

**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 mucus discharge
- Sore or red stoma
- Faecal leakage from 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

To obtain further information or help with any problems contact your **Stomal Therapy Nurse**

Name: .....

Phone: .....

Hours: .....

*\*The information in this brochure has been developed as a general guide only. Any concerns need to be discussed with your Stomal Therapy Nurse or your doctor.*

# Antegrade Continence (Colonic) Enema



ABN 16 072 891 322  
Stoma / Wound / Continence

**Prepared as a guide by the:**

Australian Association of  
Stomal Therapy Nurses Inc.  
Education and Professional  
Development Subcommittee

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[www.stomalthrapy.com](http://www.stomalthrapy.com)

## **ACE** stands for Antegrade Continence (Colonic) Enema

(May also be called a Malone Antegrade Continence Enema [MACE])

- 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 passageway can be created by either:

1. surgically creating a passageway from your bowel to your tummy, usually using your appendix (appendicostomy) or bowel (caecostomy)
2. inserting a small tube into the start of the large bowel, for example: Chait<sup>®</sup>, Bard<sup>®</sup> Button, MIC-KEY<sup>®</sup>

Your stoma is used to put:

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

The stoma and skin should be kept clean & 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\_\_\_), washout solution, measuring jug, washout bag / syringes, lubricant
- Wash hands
- Add washout fluid to bag or syringes
- Sit on the toilet: ensure you are comfortable
- Lubricate catheter and put into stoma
- Connect bag or syringe to end of catheter and put in washout fluid at a steady rate
- When all fluid is finished remove catheter
- You may need to stay on the toilet for 30 – 45 minutes until bowel has emptied
- Wash hands

### □ **Caecostomy**

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

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