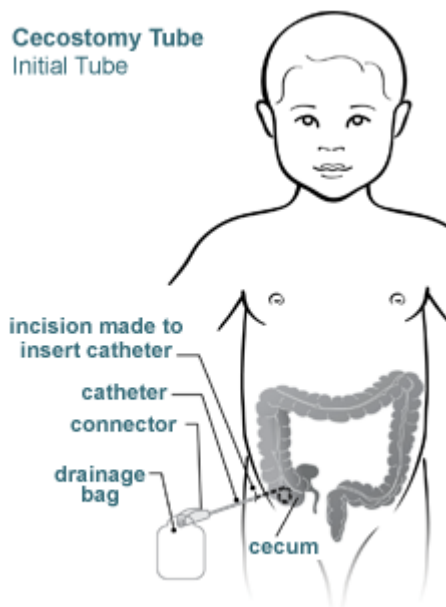
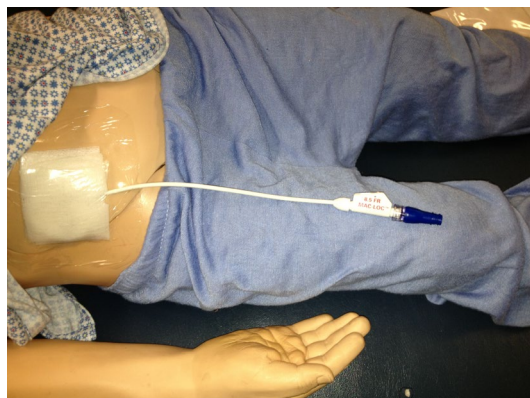


Patient Instructions: Temporary (Initial) Cecostomy Tube Placed in Interventional Radiology (IR)

These instructions are for Children's Hospital of Philadelphia (CHOP) patients who have had a temporary (initial) cecostomy tube placed in IR.

Important information about the temporary cecostomy tube:

This tube is placed into the first part of the large bowel, called the cecum. The cecum is in the right, lower abdomen. It is used to give an enema quickly and empty the large intestines through the anus. The tube is a catheter. Your child will return to IR in 6 weeks. Your child's temporary cecostomy tube will be changed to a Chait Trapdoor™ cecostomy tube at that time.



Instructions for care of the temporary cecostomy tube:

Keep the cecostomy tube taped to your child's abdomen at all times.

It is important to keep the exit site of the temporary cecostomy tube covered and clean.

When do I change the dressing?

The dressing should be changed once daily. Change the dressing sooner if it becomes loose, wet, or dirty.

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Instructions for how to change the dressing:

Gather your Supplies:

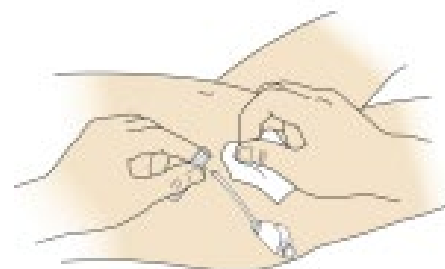
- 2 - Clean washcloths
- Soap
- Water
- Antibiotic ointment (if prescribed)
- 2- split gauze
- 2x2 gauze
- Dressing cover or tape (as directed)

Remove the old dressing.

1. Wash your hands with soap and water. Dry well.
2. Carefully remove the old dressing. Pull gently on the dressing. Do not pull on the cecostomy tube.
3. Check the exit site and area around the tube. If you see any of the following call Interventional Radiology (IR):
 - Tenderness
 - Redness
 - Itching
 - Swelling
 - Discharge
 - Unraveling of sutures or loose sutures
 - Also call if your child has pain at the site.

Clean the exit site.

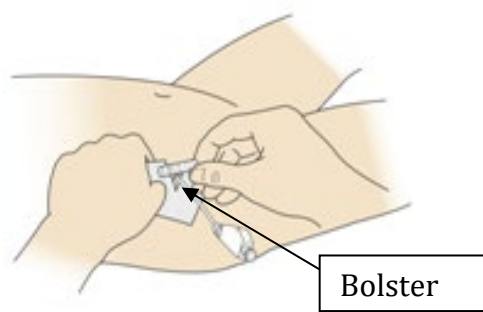
1. Wash your hands again with soap and water. Dry well.
2. Clean around the exit site with washcloth, soap, and water. Start cleaning from center and work outward in a circular motion.
3. Gently pat the site dry.
4. Apply antibiotic ointment if it is prescribed by your healthcare provider.



