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

**Pre-Operative [HSG Clinic]**

1. **Goals**
   - Obtain accurate history and physical exam
   - Complete preoperative care

2. **Infection**
   - Cefoxtin IV on chart to IGT
   - Refer to PRN Cefoxtin IV on chart to IGT
   - Gentamicin
   - Metronidazole
   - Morphine IV bolus PRN

3. **Diet**
   - Tube feeding to straight tube
   - Diet and electrolyte replacement drinks

4. **Medication**
   - As clinically indicated
   - Ketorolac or ibuprofen as needed for pain

5. **Laboratory**
   - Complete physical exam
   - Complete pain assessment
   - Complete post-operative assessment

6. **Teaching**
   - Patient prepared for IGT
   - Provide IGT follow-up care
   - Teach how to change dressing

7. **Outlook**
   - Patient able to tolerate diet
   - Adequate pain control
   - Afebrile

8. **Activity**
   - Review of clinic
   - Ability to tolerate diet
   - Pain management

9. **Consultation**
   - Review of clinic
   - Discharge plans

10. **Medication**
    - Cefoxtin IV on chart to IGT
    - Refer to PRN Cefoxtin IV on chart to IGT
    - Gentamicin
    - Metronidazole
    - Morphine IV bolus PRN

11. **Laboratory**
    - Complete physical exam
    - Complete pain assessment
    - Complete post-operative assessment

12. **Teaching**
    - Patient prepared for IGT
    - Provide IGT follow-up care
    - Teach how to change dressing

13. **Outlook**
    - Patient able to tolerate diet
    - Adequate pain control
    - Afebrile

14. **Activity**
    - Review of clinic
    - Ability to tolerate diet
    - Pain management

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### 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
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