

# Neonatal Rectal Washouts

This leaflet offers information about rectal washouts. If you have any further questions or concerns, please speak to the staff member in charge of your baby's care.

## What is a rectal washout?

A rectal washout involves passing a small tube (catheter) into your baby's bottom and up into their bowel. The bowel is then flushed out with warm saline solution to help remove any faeces (poo).

## Why is it necessary for your baby to have rectal washouts?

At present the baby is unable to empty their bowel adequately without help. Cleaning the bowel keeps the baby comfortable enabling them to feed and grow. Rectal washouts can be a positive experience if performed at a time that is comfortable and convenient for you and the baby.

A recently fed baby will be relaxed which means the washout will be more successful. If the baby remains unduly distressed and appears to be in pain the washout should be discontinued and professional advice sought.

## Preparation and equipment

The environment must be warm and free from draughts and disturbances. The baby should be supervised at all times to ensure his/her safety.

Collect and assemble the following equipment:

- Warm saline
- Lubricating gel
- Bowl and a jug
- Rectal tube (Jacques catheter)
- 50ml bladder syringe
- Gloves and apron (optional)
- Inco pad or old towel
- Changing mat or old towel
- Disposable bag.

## How much saline do I use?

Warm sterile saline 20-50mls per Kilogram of body weight, (e.g. If your baby weighs 3kgs 60-150mls of saline may be required). Some babies will need more fluid, others less. The volume depends on being able to obtain clear fluid returns on completion of the rectal washout.

Warm the saline by standing it in a jug of hot water. The temperature of the saline should be body temperature.

**NB.** Water must **not** be used for this procedure as it is easily absorbed by the bowel and may make your baby unwell.

## Procedure

Following preparation of equipment and environment:

- Wash hands and put on apron and gloves (parent / carers optional).
- Undress the baby leaving vest or T-shirt on to ensure your baby does not get cold.
- Lay the baby on the chosen surface ensuring the baby is safe and cannot roll off e.g. changing mat on the floor.
- Look and gently feel the baby's abdomen. Any swelling should go down with the release of the bowel contents and air. If after performing the washout, the baby's abdomen remains swollen, please seek advice.
- Remove plunger from syringe.
- Connect catheter tubing to end of syringe.
- Lay the baby in position, either on their back with their legs raised or on their left side as this will aid the flow of saline into the rectum.
- To make the catheter easier to insert, smear the end of the catheter with lubricating jelly. Put more jelly on the tube each time it needs re-inserting to prevent soreness.
- Kink the end of the tubing below the syringe. Using the jug, pour a small amount (approx. 10mls) of saline into the syringe. Slowly release the kink to allow the saline to flow to the end of the tubing.
- Filling the tubing/catheter with saline will prevent excess air going into the rectum and allows a quicker start to the flow (Figure 1).
- Lubricate the tube with lubricating gel.
- Gently insert tube into the rectum at least 10-15 cm (with a maximum of 20cm or as discussed with the surgical team) and kink the tubing. (Figure 2). If the tube does not easily advance that distance, refer to the problem solving page.



Figure 1



Figure 2

- You can vary the position of the tube in or out in order to get the best results (flat tummy, lots of poo). Never force the tube as it could cause damage to the lining of the bowel.
- Holding the tube in place with one hand, fill the syringe barrel with 20 – 30mls of saline. This can be difficult at first if you are doing this on your own. If there are two people one can hold the syringe and comfort baby as necessary.
- Holding the syringe up allows the saline to flow into the bowel. When the saline has flowed into the rectum, lower the syringe below the level of your baby's bottom and allow the fluid to back out from the syringe into the bowl. The bowl should be lower than the baby's bottom to aid drainage (Figure 3).



Figure 3

Check the fluid draining out is equal to the volume that went in.

