Section 13: surgical conditions
Bowel washout
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Neonatology Clinical Guidelines
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BOWEL WASHOUT

This procedure is for bowel/rectal washouts.

AIM

1. To clean the distal portion of the bowel, decompress the bowel and deflate the abdomen by removing air and faeces. Bowel washout facilitates surgery and has been shown to prevent or reduce the risk of postoperative enterocolitis and as such can be used as a mode of temporary management in proven cases of Hirschsprungs until definitive surgery.
2. This procedure is also performed to relieve low intestinal obstruction due to meconium plug, meconium ileus or intestinal dysmotility of prematurity.

This procedure must be ordered after review by either the Surgical team or the Neonatologist. Orders should be clearly documented and should include:

- Frequency
- Length catheter to be inserted
- Amount of saline to be used.
- Dose of Mucomyst if this is required

EQUIPMENT

- 20ml syringe & normal saline or solution ordered, warmed to body temperature.
- Rectal catheter size 8FG for <2kg or 10FG for >2kg
- Lubricant
- Catheter adaptor
- Chux / Gloves / Bluey

PROCEDURE

1. Position infant on his / her back with legs in lithotomy position on a clean nappy and bluey (as if changing a nappy)
2. Prime catheter, lubricate tip of catheter and gently insert into rectum at the length ordered.
3. Instil saline in aliquots/volume as ordered. Instil by pushing in the plunger gently. There should be no resistance while injecting the saline.
4. Remove syringe and let fluid/stool run into nappy
5. Procedure may be repeated if return is not clear (to a maximum as specified by the surgeon).
6. If there is saline retention inform medical staff & record the volume of saline retained
7. Remove catheter from rectum and ensure infant is left clean and dry
8. Record results of bowel washout accurately on fluid balance chart.

9. Watch for signs of increasing abdominal distension, tenderness, discolouration and any features suggestive of perforation.
10. In preterm infants there is a risk of re-absorption of saline especially if most of the solution is not expelled.