ACE flushing education and instructions

During the initial post-operative phase (1-2 months) we prefer that the patient flush their bowels with Sterile NORMAL SALINE (NaCL 0.9%). Normal Saline is SALT WATER. This is done as a safe precautionary measure as some fluid will always become trapped in the bowel during the early flushing phases as the patient is slowly increasing to the desired flush volume over time (weeks – sometimes months). When fluid becomes trapped in the bowel, it must absorb SAFELY into the body. Normal Saline absorbs more safely than tap water. This allows the patient to avoid systemic electrolyte disturbances that could be very dangerous. For example: a hyperosmotic state (too much water or fluid overload) can result in seizure activity from electrolyte disturbances in the body.

Once the patient reaches the desired flush volume, where all of the fluid that is flushed through the bowel (ACE) exits the rectum within the 30 minute to one hour time frame, then the ACE FLUSH RECIPE has been achieved. This volume is different for all patients depending on their age and body size (500cc – 3000cc). It will also change or increase as the child grows.

ACE Flushing is recommended to be done on a DAILY basis, i.e. in the evening (after dinner) and at the same time to establish good consistency and avoid fecal impaction from constipation. Daily routines also allow the patient to establish bowel predictability and consistency to avoid unwanted episodes of stool incontinence, bloating, appetite disturbances, and pain with flushing.

NOTES:

✓ Switch from normal saline to tap water when a good daily flush routine has been established with NO fluid trapping.
✓ If impacted or constipated with stool at the level of the rectum – rectal enemas or suppositories will be needed to clear the hard stool before flushing can resume.
✓ Warming the fluid often helps with any flush discomfort.
✓ A large gravity enema bag can be used to assist with the flushing routine.

If constipated, these things may help:

1) Adding mineral oil, flax oil, or glycerin (15-30cc) through catheter just before the flush can help lubricate the bowel.
2) Adding a Pediatric Fleets enema to flush.
3) Taking oral MIRALAX daily (7-18 grams).
NEVER flush your ACE with straight tap water if you have not used it in several days, been constipated or impacted with hard stool, and/or have poor stool production. If in doubt, call your provider.

**Recipe for homemade NORMAL SALINE SOLUTION**

1) Add **ONE (1) LEVEL TEASPOON** of table salt (cooking salt) to \( \frac{1}{2} \) LITER (500cc) of tap water — or **TWO level teaspoons per LITER (1000cc) of tap water**.

2) A teaspoon holds about 5 mLs or cc’s, so allowing for the density of salt, a very slightly heaped teaspoon is perfect for a liter (1000cc or mLs) of water.

   **NOTE:** A quart is close enough to a liter that you don't have to worry if that's what you have - just make sure it's a very full quart.

May also use *distilled water or bottled water*. The bowel is not sterile, it is dirty, so STERILE water or Saline is not needed for permanent or long term flushing.

If using *well water* — it is best to boil it for 10 minutes. Let sit for few minutes and then boil again for 10 minutes BEFORE mixing with salt.