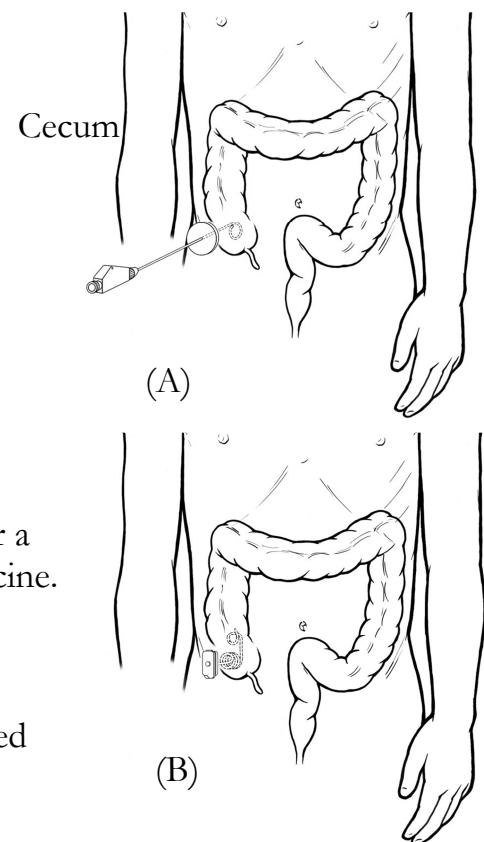


Cecostomy Tube (C-Tube) Care of the Child

A cecostomy (see KOSS toe me) tube is also called a **C-tube**. It is a non-latex tube or catheter placed in the first part of the large intestine, also called the *cecum* (Picture 1). A procedure called an *irrigation* is done to provide a comfortable, convenient way to clean out the bowel.

An opening is made in the abdomen (belly), and the C-tube is put through the opening into the cecum. Small stitches (sutures) hold the tube in place. The irrigation (washing out) goes in through the C-tube and out of the body through the anal opening in your child's bottom. If your child has had a constant problem with constipation or soiling his or her pants, a C-tube may be suggested.



What to Expect

Two days before the procedure - Your child will be on a clear liquid diet for two days beforehand.

One day before – Your child will be admitted to the hospital for a bowel cleanout. An IV will be started for giving fluids and medicine.

- A special bowel medicine will be given to completely empty the colon.
- IV antibiotics will be given before the procedure and continued for 48 to 72 hours after the C-tube is placed. This is done to prevent any infection related to the insertion procedure.

If it is done in Interventional Radiology, the procedure takes 30 to 60 minutes. If it cannot be done in Radiology, your child may be taken to the Operating Room to have the C-tube placed.

Your child will stay in the hospital for 2 to 3 days to complete IV antibiotics.

Care At Home

During the first two weeks after the procedure, your child should avoid taking a bath. Ask the doctor if a shower is okay. After two weeks, the sutures (stitches) will be removed and your child may bathe, shower and swim.

Picture 1 The temporary C-tube (A) and the Chait Trapdoor™(B).

Skin Care

The first C-tube is a temporary catheter. You will need to change the dressing and clean the area around the tube at least once a day or whenever it gets damp, soiled or loose.

You will need:

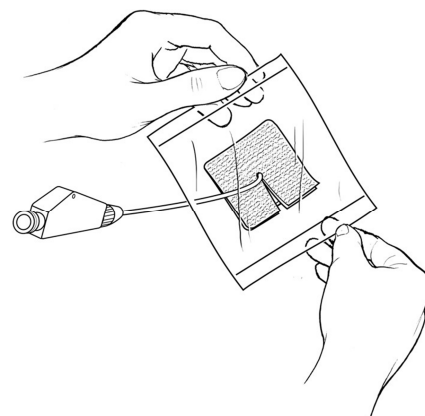
- Cotton swabs (Q-Tips)
- Clean, disposable cup
- Tape or self-adhesive dressing to cover
- ½ strength peroxide (peroxide mixed with an equal amount of water)
- Polysporin® or Neosporin® ointment
- 2x2 split gauze squares

