Rectal Irrigation

**Important information to know**

- Rectal irrigations help remove poop and gas from the bowel using a catheter and small amounts of normal saline. This is done every 6 to 8 hours until the bowel is clean or as directed by your medical provider. This prevents a buildup of poop which can cause enterocolitis (an infection).

- **Never** inflate the balloon of the catheter for rectal irrigation. An inflated balloon could cause tissue damage or a tear in the bowel.

- Forcing rectal tube placement or irrigation could cause a tear of the rectum and infection. If you are having trouble placing the rectal catheter with lubrication on it, notify your child’s doctor.

- This procedure can be uncomfortable for your child. It would be best to have another adult there to help hold and comfort your child.

- You will get enough supplies in the hospital to last at home for 1 to 2 weeks. If you need more than this, ask your nurse about setting up home care delivery.

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**Call the doctor NOW (night or day) if your child:**

If surgery has been performed:
Call 314-454-6000 and ask for the Pediatric Surgeon or Nurse Practitioner on-call.

If NO surgery has been performed:
Call your child’s regular medical provider.

- Has blood in the poop.
- Has a swollen stomach.
- Does not poop after the rectal irrigation.
- Is throwing up.
- Is less than 3 months old and has a temperature over 100.3°F (38°C).
- Has no urine in 12 hours at any age.
- Is an infant and has no wet diapers in 8 hours.
- Is crying without tears.
- Is dizzy.
- Seems more sleepy than usual.
- Has a dry mouth or cracked lips.

**Call the doctor during regular business hours if your child:**

If surgery has been performed:
Call the Pediatric General Surgery Office: 314-454-6022.

If NO surgery has been performed:
Call your child’s regular medical provider.

- Has any pus, redness or swelling around the anus (the opening at the end of intestine).
- You are having trouble placing the rectal catheter with lubrication on it.
- It is difficult to gently push fluid through the catheter into your child’s rectum (the lowest part of the intestine).
- Does not want to eat or drink as usual.
- Has a temperature over 101.0° F (38.4°C).

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This handout is for your general information only. The lists above are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your child’s doctor if you have any questions or problems. If your child’s condition gets worse, call your child’s doctor or go to the emergency department.

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Rectal Irrigation

How to perform a rectal irrigation

1. Wash your hands.

2. Gather supplies:
   - Silicone catheter:______________________________
   - Water-soluble lubricant (K-Y Jelly™)
   - Normal saline
   - 60 ml slip-tip syringes
   - 2 non-sterile emesis basins

3. Pour normal saline solution into a non-sterile emesis basin. Never use plain water for rectal irrigation. This could cause your child's sodium levels to drop and have seizures.

4. Draw up 10 ml of room temperature normal saline in a 60 ml slip-tip syringe.

5. Position your child on his or her left side. An infant may be positioned on his or her back with legs in a frog position.

6. Lubricate the tip of the catheter with water-soluble lubricant.

7. Gently insert the catheter into the rectal opening about 6 inches with slow, gentle pressure.

8. Connect the 60 ml slip-tip syringe filled with 10ml of normal saline to the catheter.

9. Slowly begin to push in the normal saline through the catheter into your child's rectum.

10. Disconnect the syringe from the end of the catheter and allow the normal saline solution to drip into an empty emesis basin. This basin will be for the discarded solution.

11. Repeat this process using 10 to 20 mls of normal saline each time until you have given the amount instructed by your doctor. **If you put the directed amount of normal saline into your child's rectum and do not get stool back, STOP. Call the surgery doctor or nurse practitioner on call.**

   **NOTE:** After putting 10 to 20ml of normal saline into your child's rectum, you must let it drain out of the catheter into the emesis basin with the discarded solution. If you put a total of 100 ml of normal saline in, you should have 100ml normal saline out plus poop in the basin. This process is very different from an enema which inserts the fluid but does not allow it to flow back out.
12. Leave the rectal tube in until the same amount of solution you put in plus poop comes back out. You can secure the tube to your child’s bottom with tape. Saline and poop will be able to drain out through the tube.

13. If you are not getting the normal saline solution and poop to come back out through the catheter after 30 minutes, call your child's doctor or surgeon.

14. Once you are done irrigating and all of the solution comes back out, remove the catheter.

15. Wash your hands.

16. Repeat these steps as ordered by your child's doctor.