

The

ACE Procedure

*A Guide
for Nurses*

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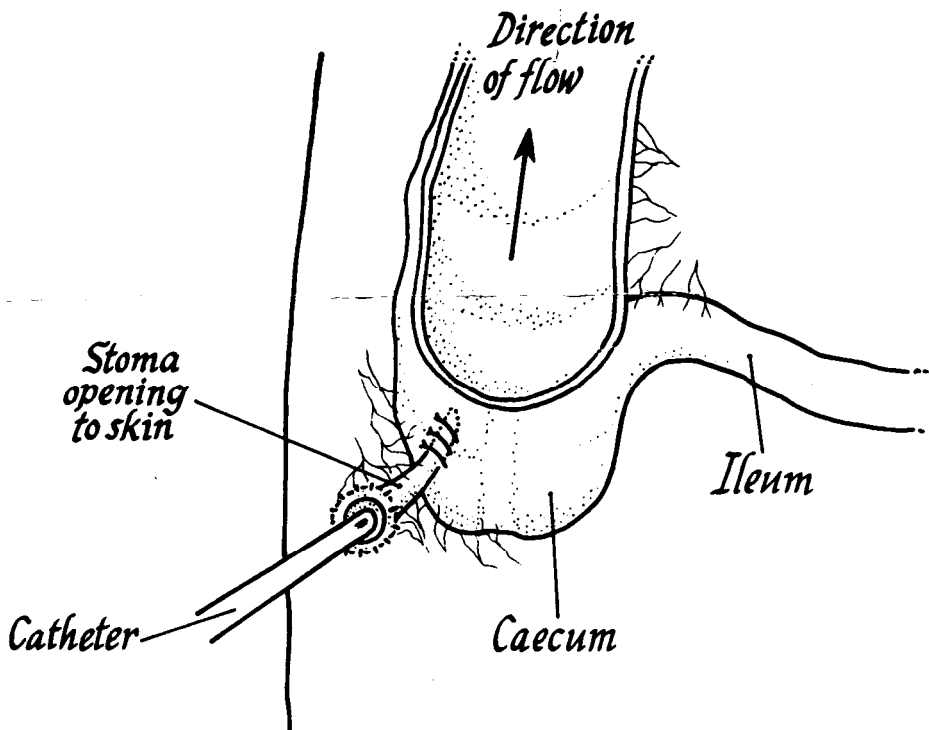
working with you
to improve stoma care

The A.C.E. procedure (Antigrade Continence Enema - also known as the Malone) was first described by Mr P Malone in 1990.*

It is a method by which the bowel may be evacuated, using an abdominal continent catheterisable stoma which is tunnelled into the caecum. This tunnel is made from tissues within the body such as the appendix or small bowel. The enema is introduced via a catheter which passes through the stoma along the tunnel and into the caecum. A continent valve is created by closing the layers of caecum over the end of the tunnel using the Mitrofanoff principle.

Fluid introduced via the catheter washes out and empties the bowel contents via the anus.

* Malone P S, Ransley P G and Kiely E M "Preliminary Report: the antigrade continence enema" The Lancet Nov 17, 1990. Vol 336 pp 1217 -1218.



Type of patients

Patients suffering from faecal incontinence because of:

- a) Congenital abnormalities, e.g. Spina bifida
Imperforate anus
Hirschsprung's disease

b) Spinal injury

c) Repeated pelvic surgery

d) Operations on the rectum or anus

Patients are normally 5 years and older. Current trends show that satisfactory results in the chronic constipated group of patients are difficult to achieve.

Pre-operative care

- bowel prep

- prophylactic antibiotics.

The bowel **MUST** be thoroughly cleared out before surgery. Failure to do this will make it very difficult to activate the ACE satisfactorily post-op.

Post-operative care

The usual care for abdominal surgery.

A catheter is left in the tunnel for up to six weeks post-op to ensure the tunnel anastomosis heals. The catheter is spigoted but flushed regularly to keep patent. The ACE is activated 5-10 days post-op.

Wash-out method

Patients are seated on a toilet or commode. The amount of phosphate enema needed is made up to a 200ml solution with saline. The amounts of phosphate solution and saline vary according to the age and condition of the patient.

The recommended amounts of phosphate (using 100ml sachet) are:

aged 7 years or less - one third of a sachet

aged 7-10 years - one half of a sachet

aged 10 or over - full strength (if necessary)

Volume of saline for washout-minimum 500mls

The phosphate solution is syringed or infused into the stoma via the catheter.

The catheter is then attached to an irrigation set. Saline solution is administered to wash out the bowel contents. (Fluids are at body temperature).

Normal Regime

Catheterisation of the stoma is started once the catheter is removed. The stoma must be catheterised daily (even if a wash-out is not due) to ensure no stenosis occurs.

The aim is for patients to self-administer the wash-outs. Patients develop their own regime eventually achieving the exact amount of phosphate and saline needed to:

- a) empty the colon completely
- b) complete the procedure in a realistic timescale (ideally 30 mins)
- c) enable the procedure to be carried out every two or three days
- d) ensure that no soiling occurs

Current trends show that this is more difficult to achieve the older the patient, e.g. in an adult with a distended colon it can take two to three litres of fluid and up to two hours to successfully wash out the colon.

Potential Complications

1. Stenosis or loss of tunnel
2. Twisting of tunnel (can detach from abdominal wall)
3. Bloating and wind
4. Pain/cramps on infusing fluid
5. Too time consuming
6. Soiling
7. Phosphate toxicity
8. Mucus discharge
9. Leakage from stoma
10. Long-term complications - as yet unreported as this surgery has only been available for a short time

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