To clean the site and change the dressing:

1. Wash your hands well with soap and water.
2. Carefully remove the old dressing, making sure not to pull on the C-tube when removing the tape. **Never use scissors.** You could damage the C-tube by mistake.
3. Check the area for redness, swelling, pain, drainage or loose sutures. Let your doctor know if these occur.
4. Pour equal amounts of peroxide and tap water into the cup to make half-strength peroxide.
5. Using cotton swabs, carefully clean the area around the opening with half-strength peroxide. Use a circular motion and work outward from the center (Picture 2).
6. Dry the area using another cotton swab.
7. Squeeze a thin layer of Neosporin® or Polysporin® onto a cotton swab and apply to the site.
8. Place clean, 2x2 gauze around tube.
9. Secure with tape or self-adhesive dressing. Be sure to secure the tube well to skin (Picture 3).



Picture 2 Cleaning the site with Q-Tips®.



Picture 3 Secure the tube well to the skin.

Flushing the Temporary C-Tube

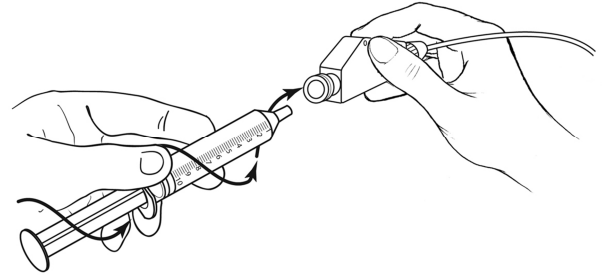
For the first week or two, you will need to flush the cecostomy tube with 10 milliliters of normal saline twice a day. To flush:

1. Gather your supplies. You will need a 10 milliliter syringe and normal saline. Make sure the saline is at room temperature.
2. Wash your hands with soap and water.
3. Fill your syringe with 10 milliliters of normal saline.

Continued on page 3

Flushing the Temporary C-Tube, continued

4. Remove the cap from the end of the C-tube.
5. Insert the tip of the syringe into the end of the C-tube and turn (Picture 4).
6. Slowly inject normal saline. The normal saline should go in without resistance. If resistance is met, contact your child's doctor or Interventional Radiology at (614) 722-2310.
7. Put the cap back on the C-tube.