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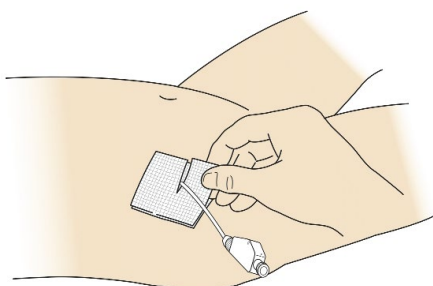
Apply the new dressing.

1. Wash your hands with soap and water. Dry well.
2. You will see suture threads wrapped snugly around a roll of gauze called a bolster. Slide 1 split gauze **under** the bolster and around the cecostomy tube.



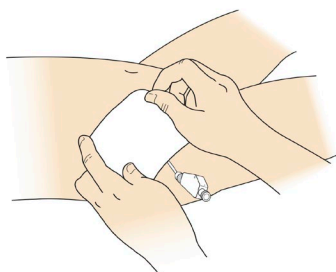
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3. Slide 2nd split gauze around cecostomy tube and **over** the bolster.



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4. Place 2x2 gauze on top of the split gauze and cecostomy tube.



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5. Apply dressing over the 2x2 gauze as you were taught.
6. Wash your hands with soap and water. Dry well.

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Instructions for flushing the temporary cecostomy tube:

Flush the temporary cecostomy tube with normal saline twice daily.

Gather your supplies:

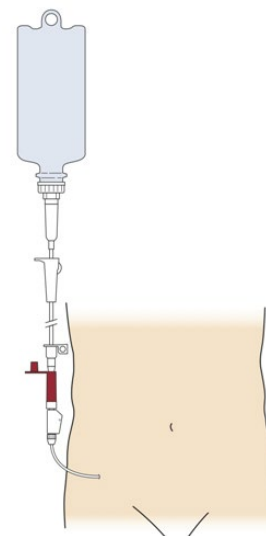
- 10 mL syringe
 - Alcohol pad
 - Normal saline
1. Wash your hands with soap and water. Dry well.
 2. Draw up 10 mL normal saline into syringe.
 3. Remove alcohol pad from package.
 4. Rub the cap of the cecostomy tube with the alcohol pad.
 5. Attach the saline syringe to the cap.
 6. Push the plunger on the syringe to gently flush 10 mL normal saline into tube. If it does not flow easily, stop flushing and contact IR immediately.
 7. Disconnect the syringe and throw away.
 8. Wash your hands with soap and water. Dry well.

Instructions for giving an enema through the temporary cecostomy tube:

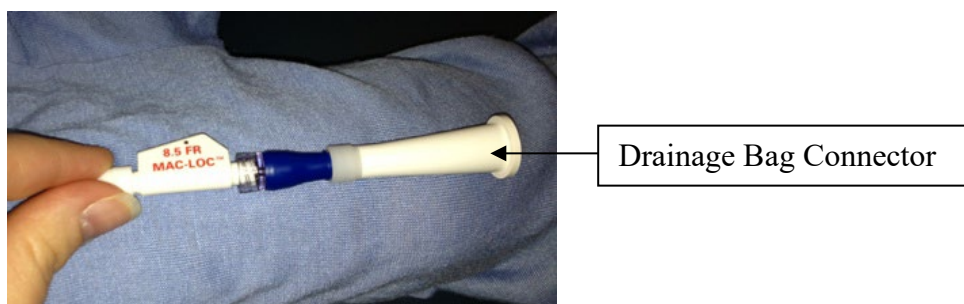
Your child will follow up with IR about 2 weeks after your initial cecostomy tube placement. At that time, IR will decide if you may use the cecostomy tube to give enemas. Until that time follow the bowel care ordered by your healthcare team.

