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

Management review

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

For further information or help with any stoma questions contact your STN or visit [www.stomaltherapy.com](http://www.stomaltherapy.com) and click on “Find a STN”

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

Prepared as a guide by the:
Australian Association of Stomal Therapy Nurses Inc. Education and Professional Development Subcommittee [www.stomaltherapy.com](http://www.stomaltherapy.com)

Reference

Accessed 29.3.2016

Review due 2019

*Level 1V Evidence (Expert Opinion)*

Antegrade Colonic Enema (ACE)

ABN 16 072 891 322
Stoma / Wound / Continence
ACE stands for Antegrade 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 making 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®, Bard® Button, MIC-KEY®

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 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___), 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.