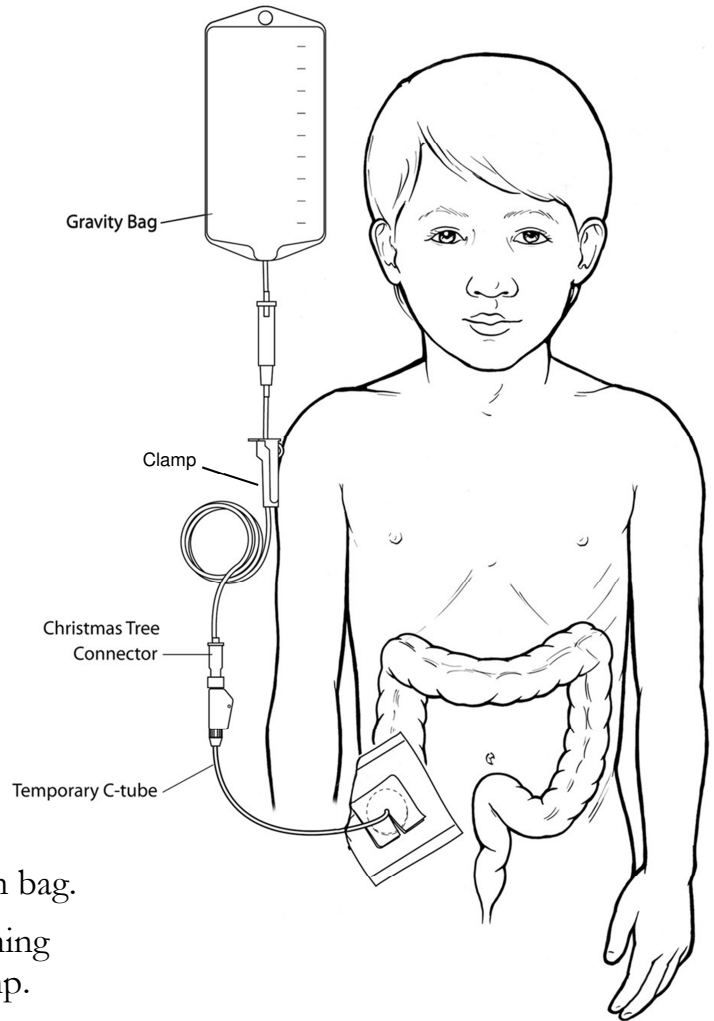


Picture 4 Inserting the syringe.

Irrigations

Your child's doctor will tell you when to start irrigations (Picture 5). This is usually one to two weeks after having the tube put in. To do irrigations:

1. Gather your supplies in the bathroom:
 - Irrigation bag and connectors
 - Irrigation solution (as ordered by your child's doctor)
 - Timer
 - Games, books, or other activities to pass the time
2. Wash your hands with soap and water.
3. Close the clamp on the irrigation bag.
4. Add prescribed irrigation fluid to the irrigation bag.
5. Remove air from the irrigation tubing by opening the clamp and letting fluid run. Close the clamp.
6. Hang the bag on the shower curtain rod or a wall hook.
7. Your child should be seated on the toilet. Remove the cap from the temporary C-tube and connect it to the tubing of the irrigation bag.
8. Open the clamp and allow the solution to run in. If cramping occurs, slow down the rate of flow by adjusting the clamp.
9. When all the liquid has gone in, close the clamp. Disconnect the tubing from the C-tube and replace the cap.



Picture 5 The irrigation system.

Irrigations, continued

10. Wait for the solution to work and your child to empty his bowel. This usually takes 30 to 60 minutes. Massaging the abdomen firmly from right to left may help empty the bowel faster.
11. Rinse the irrigation bag well with warm water, and wash with soap and water. Allow to air-dry before storing.

Important Things To Remember

- You may have more than one prescribed irrigation fluid. You can use two irrigation bags or let the first irrigation fluid empty from the bag, then add the second fluid and let it go in.
- Don't throw away the C-tube adapter, irrigation bag or cap. They will be used over and over again.
- Do not use any solvent, such as alcohol or acetone, to clean the tube. Only use fluid ordered by the doctor.
- Cecostomy irrigations may be adjusted, depending on your child's bowel response. Laxatives taken by mouth may be continued if your doctor orders them.

If the C-Tube Comes Out

Don't panic. Stay calm and very gently put a soft Foley catheter into the hole. To insert a Foley catheter:

1. Gather supplies: Foley catheter and tape.
2. Wash your hands with soap and water.
3. Look at the old tube and note the discolored part that was inside the cecum. Measure the length of this discolored part of tubing. Mark your new Foley with this same measurement so you will know how far to insert the catheter into the hole.
4. Very gently slide the Foley catheter into the hole in the abdomen. It should go in only as far as the old catheter.
5. Securely tape the outer part of the catheter to the abdomen. **DO NOT INFLATE THE BALLOON.** This may damage the intestines.
6. Call the doctor's office or Interventional Radiology (614) 722-2310 to replace the tube.

After 6 to 8 weeks, the temporary C-tube will be replaced with a less noticeable tube, the Chait Trapdoor™ (Picture 6, page 5). This is done as an outpatient. It takes only 15 to 30 minutes and your child will not have to stay in the hospital overnight. Sedation (medicine to make your child drowsy) will not be needed.

