

RECTAL WASHOUT USING SYRINGE METHOD • 1/2

INDICATIONS

- Suspected or confirmed Hirschsprung's disease
- Suspected meconium plugs

BENEFITS

- Bowel decompression
- Establishment of feeding
- Weight gain
- Reduced risk of colitis

CONTRAINDICATIONS

- Rectal biopsies taken in preceding 24 hr
- Rectal bleeding (relative contraindication)
- Severe anal stenosis
- Anus not clearly identified
- Known surgical patient (without discussion with surgical team)

ADVERSE REACTIONS

- Bleeding from anus or rectum
- Perforation of bowel (this is very rare)
- Electrolyte imbalance if inappropriate fluid used or retained
- Vomiting
- Hypothermia
- Distress to baby and parent

Consent

- Explain procedure to parents/carer and obtain verbal consent

Equipment

- Tube size 6–10 Fr (recommended: Conveen[®] Easicath pre-lubricated catheter)
- Lubricating gel (if catheter not lubricated)
- Bladder tip syringe **no smaller than 60 mL**
- Rectal washout solution (sodium chloride 0.9%) warmed to room temperature
- Plastic apron
- Gloves
- Protective sheet
- Receptacle to collect effluent
- Container for clean rectal washout solution
- Blanket to wrap baby

Preparation

- Place all equipment at cot side
- Sedation is not necessary
- Second person to comfort infant using dummy and breast milk/sucrose [see **Non-nutritive sucking (NNS)** guideline]
- Wash hands, put on gloves and apron
- Position baby supine with legs raised
- Keep baby warm

PROCEDURE

- Inspect and palpate abdomen – note distension or presence of lumps
- Draw up 60 mL solution into syringe and keep on one side
- Insert lubricated catheter into rectum [up to approximately 10 cm (in a term baby) or until resistance felt] noting any flatus or faecal fluid drained
- Massage abdomen in a clockwise direction to release flatus
- Attach syringe containing solution to tube in rectum and gently instil fluid:

Weight <2 kg	5–10 mL
Weight ≥2 kg	20 mL

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- Disconnect syringe from tube and drain effluent into receptacle
- Repeat procedure until drained solution becomes clearer, up to a maximum of 3 times
- If solution does not drain out, manipulate tube in and out and massage abdomen
- If no faeces are passed or all the solution is retained, seek medical help
- Re-examine abdomen and note any differences
- Wash, dress and comfort baby

Preparation for discharge

- For discharge, baby should require ≤ 2 rectal washouts a day
- Order equipment via paediatric community nurse
- Ward will supply 5 days' equipment
- Discharge letter for GP detailing equipment required
- Arrange home visit with clinical nurse specialist in stoma care if available locally
- Ensure parents competent to perform rectal washout and can describe signs of colitis
- Complete rectal washout parent competency sheet if available locally