GUIDELINES
FOR COLONIC IRRIGATIONS

RATIONALE: Patients with Hirschsprung's Disease may suffer from enterocolitis, either before or after corrective surgery. They have an underlying dysmotility of the colon which leads to stasis of their stool, subsequent bacterial overgrowth, diarrhea, and dehydration.

The rationale of rectal irrigations is to clean the colon of stool and to prevent "stasis" (failure of stool to empty from the colon). The child should be irrigated with normal saline solution beginning with 10-20ml at a time for a total of 20ml/kg. If the saline is returned during the irrigation process, then this volume can be repeated.

Supplies needed:

- Silicone foley catheter:
  - *16fr for children under one year of age
  - *24fr for children over one year of age
  - *Catheter size is based on child size. Parents may have to purchase sizes between 16fr and 24fr based on anus size and integrity of the rectum. **The lumen size of these catheters are larger to allow passing of thick stool through the catheter.)
- 60ml catheter tip syringe
- Lubricant (Water soluble), such as Surgi-lube or KY jelly (nothing petroleum based)
- Saline solution
- 2 non-sterile basins such as emesis basins

To begin:

1. Pour normal saline solution into a basin

2. Using a 60 ml catheter tip syringe, draw up 20 ml of normal saline solution

3. Gently insert appropriately-size lubricated silicone catheter into the rectum, approximately six (6) inches

4. Allow any stool or gas to run out into the basin. Advance the catheter to allow any other "pockets" of stool/gas to empty

5. Place the catheter tip syringe into the end of the silicone catheter and inject 20 ml of normal saline solution into the rectum. Hold catheter in place at the level of the anus so it does not fall out.

6. Disconnect syringe from the end of the catheter; allow the normal saline solution to drip into an empty emesis basin which will be used for your discarded solution

7. Repeat this process until the fluid draining from the catheter is clear. With each irrigation, advance the catheter a few inches further and repeat the irrigations until the returning fluid is clear. Do not force or advance the catheter further than the y-divider ports of the catheter. If gently pushed the catheter should follow the curve of the colon.

   ***NOTE:** It will be important between instillations of the 20 ml of normal saline solution to allow the solution to drain from the catheter into the emesis basin with the discarded solution. For example, if you are giving 100 ml of normal saline, you should have the same amount of solution in the basin in addition to any stool.

   If the amount of return is not equal to, or more than the volume of the fluid for the irrigation, reinsert the catheter and gently draw back on the syringe. The catheter may be held in place high in the colon for a few minutes to help expel any gas that is not relieved with the irrigations.

   In acute episodes of enterocolitis irrigations should be done three (3) times a day and can be performed as often as hourly to get clear results.

   If there are symptoms of enterocolitis: fever, abdominal distention, not stooling, foul smelling stool, stooling very frequently; you should irrigate first, then seek medical attention immediately.