Chait Trapdoor™ Cecostomy tube

One type of tube is the Chait Trapdoor™ (Picture 6). The outside part of the Trapdoor™ fits snugly against the abdomen. The inside part coils itself inside the bowel like a telephone cord. The Trapdoor™ should be replaced as instructed by your doctor, or:

- If a crack occurs in the hinge, tube or cap
- If a loose, leaky fit between the Trapdoor™ connecting tube and the C-tube occurs
- Unusual discharge or irritation at the site

Mic-key® Cecostomy Tube

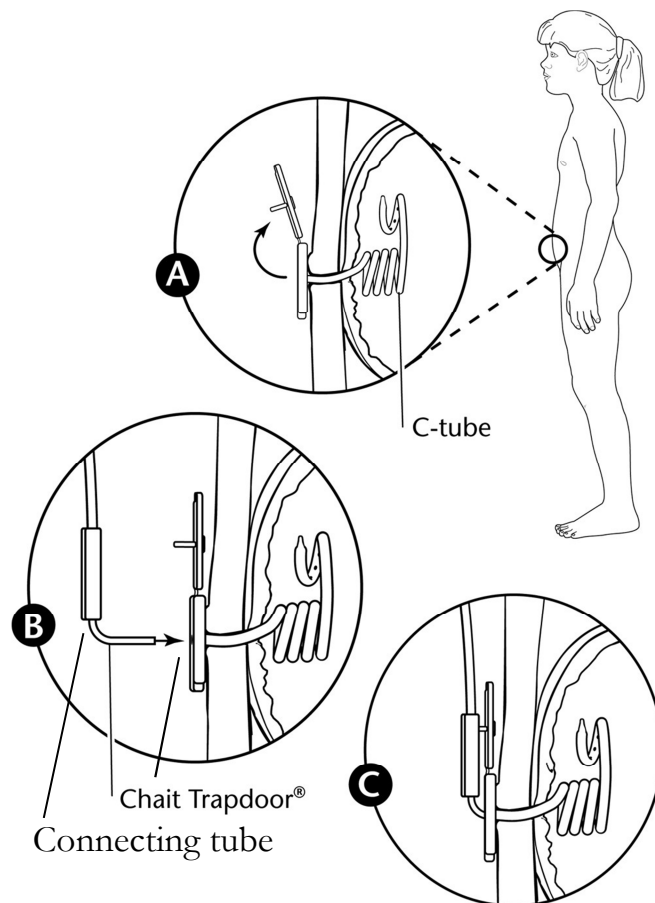
The Mic-key® C-tube is slightly larger than the Chait. It has a one-way valve that keeps stool from leaking when it is used. It is held in place by a balloon that is inflated inside the cecum. It has a small port on the side used to inflate and deflate the balloon. The Mic-key® should be replaced as instructed by the doctor, or:

- If the balloon breaks
- If the one-way valve begins to leak

WHEN TO CALL THE DOCTOR

Call your child's doctor or Intervention Radiology if any of these things occur:

- The C-tube comes loose (becomes dislodged)
- Discomfort or pain around the tube site
- Minor skin irritation
- Infection around the tube or inside the abdomen
- Fever over 101° F axillary (under the arm)
- Nausea
- Granulation tissue - a build-up of harmless red, raised tissue where the tube enters the body.



Picture 6 The Chait Trapdoor™ cecostomy tube.

Troubleshooting

Problem	What To Do
Catheter breaks or is pulled out by accident.	Replace it with a Foley catheter (see page 4). Contact your child's doctor or you may call Interventional Radiology at (614) 722-2310.
Only a small part of the catheter has been pulled out.	Tape it in place and contact your doctor or Interventional Radiology.
Granulation tissue (build-up of harmless, red tissue where the C-tube enters the body) develops.	Contact your child's doctor for treatment advice.
Signs of infection at the C-tube site develop. (These signs include excessive pain, redness, fever, swelling, fresh bleeding and increased warmth at site or a greenish drainage).	Call your doctor immediately.
Irrigation fluid leaks around the C-tube skin opening.	Watch the site closely. Keep the site clean and dry. If it does not heal and stop leaking in 3 to 5 days, call your doctor.
Irrigation fluid will not flow or flows too slowly.	Raise the irrigation (irrigation) bag. You may gently squeeze bag to start flow. Contact your doctor if this continues to be a problem or if flow cannot be started.