1.0 Introduction

Target Population:

- Children aged 4 - 18 years old who have been diagnosed with severe fecal disorders (functional constipation, Hirschsprung's disease, anorectal malformation, spinal abnormalities); and
- Been referred by their primary physician for cecostomy tube (C-tube) insertion.
- **Exclusions:** patients are to be removed from this pathway if there are significant postoperative complications (eg. peritonitis) or a change in diagnosis.

Target Users:

- Surgeons, residents, fellows, nurse practitioners, and nurses.

2.0 Clinical Recommendations

This pathway is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet individual patient needs. **Level C: Expert Opinion**
## Cecostomy Tube Insertion Care Pathway

### Immediate Post-Operatively

1. **Goals**
   - Patient prepared for IGT
   - Activity as tolerated

2. **Activities**
   - Obtain history
   - Complete physical exam
   - Access irrigations
   - Complete post-IGT assessment
   - Palpate C-tube
   - Obtain accurate IGT insertion site
   - Obtain accurate IGT insertion site
   - Ensure child has adequate pain control

3. **Evaluation**
   - Oral fluid intake
   - Begin post-operative diet
   - Begin post-operative diet
   - Monitor vital signs q 1 hour
   - Monitor vital signs q 1 hour
   - Monitor vital signs q 1 hour

4. **Expected Date of Discharge**
   - 3 days

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### Discharge: POD 2

5. **Goals**
   - Patient prepared for IGT
   - Activity as tolerated

6. **Activities**
   - Obtain history
   - Complete physical exam
   - Access irrigations
   - Complete post-IGT assessment
   - Palpate C-tube
   - Obtain accurate IGT insertion site
   - Ensure child has adequate pain control

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### Implementation & Evaluation Plan

#### 3.0 Implementation & Evaluation Plan

#### 3.1 Implementation Plan

- Education and awareness building by General Surgery Program (Surgeons, NPs, fellows, nurse educator) at: fellow orientation (once per year) nursing orientation (every 3 months), and residents orientation (every month).
- Surgeons to communicate any updates in practice to Division of General Surgery and Radiology.
- Radiologists to communicate any updates in practice to Division of General Surgery and Radiology.

#### 3.2 Evaluation Plan

- Length of stay (LOS) evaluation

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4.0 References


5.0 Guideline Group and Reviewers

**Guideline Group Membership**

1. Monping Chiang RN(EC), MN, NP – General Surgery

2. Anna Polanski RN(EC), MN NP – General Surgery

3. Dalia Bozic, RN(EC), MN, NP – Interventional Radiology
Cecostomy Tube Insertion

Internal Reviewers

1. Joao Amaral, MD – Interventional Radiology
2. Agostino Pierro, MD - General Surgery

Related Documents:

- Pain Assessment Guidelines
- Pain Management Guidelines
- Fluid and Electrolyte Management
- Pre-operative Bathing

Attachments:

cecostomy_v1.pdf