CECOSTOMY

SUMMARY

Supplies
- Supplies should be ordered on day one of admission with delivery to be arranged to the hospital prior to discharge.
  - For short term catheters
  - For chait tubes

Procedures
- Procedures for admission:
  - Day 1
  - Day 2
  - Day 3
  - Day 4 or 5

Therapeutics
- Pre-operative therapeutics
- Post-operative therapeutics

Diet
- NPO during pre-operative bowel cleanout and day of procedure
- Allow for regular diet 4 hours after procedure

Imaging
- Barium or gastrograffin enema to determine anatomy on day 1 of admission if no CT or MRI prior to admission
- Consider an abdominal x-ray prior to procedure to ensure adequate bowel cleanout

Discharge
- Discharge orders
- Discharge medications

Parent | Caregiver Education
- In Care of Kids Cecostomy Tube Care:
  - English
  - Spanish

CHECKLIST. CECOSTOMY DAY 1 – DAY 4/5
TABLE OF CONTENTS

Summary
Target Population
Background | Definitions
Supplies
Procedures
Therapeutics
Diet
Imaging
Consults
Discharge Criteria
Parent | Caregiver Education
Checklist. Cecostomy Day 1 – Day4/5
References
Clinical Improvement Team

TARGET POPULATION

Inclusion Criteria

- Patients receiving a cecostomy tube
- Patients followed by either General Surgery or GI

BACKGROUND | DEFINITIONS

Cecostomy tube placement is a surgical procedure to place an acrylic tube (catheter) into the cecum through the lower right side of the abdomen. The purpose is to make it possible to flush a solution through the bowel to evacuate any residual stool and allow patients to perform a routine antegrade enema routine.

Short Term Standard Profile Catheter – this is a pig tail catheter that is often placed into the tract for a period of time before the Chait is inserted. The time allows the cecostomy tract to develop before the Chait catheter is inserted into the cecum. This catheter is usually replaced with a Chait tube about 6 weeks out.

Chait Tube – A more permanent catheter that is flush with the patient’s skin and has a trap door, allowing an extension to be placed for routine antegrade enema use. Can be placed with initial surgery or 6 weeks after short term standard profile catheter is place. Should be replaced with a new catheter once a year.

SUPPLIES

Supplies should be ordered on day one of admission with delivery to be arranged to the hospital prior to discharge.

For Short Term Catheters

- 8 Fr Foley catheter for tract preservation in case of accidental dislodgement (ask bedside nurse to supply this prior to discharge home)
- 6-week supply 4” x 5.5” Tegaderm
- 12 mL Luerlock syringes x2
- 60 mL cath tip syringes x2
- 2x2 IV split gauze, 1-2 boxes
- Cotton tip applicators x30
- Cath tips, Christmas tree x2
- Enteral feeding adaptor x2 (Cook Medical #221111)
- 1000 mL gravity bag, 1 per month (Ross product #00056 or Kendall product #8884702500 or Covidien #702520)

For Chait Tubes
- Chait access adaptor with connecting tube (Cook Medical #G11630)
- 1000 mL gravity bag, 1 per month (Ross product #00056 or Kendall product #8884702500 or Covidien #702520)
- 8 Fr Foley catheter for tract preservation in case of accidental dislodgement (ask bedside nurse to supply this prior to dc home)
- 2x2 IV Split gauze, 1 box

PROCEDURES
- Day 1 of admission
  - Insert NG tube for bowel cleanout. Use Polyethylene glycol-electrolyte solution (NuLYTELY) per cleanout protocol and stimulant laxatives as needed.
  - Barium or gastrograffin enema to determine anatomy if no CT or MRI prior to admission.
- Day 2 of admission
  - Continue cleanout per protocol. Consider PICC line and IV nutrition if prolonged cleanout or NPO.
- Day 3 of admission
  - Consider an abdominal x-ray prior to procedure to ensure adequate bowel cleanout. Cecostomy tube placement in Main OR or Interventional Radiology as planned.
- Day 4 or 5 of admission
  - CWOCN team provides teaching to family.
  - Flush the tube with 10 mL of warm saline once per day for the first week.
  - Dressing changes with 2x2 gauze daily x2 weeks.

THERAPEUTICS

Pre-operative
- Polyethylene glycol-electrolyte solution (NuLYTELY) as per cleanout protocol. Stimulant laxatives as needed.
- Antibiotics – Refer to CHCO’s Prophylactic Antibiotic Administration for Surgical and Interventional Procedures Policy for recommended antimicrobial regimen and dosing. Administer within 60 minutes prior to incision/procedure.

Post-operative
- Antibiotics - Administer an additional dose of ceftriaxone and metronidazole post-operatively (24 hours following pre-operative dose), using the dosing recommendations in the “Surgical Antibiotic Prophylaxis Clinical Care Guideline.”
- Pain Management – acetaminophen every 6 hours PRN pain, additional pain meds as per surgical management.
CLINICAL PATHWAY

- Other – Continue with usual home regimen of oral meds for constipation.

DIET

- NPO during pre-operative bowel cleanout and day of procedure
- Allow for regular diet 4 hours after procedure

IMAGING

- Barium or gastrograffin enema to determine anatomy on day 1 of admission if no CT or MRI prior to admission
- Consider an abdominal x-ray prior to procedure to ensure adequate bowel cleanout

CONSULTS

- Child Life
- Wound, Ostomy and Continence Nurse Team for teaching (ext. 7-8181)

DISCHARGE CRITERIA

Discharge Orders

- Dressing changes once daily x 2 weeks, then area can be left open to air.
- Flush the tube with 10 mL of warm saline once a day for the first week, until irrigations started.
- Resume usual home regimen of oral meds for constipation until irrigations started.
- If tube becomes accidentally dislodged, plan 8fr Foley Catheter into insertion site and call Interventional Radiology to have it replaced or come to the ER.
- After 1 week, begin irrigation through Cecostomy tube:
  - Goal will be 10 to 20 mL/kg of warm saline with 10 to 20 mL glycerin per 250 mL saline irrigation every day. Work up to this volume by giving 100 mL saline to start, and increase by 100 mL every 1 to 2 days until goal is reached.
  - In terms of volume: Children less than eight years of age typically will start on volumes of 300 to 500 mL every day, and work up to 750 to 1000 mL every day. Children eight years or older will typically start on 500 to 700 mL per day and work up to 1000 to 1500 mL per day.
  - If irrigations are tolerated well after the first week, add glycerin – start with 10 mL with each flush, increase up to 20 mL glycerin per 250 mL saline.

Discharge Medications

- Saline (either bottled or home recipe)
- Glycerin liquid 99.5% (dispense 1000 mL prescription)

PARENT | CAREGIVER EDUCATION

In Care of Kids Cecostomy Tube Care:

- [English](#)
- [Spanish](#)
## Checklist: Cecostomy Day 1 – Day 4/5

<table>
<thead>
<tr>
<th>Day</th>
<th>Sunday: Day 1</th>
<th>Monday: Day 2</th>
<th>Tuesday: Day 3</th>
<th>Wednesday: Day 4 or Thursday: Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Admit to GI (if this is a shared patient) and start cleanout per protocol</td>
<td>Continue cleanout per protocol</td>
<td>Pre-op</td>
<td>Teaching and Discharge</td>
</tr>
<tr>
<td>Supplies</td>
<td>Order discharge supplies for delivery prior to discharge:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 2 luerlock 12 mL syringes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 2 cath tip 60 mL syringes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 2 kangaroo bags, 1000 mL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 1 5Fr. Nasogastric tube</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 1 V split gauze 2x2s (1 box)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 30 cotton tip applicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 2 Chait access adapters with connecting tube (Cook #G11630)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Additional supplies:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 8Fr Foley Catheter or 5Fr feeding tube (in case tube comes out)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td>Insert NG tube for bowel cleanout</td>
<td>■ Rush the tube with 10 mL warm saline once per day for the first week</td>
<td>■ Dressing changes with 2 x 2 gauze daily x 2 weeks</td>
<td>■ Rush the tube with 10 mL warm saline once per day for the first week</td>
</tr>
<tr>
<td>Medications</td>
<td>Polyethylene glycol-electrolyte solution (NuLYTELY) as per cleanout protocol</td>
<td>Polyethylene glycol-electrolyte solution (NuLYTELY) as per cleanout protocol</td>
<td>Antibiotics: Administer within 60 minutes prior to incision/procedure</td>
<td>Antibiotics: Administer an additional dose of ceftriaxone and metronidazole post-operatively (24 hours following pre-operative dose), using the dosing recommendations in the “Surgical Antibiotic Prophylaxis Clinical Care Guideline”</td>
</tr>
<tr>
<td></td>
<td>- Stimulant laxatives</td>
<td>Dosing in the “Surgical Antibiotic Prophylaxis Clinical Care Guideline” for recommended antimicrobial regimen and dosing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imaging</td>
<td>Barium or gastrograffin enema to determine anatomy if no prior CT or MRI</td>
<td>Consider an abdominal x-ray prior to procedure to ensure adequate bowel cleanout</td>
<td>Consider an abdominal x-ray prior to procedure to ensure adequate bowel cleanout</td>
<td></td>
</tr>
<tr>
<td>Consults</td>
<td>Child Life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wound Ostomy and Continence Nurse Team (ext. 7-8180)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet</td>
<td>NPO</td>
<td>NPO</td>
<td>NPO</td>
<td>Allow regular diet 4 hours after procedure</td>
</tr>
<tr>
<td>Other</td>
<td>Notify Case Management</td>
<td></td>
<td></td>
<td>Regular diet</td>
</tr>
<tr>
<td></td>
<td>Consider PICC line and IV nutrition if prolonged cleanout or NPO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


Clinical pathways are intended for informational purposes only. They are current at the date of publication and are reviewed on a regular basis to align with the best available evidence. Some information and links may not be available to external viewers. External viewers are encouraged to consult other available sources if needed to confirm and supplement the content presented in the clinical pathways. Clinical pathways are not intended to take the place of a physician’s or other health care provider’s advice, and is not intended to diagnose, treat, cure or prevent any disease or other medical condition. The information should not be used in place of a visit, call, consultation or advice of a physician or other health care provider. Furthermore, the information is provided for use solely at your own risk. CHCO accepts no liability for the content, or for the consequences of any actions taken on the basis of the information provided. The information provided to you and the actions taken thereof are provided on an “as is” basis without any warranty of any kind, express or implied, from CHCO. CHCO declares no affiliation, sponsorship, nor any partnerships with any listed organization, or its respective directors, officers, employees, agents, contractors, affiliates, and representatives.
 Discrimination is Against the Law. Children's Hospital Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Children's Hospital Colorado does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Children's Hospital Colorado provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats). Children's Hospital Colorado provides free language services to people whose primary language is not English, such as: Qualified interpreters, information written in other languages.

If you need these services, contact the Medical Interpreters Department at 720-777-9800.

If you believe that Children's Hospital Colorado has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Corporate Compliance Officer, 13123 E. 16th Avenue, B450, Aurora, Colorado 80045, Phone: 720-777-1234, Fax: 720-777-7257, corporate.compliance@childrenscolorado.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Corporate Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocr.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHFI Building Washington, D.C. 20201 1-800-368-1019, 800-537-7587 (TDD) Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Children's Hospital Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.


注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-720-777-9800。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-720-777-9800.

警告：如果您使用中文，您可以免费获得语言援助服务。请致电1-720-777-9800。


注意事项：日本語を話される場合、無料の言語支援をご利用いただけます。1-720-777-9800 まで、お電話にてご連絡ください。