- Refill the syringe with another 20– 30mls and hold up to begin the washout procedure again. If possible ensure the tube stays in the rectum during the procedure, to minimise discomfort and protect the baby's anus from soreness. Remember to lubricate with more jelly if it falls out.
- This procedure should be repeated until the saline in the jug is used or the backflow is running clear. Stop sooner if the baby is unduly distressed, cool or seems unwell.
- Gently and slowly withdraw the catheter from the baby's rectum, with the syringe upside down over a bowl. Gently massaging the tummy as you withdraw the catheter.
- When this procedure is complete, the baby should be cleaned dried and dressed appropriately to keep warm.
- Empty and measure the fluid in the bowl. The amount should be approximately the same as you started with, allowing for spillages that may have occurred.
- Fluid should be disposed of down the toilet. All equipment should then be washed in hot soapy water, rinsed and stored ready for use again.
- For hygiene purposes, it may be best to clean the equipment in the bathroom, away from kitchen surfaces and utensils.

If after performing the rectal washout the fluid draining from the bowel remains dirty, it may be necessary to repeat the procedure later on. In between this time, take notice of the baby's abdomen and nappies, it may be that the baby has his/her bowels open themselves, in which case, additional washouts may not be required.

Some babies will continue to have small bowel actions on their own

– this does not mean they do not need a washout.

Daily rectal washouts will need to continue until the baby either has surgery or you are advised to stop or decrease the frequency.

## Problem solving

Problem	Action	Contact
Tube does not go in the baby's bottom to the suggested length	<p>Do not use force to push the tube in. Try changing the position of the baby, laying on side or back.</p> <p>Leave the washout for 30 mins and try again.</p> <p>Rotate the tube gently whilst putting it in.</p> <p>Use smaller amounts of fluid (10ml) to release wind</p>	If you are unable to get the tube in after trying recommended action, seek medical advice.
Solution does not run in with gravity	<p>Hold the tubing up higher.</p> <p>You may have to use the plunger to gently start off the flow.</p> <p>The tube may be blocked with stools.</p> <p>Remove the tube and examine the end for blockage.</p> <p>Use smaller amounts of fluid (10ml) to release wind.</p> <p>Gently plunge fluid in (but not out).</p>	If the problem persists, seek medical advice.
Solution does not drain out after the washout	<p>The tube may be locked.</p> <p>Gently rotate the tube whilst withdrawing it from the baby's bottom.</p> <p>Change the position of the baby (side to back, or side to tummy).</p> <p>Observe the nappy after the washout to see if the solution is passed out of the bottom.</p>	If the problem persists, seek medical advice.
Washout is non-productive stools	<p>You may have to repeat the washout in a few hours.</p> <p>The baby may have passed stools unaided.</p>	If the baby's abdomen remains distended or is vomiting.
Bleeding from the bottom	<p>Passing the tube may have caused irritation to the lining of the bottom.</p> <p>If it is only a small amount of blood, no action is needed.</p>	If the bleeding continues, seek medical advice.

Wind	<p>Pass an empty tube into the rectum.</p> <p>As well as releasing wind, it can start the flow of poo.</p> <p>It is not necessary to do the 'kinking' procedure if flow of poo starts.</p> <p>(page 3)</p>	
Baby passes stools unaided	It is difficult to tell if baby has passed an adequate amount of stool.	Do not miss out a washout without seeking medical advice.

## If St George's Hospital is not your local hospital

Once your baby has had surgery and made a good recovery, i.e. when their specialist medical and nursing requirements are less, the baby will be transferred back to the care of your local hospital. This transfer is a sign of progress and will not occur until the baby is ready. It will allow you to be closer to home and become familiar with your local healthcare professionals.

## Useful sources of information

### NHS pregnancy and baby advice

<http://www.nhs.uk/conditions/pregnancy-and-baby/>

### BLISS

Bliss is a support group which is able to offer support and advice to families with babies with a range of conditions.

68 South Lambeth Road  
London SW8 1RL

BLISS Helpline: 0870 7700 337

Email: [Information@bliss.org.uk](mailto:Information@bliss.org.uk)

Website: [www.bliss.org.uk](http://www.bliss.org.uk)

Use your smartphone to scan the QR code (you may need to download a QR code scanning



**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

## NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

## NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111



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