

Antegrade Colonic Enema (ACE)

ACE stands for Antegrade Colonic Enema, it may also be called a MACE (Malone Antegrade Continence Enema)

- An ACE will assist with emptying your bowel, managing constipation and reducing soiling
- Your doctor will create a small passageway from the right side of your large bowel to the surface of your tummy
- The opening is called a stoma

This opening is created surgically from your bowel to your tummy, usually using your appendix (appendicostomy) or your bowel (caecostomy). A hollow tube (catheter) can be inserted in the stoma to keep it open for few weeks until it is replaced by a device if required, for example a Chait®, MIC-KEY® or MiniACE®. Some surgeons may place the device directly during surgery.

Your stoma is used to put:

- fluid in to wash out the bowel (washout)
- medication directly into your bowel

The stoma and surrounding skin should be kept clean and dry, with normal bathing advised.

Washouts are best done while sitting on the toilet

- Your Stomal Therapy Nurse (STN) will teach you how to start washouts and discuss how often to do your washouts. The type and amount of washout fluid to be used will be different for each person: discuss this with your STN and Doctor

Keep regular contact with your STN during this time, as it may take weeks to get into a routine: be patient

- Keep a diary of your washouts and any soiling
- A diary can help you keep on track with your routine and assists your STN to work out the amount of fluid you need

Inserting Fluid

Appendicostomy (using your appendix or small bowel)

- Gather equipment: Catheter (size _____), connector, washout solution, measuring jug, washout bag / syringes, lubricant
- Wash your hands
- Add washout fluid to the bag or syringes
- Sit on the toilet: ensure you are comfortable
- Lubricate the catheter and put into the stoma or connect to the connector
- Connect bag or syringe to end of catheter/ connector and put in washout fluid at a steady rate
- When all the fluid is inserted, remove the catheter
- You may need to stay on the toilet for 30 – 45 minutes until your bowel has emptied
- Wash your hands

☐ Caecostomy

- Gather equipment: Connector tube, washout solution, measuring jug, washout bag / syringes
- Wash your hands
- Add washout fluid to the bag or syringes
- Sit on the toilet: ensure you are comfortable
- Insert the connector tube into the button
- Connect the bag or syringes to the connector tube and put in the washout fluid at a steady rate
- When all the fluid is inserted, disconnect the connector tube
- You may need to stay on the toilet for 30 – 45 minutes until your bowel has emptied
- Wash your hands

Certain supplies are funded through the Stoma Appliance Scheme. Discuss supplies and equipment care with your Stomal Therapy Nurse.

When to contact your STN or Doctor

- Can't insert catheter of any size
- Vomiting / diarrhoea – may be related to washout fluid or gastroenteritis
- Soiling continues as before procedure
- Stomal bleeding or a lot of mucous discharge
- Sore or red stoma
- Faecal leakage from the stoma – could be related to constipation

Stoma review

You need to contact your STN regularly as your routines and ACE management may need changing over time.

References:

Great Ormond Street

<https://www.gosh.nhs.uk/conditions-and-treatments/procedures-and-treatments/bowel-washouts-using-antegrade-colonic-enema-ace/> Accessed 09/10/2024

Children's Hospital Colorado

<https://www.childrenscolorado.org/doctors-and-departments/departments/colorectal/colorectal-procedures/antegrade-continence-enema-ace-procedure/#:~:text=The%20ACE%20procedure%20is%20a,child's%20abdomen%20to%20the%20colon.> Accessed 09/10/2024