



Acacium Group Community

Antegrade Continence Enema

(Adults and Children)

Procedure Reference | SOP Bowel 04

Version | V5.0

Procedure Name	Antegrade Continence Enema (Adults and Children)
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to ACE – Antegrade Continence Enema
Target Audience	All nurses and appropriately trained healthcare workers
Version	V5.0
Author	Sharon Jolley / Kate Nicholson-Florence
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Lead Director	Karen Matthew's-Shard
Review Frequency	3 yearly, or when clinical or operation guidelines change
Last Reviewed	April 2023
Next Review Date	April 2026
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page.	KNF/SJ
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V2	Dec 2019	3 Yearly Review	Clinical Advisory Group
V2.1	Mar 2020	Realigned review date to match rest of BOWEL SOPs	CC
V2.2	Oct 2020	Updated re Rebrand	CC
V3	Mar 2022	Review and updated	Clinical Advisory Group
V4	Apr 2023	Reviewed and updated	Clinical Advisory Group
V5.0	Jan 2024	Rebrand	Clinical Advisory Group

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1. Introduction

- 1.1 The Antegrade Continence Enema (ACE) is a type of surgery designed for adults and children who have chronic bowel problems with bouts of constipation, diarrhoea and incontinence of stool. It is most often performed in clients who have neurogenic issues with their bowel such as spina bifida or multiple sclerosis. But can be of use in the following conditions:
 - Myelomeningocele
 - Spina Bifida
 - Imperforate Anus
 - Quadriplegia
 - Other problems causing neurogenic faecal incontinence or intractable constipation and medical management has not helped control their bowel movements may benefit from an A.C.E
- 1.2 The primary goal of the surgery is to create a catheterisable channel to the bowel for the administration of enemas to produce predictable bowel movements. The ultimate goal is to gain better control of the bowel in order to prevent constipation and episodes of faecal incontinence.
- 1.3 The main aim of the procedure is to improve the quality of life of both adults and children.
- 1.4 Carers should follow the client's care plan and fully document the procedure in the daily records.

2. General

- 2.1 Do not continue with the procedure if the client is unable to tolerate the procedure or asks you to stop.
- 2.2 It is vital to check for allergies.
- 2.3 Cultural and religious beliefs should be considered prior to performing this procedure.
- 2.4 During the procedure the healthcare professional should observe the client for signs of:
 - Distress, pain or discomfort
 - Bleeding
 - Bowel contractions.

3. Exclusions and contra-indications

- 3.1 Where there is a lack of valid consent from a client with capacity.
- 3.2 We are not commissioned to provide the care or the client's doctor has given specific instructions that this procedure is not to take place.

4. Aim

4.1 Acacium Group is committed to providing high quality care services to all clients. This procedure aims to ensure adult and paediatric client's in the community setting who require the administration of ACE, do so in a safe, correct and timely manner.

5. Who may undertake this procedure

5.1 Any Acacium Group worker may undertake the procedure when they have demonstrated their knowledge, understanding and skills to be able to provide the physical and psychological aspects of care and assessed as competent.

6. Consent

6.1 Please read Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.

6.2 Please now ensure you understand the Consent Policy and Mental Capacity Act in full.

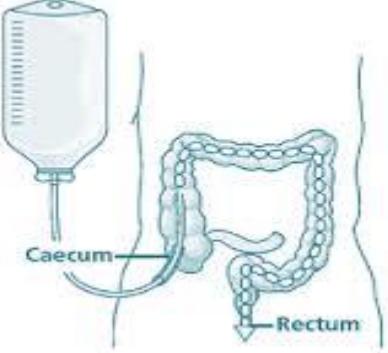
7. Equipment

- Incontinence pad
- Appropriate PPE
- Disposable apron
- Lubricating gel
- Tissues/ wipes
- Bed protection
- Phosphate enema or bowel stimulant (if prescribed)
- 0.9% sodium chloride solution or 5mls of salt mixed with 500ml of previously boiled water (fluid must be prescribed according to client's body weight and in consultation with the client's consultant)
- Equipment to access the ACE (this will depend on the device insitu i.e. Mickey extension set or suitable size catheter for direct access to the stoma)
- Suitable fluid reservoir to hold the saline solution (this should have a control valve in place to control the flow of the fluid)
- Receiver or yellow bag/waste receptacle
- Bedpan, commode or toilet if applicable
- Hand washing facilities (Alcohol based hand rub or gel does not kill Clostridium Difficile spores)

