

# PERCUTANEOUS CECOSTOMY TUBE PLACEMENT

A percutaneous cecostomy tube is a catheter (a thin tube) placed into the cecum, the first part of the large bowel (in the right lower abdomen). Percutaneous means “to go through the skin.” Patients with fecal incontinence can use a cecostomy tube to administer an enema to quickly and completely evacuate the large intestines through the anus.

**Please read this brochure so you understand the procedure and its risks. Ask questions about anything you do not understand.**

## HOW IS A CECOSTOMY TUBE PLACED?

Before the procedure, the patient must follow a “bowel prep” to cleanse the colon. Proper bowel preparation is important for successful placement of a cecostomy tube. (Details are in this brochure.)

The doctor begins the procedure by inflating the colon with air until the cecum is distended. The doctor inserts a small needle through the skin into the cecum, and then attaches the bowel to the abdominal wall with two stitches. A catheter is then threaded through a special hollow needle into the cecum. To confirm proper placement of the catheter, we will inject contrast dye through the catheter, using live X-ray (fluoroscopy) to make sure the dye travels into the cecum. Your child will be protected by an X-ray shield during the procedure.

## WILL MY CHILD BE AWAKE FOR THE PROCEDURE?

No. We will use either IV sedation or general anesthesia so that your child is not awake.

## WHAT ARE THE RISKS OF A PERCUTANEOUS CECOSTOMY TUBE PLACEMENT?

The procedure is considered low-risk. However, potential complications include:

- peritonitis (infection in the abdomen)
- abscess (infected fluid collection)
- bleeding
- injury to the colon and/or surrounding structures

## WHAT IS THE BOWEL PREP MY CHILD WILL HAVE TO COMPLETE FOR THE PROCEDURE?

Your child must follow a clear-fluid diet for two days before the procedure. We will provide you with detailed instructions.

Before the procedure, your child will drink an oral solution to help clean out the bowel. A repeat dose of the oral solution may be required.

## WHAT SHOULD I EXPECT AFTER THE PROCEDURE IS COMPLETE?

Most children are hospitalized for two to three days to minimize the risk of complications.

Your child will receive IV antibiotics while in the hospital, and we will give you a prescription for oral antibiotics at discharge. Your child will be allowed to move around as tolerated. The catheter insertion site may be tender for several days.

### WHAT MAY MY CHILD EAT AFTER THE PROCEDURE?

A clear-liquid diet may be continued until normal bowel function returns. This may take several days. We will provide detailed instructions.

### WHAT KIND OF ENEMAS WILL MY CHILD BE RECEIVING AT HOME?

Your child's doctor will talk about the proper bowel-cleansing regimen based on your child's unique needs. Usually you can start administering enemas through the tube after about 10 to 14 days.

### DOES THE TUBE NEED TO BE CHANGED?

Yes. The initial tube will be replaced in six weeks with a low-profile tube, called a Chait Trapdoor™, which sits on the surface of the skin. Routine changes of this tube will be performed once or twice a year.

### CONTACT US IMMEDIATELY IF YOUR CHILD EXPERIENCES ANY OF THE FOLLOWING:

- fever higher than 101° Fahrenheit
- bleeding or swelling at the site
- pus leaking from the site
- catheter dislodgement
- abdominal pain

#### CONTACT US

The Interventional Radiology team is here to help you and your child. Please ask us if you have any questions or if anything is not clear.

Call us between 8 a.m. and 4:30 p.m., Monday through Friday, at 215-590-7000. At the first prompt push 1, and at the second prompt push 2.

At all other times, call 215-590-1000 and ask to speak to the interventional radiologist on call.

Thank you!

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