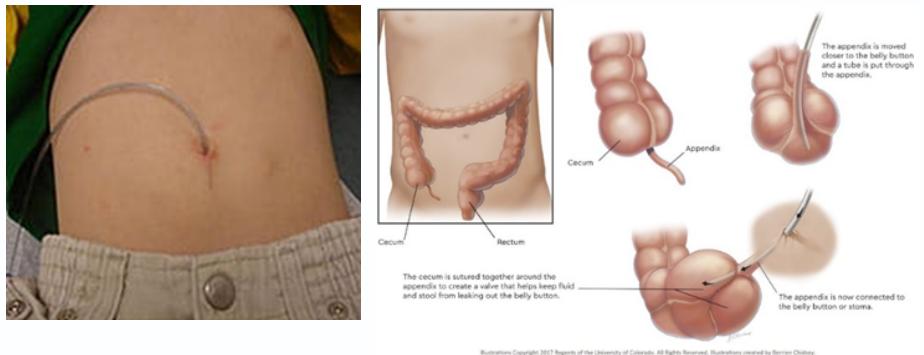


## Managing a New Malone

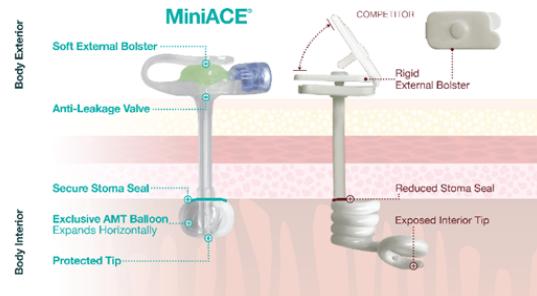
### What is a Malone?

A Malone (also called a cecostomy, appendicostomy, ACE, MACE) is a tract (tunnel) from the belly button (umbilicus) to the colon. It's for people who need daily enemas to clear the bowels. With the Malone, the enema is given through this tract instead of the rectum. It helps your child be more independent and comfortable during the daily "flush" of the colon.



### What does it look like?

For one month after surgery, a small tube will be either sewn in or taped to the belly and must stay in place. After one month, you'll come back to clinic, and we'll replace the tube with an 'ACE stopper.' This is a small silicone place holder to stop the area from healing over. After 6 months, your child won't need anything in the site. Sometimes, it's better for the child to keep a device in this area, rather than placing a catheter each day. The devices are called miniACE or chait tube.



### The Procedure

Your child might be scheduled for a device to be placed in the stoma with Interventional Radiology (IR) at least 6 weeks after their first surgery. The first exchange will be done in the Interventional Radiology procedure area in Radiology West. After the first exchange, all exchanges will be done in fluoroscopy in Radiology East.

During an exchange, the current tube is taken out and a new tube is put in using x-ray. Once the exchange is done, the cecostomy tube is ready to use.

Talk to your child's care team for orders for exchanges or concerns for complications. Please call IR for all exchanges.

The tube should not be too tight, too loose, sticking out of the stoma, or cause pain with flushing. If you notice any of these symptoms, please call IR for an exchange.

These exchanges are done without anesthesia.

## What happens if the tube comes out?

If this happens during the first month after surgery, please call the office right away. The child will need to come to the clinic for the surgeon to check the area and replace the tube.

If it's already been replaced with the ACE stopper, it can be put back in without coming to the clinic. There is no risk of damaging the surgical site at this point. It's best to secure the ACE stopper in place with tape or a band aid.

If there was a miniACE or chait tube in the site, you may be able to replace the miniACE tube (this is routinely changed at home). A chait tube will need to be replaced in clinic. An ACE stopper or catheter should be placed in the area to keep the tract open.

## Other considerations:

### Mini-ACE troubleshooting:

- The Mini-ACE needs to be exchanged every 3-4 months.
- The Mini-ACE balloon can hold 1.5 ml – 2.5 ml, depending on the French size. We recommend checking the balloon volume at least once a month.
- The Mini-ACE should be able to spin easily in the tract without pain.

### Chait tube troubleshooting:

- A Chait tube needs to be exchanged once a year.
- A Chait tube is either cut and pushed into the abdomen (it will come out during a bowel movement) or sometimes is completely taken out during the exchange from the tract.
- **DO NOT** twirl a Chait tube. The Chait should be able to be touched and flushed without pain.

If either tube comes out:

- Put in a replacement foley catheter or an extra Mini-Ace before calling the care team for instructions. Education for foley replacement will be done by the care team.
- If there is resistance and the replacement tube or foley can't be put in, stop trying to place the foley, tape the tube in place, and call the care team right away.

If there is any drainage, you should cleanse the site with gentle soap and water. You can always send a picture to the care team if you have questions.

Try to avoid contact sports or any trauma to the belly for one month after surgery. The site can get wet, but submersion (such as swimming) should be avoided for one month after surgery as well.

Date of surgery: \_\_\_\_\_