

RA – Cecostomy Care

INTENT

The purpose of this procedure is to provide staff with information to safely care for clients with a cecostomy tube in the community setting.

SITE APPLICABILITY

This procedure applies to all Resource Ability and Nursing Solutions staff working in the community, provided that this skill is within their professional scope of practice and that appropriate supplementary training/education has been completed where necessary. A Delegation of Task is required for non-nurse care providers.

DEFINITIONS

Community – Client’s home, school or other “non-institutional” care setting.

Cecostomy – A cecostomy is a surgically created opening on the lower right side of the abdomen leading into the cecum (large bowel) through which an enteral tube is placed. The purpose is to create an opening into the colon through which enema fluid can be administered to promote routine emptying of the bowels.

Enteral Tube -Enteral tubes are generally used to access the stomach for feeding, but in this application the same type of tube is used to access the cecum. The most common type is a low-profile device such as a MIC-KEY or an AMT Mini.

PRACTICE LEVEL COMPETENCIES

RN – Cecostomy care is considered a foundational skill when following a client specific order. RN’s must maintain their competence in line with BCCNM standards.

LPN – LPN’s require client specific orders and additional education and training prior to performing this skill. LPN’s must maintain their competence in line with BCCNM standards.

Non-Nurse Care Provider -

Require education and training by an RN with a Delegation of Task in place.

Staff are reminded that it is their responsibility to ensure that their competence in a foundational or advanced skill is maintained and seek additional support as needed.

INDICATIONS

- Conditions where the anus does not let feces pass (imperforate anus)
- Spinal cord abnormalities or injury. (Spina Bifida, trauma)
- Other musculoskeletal problems that affect normal bowel function.

CONTRA-INDICATIONS / COMPLICATIONS

- Abdominal Pain
- Tube becomes displaced.
- Peritonitis (Infection of the abdomen) Fever, pain, pus from stoma
- Difficulty infusing enema solution.
- Ongoing fecal incontinence
- Hyper-granulation tissue at the insertion site.
- Bleeding / Irritation at the insertion site.
- Infection of the insertion site.

EMERGENCY & NEWLY INSERTED TUBE CARE:

The surgical tract usually matures after ~3months. During this period, it is important to always have a replacement tube available to hold the tract open in the event the primary tube becomes dislodged or damaged. Without a tube in place, a newly created Cecostomy site will begin to close quickly.

1. During the first 2 weeks after surgery avoid submersing the site in water (Bathing/Swimming). Follow the post-op direction of the surgeon for showering and resuming other routine activities.
2. If a newly inserted tube falls out, you can:
 - a. Deflate the balloon and reinsert the same tube **OR** insert a catheter of the same diameter to maintain the tract patency.
 - b. **DO NOT INFLATE THE BALLOON** (To avoid damaging the tract)
 - c. Tape the tube/catheter in place on the client’s abdomen.
 - d. Go to your local Emergency Room to have a new tube inserted and placement verified prior to inflating the balloon.

EQUIPMENT AND SUPPLIES

- Toilet or commode
- Clean work area
- Low Profile Extension if client has a low-profile tube
- 60cc catheter tip syringes
- Fleet Enema Solution (or other solution as ordered by a physician)
- Non-Sterile Saline (1/2tsp salt/1cup water) Room temperature or slightly warmer
- Soaker pad/blue pad
- Supplies to perform peri-care (Cloth, soap, water, peri-wipes)

PROCEDURE

Step	Rationale
1. Wash Hands	- Reduce risk of infection
2. Gather Supplies	- See “Equipment and Supplies”
3. Explain the procedure to the client so they know what to expect	- Decreases anxiety/discomfort
4. Place the client on the toilet, commode, or other position determined appropriate for the client to have a bowel movement	- Facilitates emptying of the bowels comfortably and effectively
5. Wash hands or use hand sanitizer	- Mobilizing the client onto the toilet may have contaminated your hands
6. a. Draw up the prescribed amount of ordered Enema solution into a 60cc syringe(s) b. If the client has a low-profile style tube, prime the extension with enema solution c. Attach the extension tubing d. Attach 60cc syringe to the large port	- Clamping the tubing in between syringes prevents backflow and leakage of bowel contents - Priming the extension prevents introducing air into the bowel/reducing discomfort

<p>on the extension tubing</p> <ul style="list-style-type: none">e. Unclamp tubing and administer enema solutionf. Clamp tubingg. If ordered volume is >60cc you may need to repeat the steps aboveh. If Normal Saline Flush is ordered, repeat the above steps with ordered Saline solution as your last volumei. Clamp and Cap tubing. If low-profile style, remove extension and cap the button to prevent leakingj. Dispose of supplies in household trash.k. Remain with client and assist with peri-care as required once the enema has taken effectl. Wash Hands <p>*Reusable supplies should be cleaned with warm soapy water and allowed to air dry.</p>	<ul style="list-style-type: none">- Normal Saline is administered last to ensure all the prescribe enema solution is delivered and to aid in the evacuation of bowel contents.- Removing the extension allows for more discreet concealment of the tube and reduces the risk of catching/pulling.- Encourage the client to participate in as much of their care as appropriate. Hand washing, holding supplies, what ever parts they can be actively involved in. This builds confidence and independence.
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REFERENCES

<https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/cecostomy-for-children#:~:text=These%20are%3A%201%20The%20tube%20%28catheter%29%20gets%20displaced,around%20the%20site%20where%20the%20tube%20was%20inserted>

<https://my.clevelandclinic.org/health/treatments/24066-cecostomy>

<https://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/helping-hands/cecostomy-tube>

BCCH “Caring for a Child with a Cecostomy” BC Children’s Hospital 2007 BCCH1446
file:///C:/Users/User/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/JNCVP UEE/BCCH1446_CecostomyInstructions_2007_Feb.pdf