7.1 Occasionally, the introduction of the catheter will cause the bowel to contract, so that a person cannot insert much of the catheter. It is advisable to wait a few minutes so the contraction will pass. There is no rule about how far to insert the catheter, about 6 inches is sufficient for most people, but a few can get slight leakage of water around the catheter unless they put it in further. The person administering the irrigation will need to hold the catheter in place as the natural activity of the bowel will tend to push it out. (St Mark's Hospital 2009)

8. Procedure

8.1 Administering ACE to an adult and child

	Action	Rationale
1	<p>Where appropriate, gain consent and explain the procedure.</p> <p>Prepare and warm the solution per clients care plan and prescription as detailed on their MAR chart. Please also see Medication Policy</p> 	<p>To ensure the client is happy for the procedure to take place and reduces any anxiety related to not knowing what is happening</p> <p>Helps maintain body temperature and maintain fluid balance</p>
2	Explain to the client that they may experience some discomfort/pain. Discuss what the causes may be Encourage the client to say if he/she has pain or observe for signs of discomfort during the procedure and act appropriately to prevent this	The client may experience abdominal cramps/pain if the fluid temperature is too high or too low. This can also present as a result of a flow rate that is too high
3	Maintain the privacy and dignity of the client. Use of modesty sheet and other measures e.g. curtains closed. Put "Do not disturb" sign on the door if appropriate	To facilitate the smooth progress of the procedure
4	Connect the giving set and fluid reservoir and prime the line with the saline solution	Priming the line with fluid helps to prevent the system from becoming air locked
5	Sit the client on the toilet and/or position as appropriate; ensure that they are warm and comfortable or lay on appropriate surface e.g. bed as detailed within the client specific care plan	<p>To minimise distress and to ensure that the client is comfortable during the procedure for the duration of the procedure. This procedure can take up to 1 hour to complete. If the client is comfortable the procedure has more chance of being successfully completed.</p> <p>If the toilet is used ensure that the client can place their feet either on the floor or a footstool enables the client to use the pelvic, perineal and</p>

		abdominal muscles more effectively to evacuate the bowel
6	Wash hands and apply appropriate PPE	To prevent contamination of hands/clothes with faecal matter
7	Review ACE site for any signs of concern & escalate as appropriate	To prevent further concerns and ensure treatment is provided without issues
8	Access ACE using appropriate extension/giving sets. If using a catheter for direct access via stoma then ensure lubrication gel is used 	To ensure that fluids can smoothly be instilled. For client's comfort and ease of access
9	Administer the prescribed amount of phosphate enema as appropriate and detailed in the clients care plan. If not contra indicated. The amount used may be increased daily to achieve desired results and only if prescribed	The phosphate enema solution will stimulate the bowel and aid in bowel evacuation. Mixing the enema solution with 0.9% sodium chloride may reduce its stimulant effect. Other stimulants may be used and must be correctly prescribed
10	Instil prescribed solution as per action 1	To wash out the bowel contents.
11	The client will have to remain on the toilet or in position until faecal matter is no longer expelled. Ensure digital check of rectum is performed to ensure rectum empty as per Digital examination SOP	To ensure bowel is empty, and to prevent soiling in the post procedural period. Assess effective emptying of the bowel
12	Aim to complete the procedure in a realistic time scale in order to achieve client compliance. This may take 30-60 minutes. Do not instil the fluid too quickly as this can cause abdominal cramps	A long procedure may lead to boredom and lack of compliance if interrupting daily routine excessively. If working with children, consider distraction techniques.

