

RECTAL IRRIGATION

Indications

- To empty the distal portion of the colon, especially in cases of Hirschsprung's disease or suspected Hirschsprung's disease

Key points

- Because of the wide range of pathology in our patient population, variations of this procedure are possible. Please refer to the patient's surgeon for guidelines before initiating the irrigation.

Materials

- Non-sterile gloves
- Silicone Foley catheter, 12 Fr (NO RED PVC RECTAL TUBE)
- Lubricant (muco)
- 60 ml Toomey syringe
- 250 ml sterile saline bottle
- Blue plastic bowl (to warm saline)

Procedure

○ How?

1. Gather equipment, wash your hands and put on non-sterile gloves.
2. Measure abdominal girth prior to starting procedure.
3. The patient can be positioned flat on his/her back or on his/her left side if appropriate and feasible. The bed should be in the horizontal position.
4. Fill the syringe with the appropriate amount of warm saline according to the surgical order (usually 10 ml/kg). (Saline should be warmed by placing the saline bottle in a bowl filled with hot tap water, or pre-warmed in the blanket warmer).
5. Apply muco to the tip of the Foley catheter and gently insert it in the rectum until a resistance is felt (the resistance can be felt at 4 - 5 cm, sometimes up to 10 cm). Do NOT inflate the balloon at any time.
6. Connect the syringe filled with warm saline to the rectal tube and slowly inject the solution.
7. After all the saline is injected, aspirate the irrigant without disconnecting the syringe and remove as much as possible.
8. Disconnect the syringe from the Foley catheter. Slowly withdraw the tube and apply gentle pressure to the lower abdomen, allowing the remainder of the irrigant to exit through or around the rectal tube. Ensure that the injected saline is properly evacuated. If the saline is not adequately evacuated, this information needs to be reported to the NICU medical team and to the surgeon.
9. Re-measure abdominal girth after the procedure. Any large discrepancy in the abdominal girth measurement should also be reported to the NICU medical team and to the surgeon.
10. Document in the nurses notes the patient's tolerance to procedure and result of the rectal irrigation.
11. After the procedure, the Foley catheter should be thoroughly rinsed with the remaining sterile saline. The Toomey syringe should be thrown out. The Foley catheter should be left to dry in an open non-sterile cup and stored in a plastic biohazard bag with "day-of-the-week" sticker (representing first day of use).
12. Usually done at regular intervals, as per doctor's order.