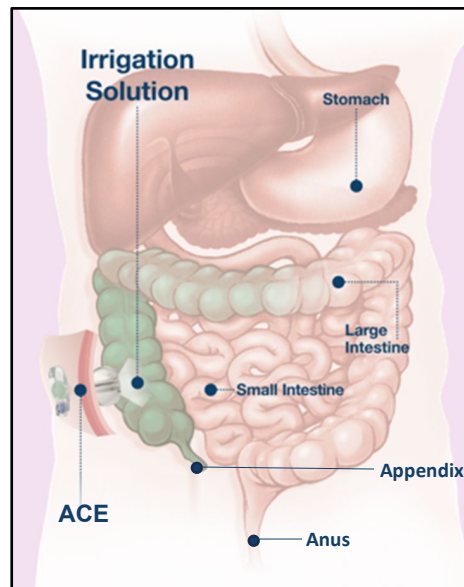


Preparing for an Antegrade Continence Enema (ACE) Procedure.

What is an ACE procedure?

Your child's doctor has recommended a surgery called an ACE procedure. An ACE procedure lets children give their own enemas through a tube that goes through the belly wall. An enema helps the body move poop through the large intestine and out the anus. This can help keep your child from having poop accidents and treat chronic constipation (difficulty pooping).

There are two types of ACE procedures: Malone Antegrade Continence Enema (MACE, also called Malone or Appendicostomy) and cecostomy tube.



Adapted from: <https://www.appliedmedical.net/enteral/miniace-enema-button/>

What's the difference between a MACE and a Cecostomy?

The channel (tunnel) used is the main difference between a MACE and a cecostomy. In a MACE procedure, the surgeon uses the appendix to make the channel between the large intestine and the belly opening. The appendix is a small, tube-shaped organ attached to the beginning of the large intestine. A catheter (thin plastic tube) must be inserted through the opening each time to give an enema.

For a cecostomy, the surgeon places a small, soft plastic tube through the belly opening and into the beginning of the large intestine (the cecum). This tube will stay in place for as long as enemas are needed. The tube will need to be replaced sometimes. Many types of tubes can be used for a cecostomy, including Chait tubes and low-profile buttons that lie flat on the belly.

What are the benefits of the ACE procedure?

- Easier to give enemas: The procedure makes an opening on the belly so enemas can be given through that opening instead of through the anus. This makes it easier for older children to give themselves an enema. It also makes it easier for parents to give enemas to younger children.
- More independence and privacy for your child: Older children can take control of their poop schedule by doing their own enemas.
- More natural bowel movements: The ACE procedure allows the enema to start at the beginning of the large intestine, which follows the natural flow of poop.

What to expect before the surgery

- Your child may need to take medicines the day before the surgery to clean poop out of the colon. Your surgeon may ask that this be done at home or in the hospital.
- Your child may need to be on a clear liquid diet the day before the surgery.
- Your child will not be able to eat or drink anything after midnight.
- Your child will get IV antibiotics in the operating room.

What to expect after the surgery

- Most children stay in the hospital for 2–3 days after the surgery.
- The incision (cut) may be tender for several days. Your child will get pain medicines to keep them as comfortable as possible.
- Your child will be on a clear liquid diet until their bowels work normally. Then, they will be able to start eating a regular diet.
- You and your child will learn how to take care of and use the tube before going home.
- We will order medical supplies for you to use at home.

