Antegrade Continent Enema (ACE)

What is an ACE procedure?

An Antegrade Continent Enema is an irrigation of the colon from above, through a small tube on the skin surface. By administering the flush from above, the stool is pushed forward allowing the child have a bowel movement while sitting on the toilet. Washouts of the colon while on the toilet allow predictability of bowel movements for children with chronic constipation or fecal incontinence.

How is the procedure performed?

LAPACE- Laparoscopic-Assisted Percutaneous Cecostomy for Antegrade Continent Enema

A tube is placed through the skin of the belly into the colon. A camera is placed through the belly button to visualize the colon. Three button-like sutures are placed around the tube and removed during the first post-operative appointment. The long tube is placed temporarily for convenience while your child heals from surgery. Approximately six weeks following surgery, the tube may be changed to a low profile device in the radiology department.

What can we expect after surgery?

Most often patients stay 1 night in the hospital for pain control and teaching. The day after surgery we will teach you how to flush the tube with very small amounts of water until your next appointment approximately 10 days following surgery.

While at home we request that you continue to flush the tube twice daily with 10-15 ml of warm tap water. Your child does not have to sit on the toilet during these small flushes. During this time period, we encourage you to continue the same methods of bowel management used prior to surgery including laxatives.

Cleaning around the tube with warm, soapy water is encouraged. Showers and baths are allowed once discharged home from the hospital. Crusty, mucous-like discharge around the tube is expected.
Any restrictions once the tube is placed?

We recommend your child refrain from physical activities including gym and recess for 1-2 weeks. A note may be provided allowing permission to return to activities during your initial follow-up appointment. Once cleared for activities, your child will have no restrictions including contact sports and swimming.

When do we start the full flushes?

We will administer a full flush with you and your child here in our clinic approximately 10 days following surgery. At that time we will also remove the small button sutures around the tube if they have not already fallen off on their own. Please allow 30-60 minutes for this initial appointment.

Typical Schedule

We encourage you to perform the flush around the same time of day, seven days a week. Eventually, some children are successful decreasing their flushes to 3-5 times weekly. The enema solution is attached to the cecostomy tube and empties into the colon over 10-15 minutes. Your child will be sitting on the toilet during the flush, as the results are usually quite rapid. She/he will continue to sit on the toilet until there is no further urge to pass stool or liquid. This may take an additional 20-45 minutes.

Issues to address during your follow-up appointment

Initially your child will be instructed to flush the tube daily with a large volume of saline solution. The volume and type of solution may be adjusted accordingly. Please make note of any issues your child is having with the flushes and update us during your regular visits. For example, flushes that take longer than 45-60 minutes, little stool output with flushes and instances of soiling.

What happens if the tube falls out accidentally?

If the tube becomes dislodged within 6 weeks of surgery, it is important to seek urgent medical attention. Once the track is well formed, the tube can be replaced in clinic or the radiology department. It is important to contact our office urgently if the tube becomes completely dislodged. After several hours without intervention, the cecostomy site may close on its own and require surgery for replacement.

Will my child need this tube for life?

For children born with a poor prognosis type defect, they will most likely depend on the tube for life. Many children requiring the cecostomy tube have some degree of bowel control and depend on the tube to avoid episodes of fecal impaction and/or incontinence of stool. As time goes by, your child may become more cooperative, interested and concerned about his/her problem. It is conceivable that later in life your child may stop using enemas and remain clean.
Removing the tube permanently

The tube is easily removable in clinic without discomfort. A small bandage is applied over the cecostomy site while it heals on its own over a short period of time. Occasionally the hole does not close completely on its own and may require surgical closure.