

Children with Hirschsprung Disease (HD) are at a high risk from suffering from an inflammatory process called enterocolitis. This occurs when stool sits in the bowel for long periods of time which causes bacterial overgrowth. The bacteria produces toxins that can travel into the blood making a child very sick.

It is known that children with HD will suffer from lifelong constipation, even after their pull-through. Due to this, these children are at higher risk for hirschsprung associated enterocolitis (HAEC).

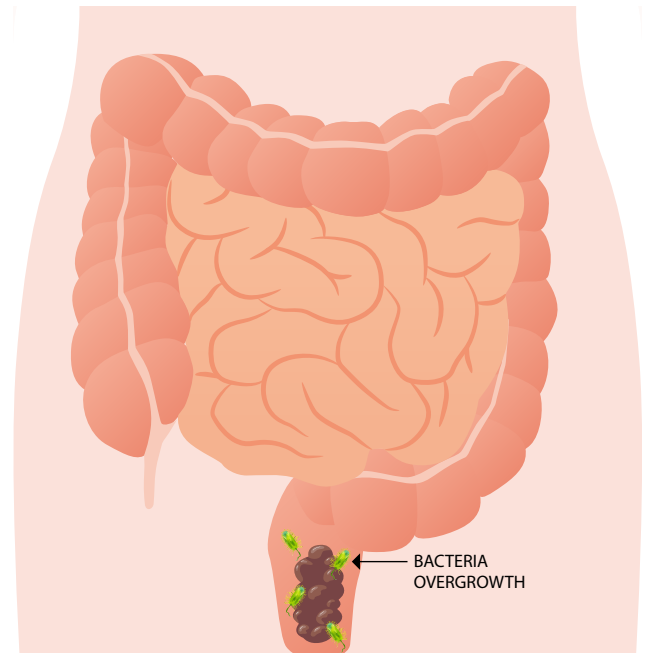
Signs of Hirschsprung Associated Enterocolitis

- Abdominal distension
- Fever
- Vomiting
- Diarrhea or bloody stools
- Constipation/lack of bowel movement

HAEC Treatment

HAEC is treated with a combination of antibiotics and rectal irrigations. Antibiotics work to kill the bacteria. Rectal irrigations work to rid the bowel of stool and reduce the bacterial load within the bowel. Rectal irrigations are different than enemas. Enemas use high volume liquid that is instilled into the bowel and then allows the body to passively expel the liquid and stool. Rectal irrigations use smaller volumes of liquid which requires active removal to reduce the bowel of stool, gas and bacterial load. With rectal irrigations you will continue to use small volumes of liquid and actively push the volume in and pull the volume out until the fluid coming out of the anus is clear.

The bowels of children with HD function differently than a typical bowel. It is important that children with HD do not receive enemas, and only receive rectal irrigations to manage constipation and HAEC.



Rectal Irrigations for patients with Hirschsprung Disease

Rectal Irrigation Supplies

- Normal saline solution
 - Mix 4 cups of warm water with 1.5 teaspoons of table salt
- Silicone catheter
 - < 1 year of age: 20F catheter
 - > 1 year of age 24F catheter
- Lubricant
- 60ml catheter tip/toomey syringe
- Two emesis basins or shallow bowls



How to Administer Rectal Irrigations

1. Wash hands.
2. Gather supplies.
3. Pour warm saline mixture into one bowl/emesis basin.
4. Draw up 20ml of saline into the 60ml syringe.
5. Place your child on their back with their knees pulled up to their chest.
6. Lubricate the end of the catheter.
7. Gently put the catheter into your child's rectum about 4-6 inches.
8. Allow any air or fluid to drain out of the rectum/catheter into the second bowl/emesis basin.
9. Connect the 60ml syringe to the catheter and gently push in 20ml of normal saline.
10. With the slip tip syringe attached, actively withdraw the saline/stool mixture and discard it into the second bowl/emesis basin. You should have a similar volume of fluid withdrawn as you initially instilled into the bowel.
11. Repeat this procedure, pushing the catheter in an additional 2 inches with each 20ml of fluid you push in.
12. Repeat irrigation until the fluid that comes out is clear.
13. Discard soiled solution into the toilet.

When should I give irrigations?

It is never wrong to begin rectal irrigations. If your child develops any symptoms of HAEC we recommend you call your surgical team and begin rectal irrigations. These can also be used routinely to prevent your child from developing HAEC.

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