-48 hours and as needed after that for three to four days. Please call if your child is uncomfortable. Some children require more medicine than others.

Will this affect growth and development?

In general, children attain social bowel continence with the antegrade enemas and are more independent in their ability to perform the enemas.

What should I call my pediatrician for, and when should we see him/her?

Your pediatrician will continue to manage your child's primary health care needs. Most primary providers are not comfortable making recommendations about the tube or the bowel cleansing regimen.

Is there anything else I need to know to care for my child?

See daily irrigation instructions below:

**INSTRUCTIONS FOR CARE AND USE OF ANTEGRADE CONTINENCE
ENEMA TUBE AND FLUSH**

Giving Irrigation:

1. Gather supplies
2. Wash hands with soap and water
3. Fill the gravity bag with _____ cc of Saline
4. While seated on the toilet, open the lid of the cecostomy tube and insert the connecting tube into the opening.
5. Connect the tube to the fitting on the gravity bag
6. Open the clamp and allow the saline enema to run in. If cramping occurs, decrease the rate of flow by adjusting the clamp or lowering the bag.
7. Once the entire enema has been administered, disconnect the gravity bag and connection tubing and close the lid of the cecostomy tube.
8. Now, remain on the toilet until results occur. This may take 30-40 minutes.
9. You may massage the abdomen from right to left to help empty the bowel faster.
10. Rinse gravity bags and connection tubing with soap and warm water. Allow to air dry before storing.

DO NOT DISCARD THE CONNECTING TUBING AFTER USE!

You will be reusing it.

Maintenance of the tube

1. Cleanse around the cecostomy tube daily with soap and water. Dry the area surrounding and under the tube well.
2. Apply gauze a split 2X2 gauze if desired.
3. Change gauze at least twice a day or more if it becomes soiled or moist.

After a while, your cecostomy tube may wear out. If it does, we can replace it with a new one. If you notice any of the following signs of failure or wear, notify the nurse practitioner immediately:

- ◆ A crack in the hinge, tube or cap
- ◆ A loose, leaky fit between the connecting tube and the cecostomy tube.
- ◆ Unusual discharge, irritation, redness or skin breakdown at the tube site.

Feel free to contact our office with any questions or concerns.

