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

**Expected Date of Discharge:** 3 days

### Immediate Post-operatively

1. **Activity & Function:**
   - Afebrile
   - Monitor vital signs q4h
   - Activity as tolerated
   - Maintain NPO Status

2. **Fluids and Electrolytes:**
   - Maintain hydration
   - Monitor intake and output
   - Monitor IV fluids
   - Administer electrolyte replacement drinks

3. **Medication:**
   - Acetaminophen as needed for pain management
   - Cefoxtin IV on chart to IGT

4. **Diet:**
   - Refeed according to diet at risk
   - May start previous bowel routine

5. **Laboratory:**
   - CBC with differential
   - Obtain Coagulation studies
   - Obtain accurate preoperative labs

6. **Radiology:**
   - Radiologists to communicate any updates in practice to Division of General Surgery and Radiology.

### Post-op Day 1

1. **Activity & Function:**
   - Afebrile
   - Monitor vital signs q4h
   - Activity as tolerated
   - Maintain NPO Status

2. **Fluids and Electrolytes:**
   - Monitor intake and output
   - Monitor IV fluids
   - Administer electrolyte replacement drinks

3. **Medication:**
   - Acetaminophen as needed for pain management
   - Cefoxtin IV on chart to IGT

4. **Diet:**
   - Refeed according to diet at risk
   - May start previous bowel routine

5. **Laboratory:**
   - CBC with differential
   - Obtain Coagulation studies
   - Obtain accurate preoperative labs

6. **Radiology:**
   - Radiologists to communicate any updates in practice to Division of General Surgery and Radiology.

### Post-op Day 2

1. **Activity & Function:**
   - Afebrile
   - Monitor vital signs q4h
   - Activity as tolerated
   - Maintain NPO Status

2. **Fluids and Electrolytes:**
   - Monitor intake and output
   - Monitor IV fluids
   - Administer electrolyte replacement drinks

3. **Medication:**
   - Acetaminophen as needed for pain management
   - Cefoxtin IV on chart to IGT

4. **Diet:**
   - Refeed according to diet at risk
   - May start previous bowel routine

5. **Laboratory:**
   - CBC with differential
   - Obtain Coagulation studies
   - Obtain accurate preoperative labs

6. **Radiology:**
   - Radiologists to communicate any updates in practice to Division of General Surgery and Radiology.

### Post-op Day 3

1. **Activity & Function:**
   - Afebrile
   - Monitor vital signs q4h
   - Activity as tolerated
   - Maintain NPO Status

2. **Fluids and Electrolytes:**
   - Monitor intake and output
   - Monitor IV fluids
   - Administer electrolyte replacement drinks

3. **Medication:**
   - Acetaminophen as needed for pain management
   - Cefoxtin IV on chart to IGT

4. **Diet:**
   - Refeed according to diet at risk
   - May start previous bowel routine

5. **Laboratory:**
   - CBC with differential
   - Obtain Coagulation studies
   - Obtain accurate preoperative labs

6. **Radiology:**
   - Radiologists to communicate any updates in practice to Division of General Surgery and Radiology.

### Discharge

1. **Activity & Function:**
   - Afebrile
   - Monitor vital signs q4h
   - Activity as tolerated
   - Maintain NPO Status

2. **Fluids and Electrolytes:**
   - Monitor intake and output
   - Monitor IV fluids
   - Administer electrolyte replacement drinks

3. **Medication:**
   - Acetaminophen as needed for pain management
   - Cefoxtin IV on chart to IGT

4. **Diet:**
   - Refeed according to diet at risk
   - May start previous bowel routine

5. **Laboratory:**
   - CBC with differential
   - Obtain Coagulation studies
   - Obtain accurate preoperative labs

6. **Radiology:**
   - Radiologists to communicate any updates in practice to Division of General Surgery and Radiology.

### Patient Education

- Teach patient and family the purpose of the pigtail to a trapdoor
- Teach how to change dressing
- Teach how to care for the stoma
- Provide information on IGT follow-up appointment
- Provide information on diet and nutrition
- Provide information on exercise
- Provide information on wound care
- Provide information on discharge instructions
- Provide information on home care
- Provide information on medications
- Provide information on follow-up appointments

### Evaluation Plan

1. Site infection
2. Vomiting
3. Fever
4. Abdominal distention
5. Tube displacement
6. Bathe and assist with dressing changes
7. Monitor for peritonitis
8. Monitor for change of site

### Pain Management Guidelines

- Acetaminophen as needed for pain management
- Morphine IV bolus PRN
- Ketorolac or ibuprofen as needed for pain management

### Post-operative P exit

- Clean sutures and sites
- Monitor for peritonitis
- Monitor vital signs q4h
- Activity as tolerated

## 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
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
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