13	Ensure that the client is clean and comfortable at the end of the procedure	To promote the client's comfort, improve self-image and ensure dignity
14	<p>Record the result of the procedure in the client's daily record.</p> <p>Record any untoward side effects such as:</p> <ul style="list-style-type: none"> a) cramping pains b) discomfort or retention of fluid c) document any variance in procedure within client's notes and provide rationale <p>Referring to Bristol Stool Chart at Appendix B</p>	<p>To check the success of the procedure and to enable re-assessment if needed to alter treatment as necessary.</p> <p>Feeling bloated or faecal leakage would be an indication of retained fluid.</p> <p>To comply with NMC standard for records and record keeping (2018)</p>
15	Give positive feedback to the client	Encouragement and support will help to promote compliance. Giving feedback will introduce opportunities to answer any questions and address any worries/problems the client may have

8.2 Outcome

8.2.1 To allow the client to achieve an acceptable level of continence, by successfully evacuating the bowel daily/alternate days via the ACE as per the individual's recommended bowel care plan. The desired aim will be for the client to be able to continue this care at home and for the client and the family/carers to be able to establish a workable daily routine incorporating the client

8.3 Possible Complications During the Procedure

You cannot insert the catheter into the stoma Reinsert the silicone ACE stopper Contact the medical team for advice	<ul style="list-style-type: none"> • Do not force the Catheter into the Stoma • If resistance is felt please stop and refer to medical team
The client's stoma is bleeding	<ul style="list-style-type: none"> • Passing the catheter into the stoma can sometimes cause minor bleeding, but this usually stops when the catheter is removed. • If bleeding continues, please contact the medical team for advice
The stoma is showing signs of infection or over granulation	<ul style="list-style-type: none"> • Stoma infections sometimes occur, usually fairly soon after the operation. This will produce redness, swelling and discharge. Contact the GP as the client may need a course of antibiotics. • In the long term, any weeping from the stoma is likely to be mucous. This is quite usual. You can cover the stoma with a small dressing or plaster if the oozing is affecting the client's clothes. There may be overgrowth of tissue around the stoma (called granulation) and this may need treatment by the medical team.
Bowel contents seem to be leaking from the stoma	<ul style="list-style-type: none"> • Contact the medical team as the stoma may need checking or the client may be constipated, or the stoma may have stretchedⁱⁱⁱ.

Abdominal cramp	<ul style="list-style-type: none"> Slow down the rate of instillation. May be too fast Check temperature of the fluid May be too cold or too hot May be due to phosphate enema or other stimulant being used May be too much volume. Check with appropriate specialist
Soiling after procedure	<ul style="list-style-type: none"> Has the client been allowed to rest for a long enough period of time after the fluid instillation has finished? Will vary for each client May need longer to fully evacuate the bowel or more fluid may be required for the severely constipated client, especially in the initial treatment period Consider using less fluid if problem persists
Distress during the procedure	<ul style="list-style-type: none"> Is the client comfortable? Consider using padded toilet seat or surface Is the client experiencing pain? Check temperature of fluid, is the rate of flow too fast? Use of bowel stimulant can cause cramp- like abdominal pain Is the client unable to tolerate the volume of fluid being used? Does the client fully understand the procedure? Getting the client used to sitting on the toilet (if appropriate) before the A.C.E is performed may help the client adjust to the procedure after the A.C.E stoma is made

9. Associated Policies / SOPs

Policies

CLIN 06 Consent Policy

CLIN 03 Medicine Management Policy

SOPs

SOP BOWEL 01 Manual Evacuation

SOP BOWEL 03 Administration of suppositories.

10. References

- Nursing and Midwifery Council (NMC) (2015). The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives. London. NMC.
- Nursing and Midwifery Council (NMC) (Updated October 2018). NMC Record Keeping; Guidance for Nurses and Midwives. London. NMC.
- www.bladderandbowel.org
- GOS Bowel Wash Outs ACE; July 2019
- Bladder & Bowel UK
- NHS Excellence in Continence Care; June 2018
- Professional Guidance on the Administration of Medicines in Healthcare Settings; January 2019

- <https://www.hopkinsallchildrens.org/Services/Pediatric-General-Surgery/Procedures/ACE-Procedure>
- [https://media.gosh.nhs.uk/documents/Bowel washouts using an antegrade colonic enema FINAL Jul19.pdf](https://media.gosh.nhs.uk/documents/Bowel_washouts_using_an_antegrade_colonic_enema_FINAL_Jul19.pdf)

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
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Appendix B: Bristol Stool Chart

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid