

# Rectal washouts –

## A guide for parents of babies with Hirschsprung's disease or bowel motility problems

**This leaflet aims to teach parents how to perform rectal washouts safely on their baby at home. It explains the reasons for the treatment, the equipment involved, how to do the procedure, and how to deal with any potential problems, including who to contact and the contact numbers. If you have any questions, please speak to a doctor or nurse caring for your baby.**

### What is a rectal washout?

A rectal washout involves passing a catheter (small tube) into your baby's bottom and up into their bowel. The bowel is then flushed with a warm saline (salt water) solution to clear it of any faeces (poo).

### Why is it necessary?

Hirschsprung's disease is a disorder of the bowel in which the ganglion nerve cells are missing. These ganglion cells control the bowel's rhythmic contractions. If they are missing, poo cannot pass through the bowel and your baby becomes constipated.

If successful, regular rectal washouts can keep the bowel empty of poo so that the next stage of treatment can take place several weeks later. Your baby's doctor will discuss this with you.

Before going home, the surgical team will teach you how to perform the rectal washout on your baby and you will be given the opportunity to practise and become confident with the support of the nursing staff.

### Where you should do the rectal washout

You can carry out the procedure wherever suits you, for example on a changing table, or in the cot. The environment must be warm and draught free as your baby will be lying half-clothed.

### The equipment you need

- changing mat, incontinent sheets or towel, and a plastic sheet
- towel
- warm saline
- two bowls
- syringe
- catheter (rectal tube)
- lubricating gel
- disposable bag
- clean nappy and baby wipes.

## How and when you do the rectal washout

The timing of the washout is up to you, but a recently fed baby will be more settled, helping to make the washout go more smoothly. It should not be painful but your baby may become upset, so having a comforter (dummy) may help to settle them. Stop the procedure and seek medical advice if your baby becomes very distressed and appears to be in pain.

- Warm the saline by placing the bag/bottle unopened in a jug of hot water. The temperature of the saline should be body temperature (37C).
- Make sure everything needed for the rectal washout is together in one place.
- Carefully open the saline and pour it into a bowl. Test the temperature of the saline as if you were testing the temperature of bath water.
- When ready to begin, undress your baby leaving their vest on top for warmth. Remove your baby's nappy completely, or fold the nappy so that urine is contained in the nappy.
- Look at and gently feel your baby's tummy. Any swelling should go down during the procedure with the release of air and bowel contents.
- Wrap your baby in an old towel leaving their bottom exposed and lay them on the surface you have chosen, for example a changing table.
- Draw up 20ml of saline in a syringe. Syringe the saline into the catheter until the catheter is full of saline. This will prevent air going into the bowel when you start the washout.
- Add lubricating gel to the tip and first couple of centimetres of the catheter to aid insertion.
- Lay your baby on their back with their legs raised, or lay your baby on their left side.
- Perform a gentle examination in their bottom with the tip of your little finger, no deeper than your first knuckle. This can sometimes help them to pass any wind, and/or poo that was ready to come out. Gently remove your finger and then gently insert the catheter as far as instructed in the medical orders on the next page.
- Holding the tube in place with one hand, gradually push in the saline with the syringe, over one to two minutes.
- Leave the catheter in place, remove the syringe and let fluid run out of the tube into the bowl or nappy. The bowl ideally should be lower than the baby's bottom to aid drainage.
- Gently massage your baby's tummy. This helps the fluid and any wind to be removed.
- Check that the amount of fluid flowing out is the same amount as you put in, allowing for any spillages.
- If the catheter has come out, reapply some gel and reinsert. Refill the syringe and repeat the procedure.
- Repeat the procedure until you have used up the required amount of saline as ordered by the doctor (as indicated in the medical orders on the next page).
- Gently withdraw the catheter while massaging your baby's tummy.
- Look at and gently feel your baby's tummy, which should now look flatter and feel soft.
- Also look at the colour, consistency and smell of the poo.  
If there are any signs of infection (offensive smell, unusual colour, looser consistency, blood in poo), or your baby's tummy remains swollen and tense, or your baby appears unwell, please ring for advice (contact details at the end of this leaflet).
- Wash and redress your baby, making sure they are warm.
- Empty any fluid down the toilet and wash all of the equipment in hot soapy water, preferably in the bathroom. Allow to dry and store ready for the next use. Open a new catheter every 2-3 days. A new bag of saline should be used each day.

## Are there any specific instructions or equipment (medical orders)?

|   |  |
|---|--|
| Frequency of washout                        |  |
| Size of tube                                |  |
| Approximate length to be inserted           |  |
| Total amount of saline to be inserted (mls) |  |

## What you should do if you have a problem

| Problem   | Action   | Contact  |
|---|--|--|
| Difficulty inserting the catheter into the baby's bottom to the suggested length. | <ul style="list-style-type: none"> <li>Do not force the catheter in.</li> <li>Try changing your baby's position by laying them on their side or back.</li> <li>Leave the washout for 30 minutes and try again.</li> <li>Use smaller amounts of fluid (10ml) to release wind.</li> </ul>  | If you are still unable to insert the catheter after trying these actions, seek medical advice (contact details at the end of this leaflet). |
| Saline does not drain out after the washout.                                      | <ul style="list-style-type: none"> <li>The catheter may be blocked.</li> <li>Gently rotate the catheter while removing it from the baby's bottom.</li> <li>Rinse through the catheter with some of the saline solution.</li> <li>Change the baby's position (side to back, or side to tummy).</li> <li>Check the nappy after the washout to see if the saline has passed out of the bottom.</li> </ul> | If problem persists, seek medical advice.  |
| Washout produces no poo.  | <ul style="list-style-type: none"> <li>You may need to repeat the washout in a few hours.</li> <li>Your baby may already have passed poo unaided.</li> </ul>   | If the tummy remains swollen, or your baby is vomiting (being sick), seek medical advice <b>immediately</b> .                                |
| Bleeding from the bottom.   | <ul style="list-style-type: none"> <li>Inserting the catheter may have caused irritation to the lining of the bottom.</li> </ul>   | If it is only a small amount of blood, you do not need to do anything. However, if bleeding continues seek medical advice.                   |
| Baby passes poo unaided.  | <ul style="list-style-type: none"> <li>It is difficult to tell if the baby has passed enough stools.</li> </ul>  | Do not miss a washout without seeking medical advice.  |

## Going home

Before going home, you should have had the rectal washout demonstrated to you, and had the chance to practise the procedure on your baby. How the procedure may affect your baby, the potential problems which may happen and how to deal with any problems, should all have been discussed with you.

Please sign below to confirm that you have had the procedure demonstrated to you, that you have had the opportunity to practise, and that you now feel confident and competent to carry out rectal washouts on your baby at home. Please make sure that any questions you have, have been fully answered.

Parent/carer's name, signature ..... Date .....

Print name .....

### Practitioner

Please sign to indicate that the parent/carer has been taught how to perform the rectal washout, and demonstrates competency and safety.

Parent/carer's name, signature ..... Date .....

Print name .....

You will need to have registered your baby with a GP so that an order can be placed for the equipment required at home. This will be provided by a supply company who will liaise with the baby's GP, and deliver to your home.

## Discharge checklist (this will depend on the frequency of the washouts – please give 1 week supply)

|  | Date | Signature |
|--|------|-----------|
| Jacques/nelaton catheters                            |      |           |
| 50ml BD Plastipak 300867 catheter tip syringes       |      |           |
| Lubricating jelly 5G water based sterile aquagel     |      |           |
| 0.9% Sodium chloride                                 |      |           |
| Underpads/Incontinence sheets super 60 x 60cm 203958 |      |           |
| Gloves   |      |           |

## Will your baby have a follow-up appointment?

An appointment will be sent to you to come back to see the surgeon in the outpatient department (Ocean) at Evelina London Children's Hospital (next to St Thomas'), or at your local hospital. We may also arrange for you to come back to the Neonatal Unit, to be seen in the outreach office, so that we can see how baby is getting on at home.

The GP, health visitor and paediatric community team will be informed of your baby's discharge home.

## Further sources of information

**Contact**, **web**: [www.contact.org.uk](http://www.contact.org.uk) (for families with disabled children)

**Hirschsprung's and motility disorders support network (HMDSN)**,

**email**: [info@hirschsprungs.info](mailto:info@hirschsprungs.info) **web**: [www.hirschsprungs.info](http://www.hirschsprungs.info)

### Contact us

If you have any questions or concerns, please contact either the surgical registrar or the surgical nurse specialist. You can contact the surgical registrar by calling the hospital switchboard, **tel**: 020 7188 7188 and ask for the bleep desk and bleep 2505. To contact the surgical nurse specialist, **tel**: 07598 552485.

Or you can call the Neonatal Unit, **tel**: 020 7188 8846, and ask to speak to the nurse in charge.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **web**: [www.evelinalondon.nhs.uk/leaflets](http://www.evelinalondon.nhs.uk/leaflets)

### Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **tel**: 020 7188 3003, Monday to Friday, 10am-5pm, **email**: [letstalkmedicines@gstt.nhs.uk](mailto:letstalkmedicines@gstt.nhs.uk)

### Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **tel**: 020 7188 8801, **email**: [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk). To make a complaint, contact the complaints department, **tel**: 020 7188 3514, **email**: [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

### Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch, **tel**: 020 7188 8815, **email**: [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

### NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day, **tel**: 111, **web**: [www.111.nhs.uk](http://www.111.nhs.uk)

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