

Welcome to Stanford Children's instructional video on how to administer an enema. We will go over the supplies, teach you the proper techniques, and help make this a positive and effective experience for you and your family.

Enema Supplies

First, we will review the supplies. You will need a gravity feeding bag, a silicone Foley catheter, syringes, water-soluble jelly, a hanger, saline, and a laxative, such as glycerin, castile soap, or fleets enema. Your provider will give you more detailed instructions about what volume and type of solutions to use for your child. All the supplies and solutions that you need will be prescribed by your child's Care Team and distributed by a home care supply company or pharmacy.

The gravity-feeding bag is a 1-liter volume bag with a roller clamp that controls the solution flow. Remember, these are not bags that are placed in a feeding pump. The silicone Foley catheters come in three sizes: 20 Fr, 22 Fr, or 24 Fr. There are two syringe sizes that you will use. The 30 mL luer lock tip syringe is used to instill air into the silicone Foley catheter balloon via the airport, and the 60 mL luer lock tip syringe (or measuring cup) is used to help measure solutions for your enema. We will give you packets of water-soluble jelly to use as a lubricant, or you can buy some over the counter, like K-Y jelly. You also need normal saline. You can get a one-liter prescription from us, or you can mix your own at home. To make saline, dissolve two leveled teaspoons of Morton's table salt into 1 L of tap water. You will also add a hyperosmotic laxative to your saline to help aid your child's bowel movement. The laxatives we may recommend are glycerin, castile soap, and fleets enema. It is also helpful to have a timer or clock to keep track of time, and a hanger to hang the gravity bag. You may also consider using a toilet stool or squatty potty to help younger children on the toilet evacuate their stool.

The total enema administration generally takes about 1 hour- which includes 5 minutes to instill the solution, 10 minutes for the solution to dwell in the large colon, and 30-45 minutes for the child to sit on the toilet to pass the stool. Most families like to do them in the evening, but you can administer an enema any time that works for your family and schedule. Make sure to wait an hour to an hour and a half after a meal before administering an enema to prevent nausea and discomfort

Instructions on how to give an enema:

First, warm the bottle of saline while you get the rest your supplies prepared. This way, by the time everything is ready, the saline will already be warmed. Warm saline will help prevent your child from experiencing cramping or discomfort. We do not recommend using a microwave to warm the saline. Place the saline bottle in a tub of warm water, making sure the warm water reaches at least as high as the saline in the bottle. The saline should be warmed to body temperature.

Start by closing the roller clamp on the gravity bag tubing. Then add the enema solution into the gravity bag, typically between 200-400 mL. For this example, we will use 400 mL of saline and 20 mL of glycerin. Once you have poured both solutions into the gravity bag, gently knead the bag to mix the solutions. The glycerin is thick and can sink to the bottom of the bag and clog the opening. Remember, do not shake the bag vigorously or it may cause bubbling or lather. Remove the cap on the cone tip end of the gravity bag, if there is one. Next, open the roller clamp to let the solution flow through the tube all the way to the cone tip end by gravity. This is called priming the feeding bag tubing. Once the tubing is primed, hang the gravity bag on a hook on the wall, a shower curtain, or on a hanger. Take the cone tip on the end of the gravity bag and attach it to clear tube opening on the silicon Foley catheter. These catheters have a 30 mL balloon at the tip. These Foley catheters are special ordered for our patients, since most catheters in the hospital do not have the pediatric balloon size. Before starting, test the balloon on the Foley catheter to make sure it is intact and still working from the last time it was used. To do this, pull back on the piston in the 30 mL syringe, attach it to the white balloon port on the Foley catheter, and push in 30 mL of air. Make sure there are no leaks or cracks in the balloon. Deflate the balloon by pulling back on the plunger in the syringe. These catheters are reusable and when the balloon starts to feel tacky, it may need to be replaced, usually once or twice a month.

Once everything is ready, have your child get down on their hands and knees, and place their head down on a pillow and keep their bottom up in the air. This is the best position so that the enema solution will fill the colon better and fluid won't leak out. Some children find this position uncomfortable and may prefer a position that allows them to see what their caregiver is doing. In these situations, then we allow the children to either lay on their back with their knees bent in a frog-legged position or on their side.

Then, when the patient is ready, we have the parent lubricate the tip of the catheter with the water soluble jelly so it does not irritate the rectum. Insert the Foley catheter at least 4-6 inches into the rectum, and inflate the Foley catheter balloon via the airport. We recommend that you start with 15ml of air in the Foley balloon, but you can go up to 30 mL. Make sure you take the syringe fully off the airport or you will lose air. With the catheter in place, hold the catheter tubing close to the rectum and pull gently on the catheter until you meet resistance. Remember, it's best to hold the catheter as close to the anal opening as possible when pulling back. Pulling from too far away will not bring on the best tension to seal the rectum, and may cause the solution to leak. Then reach over and open the gravity bag clamp to allow the solution to flow. If it doesn't immediately flow, you may need to squeeze the flow chamber underneath the bag once or twice to get the fluid moving. Allow the solution to flow over 5 minutes, keeping constant tension on the catheter the whole time to prevent the solution from leaking out. If your child experiences any cramping or fullness, you can slow the enema process by lowering the gravity bag. Raising the bag higher will make the solution flow in faster.

Once all the enema solution has been given, let the solution dwell in the colon for about 10 minutes. Once the 10 minutes is up, transfer the patient to the toilet, and remove the air from the Foley catheter balloon with the 30 ml syringe. Allow the patient to sit on the toilet to evacuate their stool. Let them sit on the toilet for 30 to 45 minutes to evacuate completely, but no longer than that. Bring toys, games, books, electronics, TVs, or iPads, to help them pass the time. This can help distract your child and give them something to look forward to during their time with enemas. Allow them to take part in the decision making by letting them choose their favorite cartoon, or game, or book. Have them decide when they do the enema- before or after a cartoon. This will also allow them to have some control.

Remember, giving an enema is a medical treatment and it is very important how you approach your child. You administer enemas to ensure that their stool is evacuated daily, and provide relief from bloating, cramping, and abdominal discomfort. It aids with helping them to eat better, it prevents dilation of their colon, and it prevents stool accidents in their underwear.

How your child tolerates the enema will depend on you and how you present it. We encourage you to stay positive.

If you apologize, by saying “I’m sorry I have to give you this enema,” or say “I know you’re not going to like this, but...” or “I don’t want to do this either,” Your child will feel like this is something that shouldn’t happen. Your child will be looking at you on how to react to the enema. So if you look anxious or worried, your child will pick up on that and they will feel the same way. They will have a negative feeling, be afraid, and they will not like it.

Kids don’t have a preconception of this treatment. They may have some fear or be nervous about the enema because it is new but this is normal. With your reassurance, your child will be okay. Typically, you, the caregiver, will have more issues with the enema than your child.

We encourage you to approach your child with confidence, provide support and reassurance, and have a positive attitude. If you need a moment to get yourself together, turn your face away, don’t let them see you. Some families like having other siblings take part in the process to help. This is a personal decision for each family. We always recommend doing whatever works or is most helpful to your family. Again, this is a medical treatment, like giving an insulin shot. Nobody wants to give it, but it needs to be done. And we will find a way together to keep it a positive outlook.

We would like to acknowledge the content of this video to our colleagues at Cincinnati Children’s Hospital and Nationwide Children’s Hospital. On behalf of the Stanford Children’s Surgery, Colorectal and Bowel Management Program, we look forward to working with you and your family. Thank you for watching our video.