Antegrade continence enema (ACE) stoma and flushes



What is an antegrade continence enema (ACE) stoma?

An ACE stoma is a connection from the outside of the abdomen (belly) to the colon. Your child will have surgery to make the hole (stoma) and connection. The connection can be made:

- By turning the appendix into a tube. This is called a MACE.
- By putting a rubber tube from the skin into the colon. This is a Chait tube or Mini-ACE tube.

The connection goes to the colon (cecostomy). It is used to flush the colon with liquid (most often with saline).

- This fluid flush is called an antegrade enema.
- This allows your child to have scheduled bowel movements.

When do I start flushing it?

- Do not flush your child's ACE until the doctor says it is OK.
- Your child will have a catheter (tube) in place after surgery.
- If your child has a MACE or stoma:
 - Your care team will remove the catheter during a clinic visit.
 - The team will tell you what size catheter (tube) to use for flushes. Most often it is a size 10 French tube. You will put this tube into the stoma. This is called catheterizing.
 - Catheterize the stoma 2 times a day:
 - 1 time to flush with fluid.
 - 1 time to keep the stoma open and patent (unclogged). You can use the same catheter you used to catheterize or flush the bladder in the morning.

• If your child has a Chait or Mini-ACE tube:

- Your child will have a long term tube in the abdomen that you can use for flushes.
- This tube will be changed every 12 months.
- Flush the tube every day while your child sits on the toilet.

What supplies do I need?

- A 60 mL (milliliter) catheter tipped syringe or gravity feeding bag
 - Some supplies are not covered by insurance. You will need to buy them. Talk with your care team about where to get them.
- Plastic container for fluid
- Saline solution: Mix 500 milliliters (mL) of tap water and ³/₄ teaspoons (tsp) of table salt.

ACE stoma and flushes, continued

How do I flush it?

1	Wash your hands with soap and water for at least 20 seconds.
2	Gather your supplies.
3	Pour saline solution into a clean container. Your care team will tell you how much to use. • Start with mL of saline. • Increase by mL every 1 to 2 days until you get to mL.
4	 If you are using a syringe: Pull 50 mL of the saline solution into the syringe as many times as needed to equal the total volume to flush. If you are using a bag: Fill the bag with the total volume to flush.
5	Have your child sit on the toilet.
6	 If your child has a MACE stoma: Put the catheter 3 to 4 inches or more into the stoma. The stoma can scar and close if you do not put it in far enough or if you put it in too far. If your child has an ACE tube: Attach the syringe or bag to your child's tube.
7	Attach the syringe or bag tubing to the catheter or tube.
8	 Push the syringe or open the flow of the bag. Pause or slow the flow of the fluid if your child has cramping, has nausea or becomes sweaty. This can happen when too much fluid goes into the colon too fast.
9	Disconnect the syringe or bag tubing when the fluid has all gone in.
10	If your child has a MACE stoma: Remove the catheter from the stoma. If your child has an ACE tube: Disconnect the adapter.

ACE stoma and flushes, continued

When should I call the doctor?

Call the doctor if your child has:

- Redness, swelling or draining at their stoma site.
- Inability to put the tube into the MACE site.
- No bowel movement after flushing.
- Diarrhea, nausea or vomiting (throwing up).

Also call if:

- You have questions about how to care for the stoma.
- The tube comes out before 1 month from surgery.
- You have trouble getting the catheter into the stoma or it causes pain.
- There is leaking around the syringe or tubing.

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.