Gather your supplies:

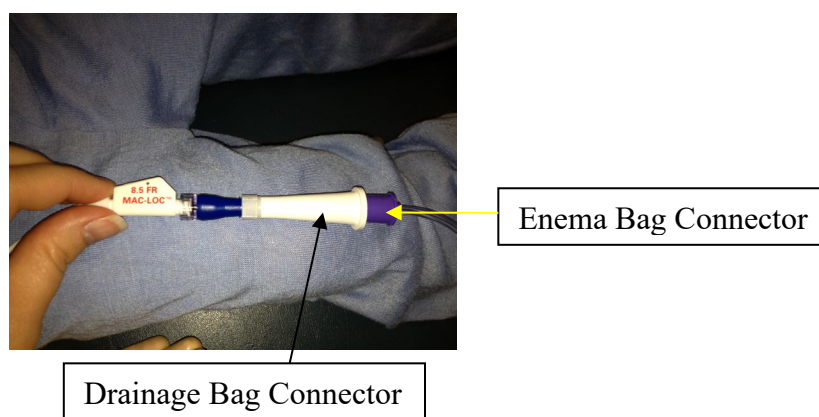
- 2 – gravity bags with roller clamp
- Drainage bag connector
- Hook to hang bag
- Saline
- Phosphate enema solution



1. Wash your hands with soap and water. Dry well.
2. Add ordered amount of phosphate solution to first bag.
3. Add ordered amount of saline to second bag.
4. Have your child sit on the toilet.
5. Wash your hands with soap and water. Dry well.
6. Remove alcohol pad from package.
7. Rub cap on the cecostomy tube with alcohol pad.
8. Attach drainage bag connector to cap of cecostomy tube.



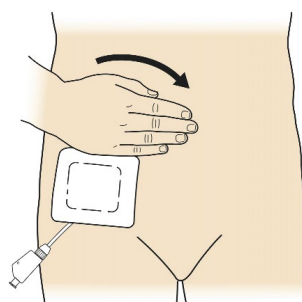
9. Remove cap from the tubing on the phosphate bag. Connect tubing to drainage bag connector.



10. Open the roller clamp and allow the phosphate solution to flow in.
11. When the phosphate solution bag is empty, close the clamp. Wait 15 minutes.
12. After 15 minutes, remove the phosphate bag and set aside. Immediately attach the second gravity bag containing normal saline.

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13. Open the roller clamp on the saline bag and allow saline solution to run in. This usually takes about 5 minutes.
14. When the saline bag is empty, close the clamp. Disconnect the bag and set aside.
15. Remove drainage bag connector and set aside.
Do not throw away the gravity bags or the drainage bag connector. You will wash them and use them again.
16. Wash your hands with soap and water. Dry well.
17. Your child should continue to sit on toilet and wait for the bowel to empty. This may take 30-40 minutes. Massaging the abdomen firmly from left to right may help empty the bowel faster.



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18. Rinse gravity bags and drainage bag connector with warm water and then wash with soap and water. Allow bags to completely air dry before storing.

Discharge Instructions:

Your child will be discharged from the hospital about several days after the temporary cecostomy procedure.

Sutures:

You will see suture threads wrapped snugly around a roll of gauze called a bolster. If sutures become loose or unraveled, call IR.

Appointments:

You will need to schedule 2 appointments in IR (See contact information on last page):

- Schedule a 2 week follow up appointment for suture removal.
- Schedule a 6 week follow up appointment to have the temporary tube changed to the Chait Trapdoor cecostomy tube.

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Activity:

While sutures are in place your child cannot participate in any physical activity. After sutures are removed there are no activity restrictions.

Bathing:

For the first 2 weeks after the procedure, your child may take a shower or sponge bath. They may **not** take a tub bath. The dressing must be changed if it gets wet.

Medication:

Your child must take their antibiotics as directed and for as long as prescribed by your healthcare provider.

Diet:

Your child should follow a high fiber diet. Drinking lots of water keeps the stool soft. Avoid constipating foods.

Contact Interventional Radiology (IR) Immediately if Your Child has any of the Following:

- Fever higher than 101°F.
- Bleeding or swelling at the site.
- Pus leaking at the site.
- Sudden, increased, or severe abdominal pain.
- Enema will not flow into cecostomy tube.
- No bowel movement after the enema is given or if enema fluid does not come out.
- Pain or vomiting with the enema.
- If the tube becomes dislodged or falls out, call IR immediately. If unable to reach IR go to the emergency room.
- Any other concerns.

Contact Information for Interventional Radiology:

Call Interventional Radiology between 8 AM – 4:30 PM, 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 Interventional Radiologist on call.

