

Children's Continence

Current Awareness Bulletin

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1. Antegrade Continence Enema Alone for the Management of Functional Constipation and Segmental Colonic Dysmotility (ACE-FC): A Pediatric Colorectal and Pelvic Learning Consortium Study

Authors: Ahmad, Hira;Smith, Caitlin;Witte, Amanda;Lewis, Katelyn;Reeder, Ron William;Garza, Jose;Zobell, Sarah;Hoff, Kathleen;Durham, Megan;Calkins, Casey;Rollins, Michael D.;Ambartsumyan, Lusine;Rentea, Rebecca Maria;Yacob, Desale;Lorenzo, Carlo Di;Levitt, Marc A. and Wood, Richard J.

Publication Date: 2024

Journal: European Journal of Pediatric Surgery : Official Journal of Austrian Association of Pediatric Surgery ...Et Al] = Zeitschrift Fur Kinderchirurgie 34(5), pp. 410–417

Abstract: Objective: The purpose of the study was to determine if antegrade continence enema (ACE) alone is an effective treatment for patients with severe functional constipation and segmental colonic dysmotility.; Methods: A retrospective study of patients with functional constipation and segmental colonic dysmotility who underwent ACE as their initial means of management. Data was collected from six participating sites in the Pediatric Colorectal and Pelvic Learning Consortium. Patients who had a colonic resection at the same time as an ACE or previously were excluded from analysis. Only patients who were 21 years old or younger and had at least 1-year follow-up after ACE were included. All patients had segmental colonic dysmotility documented by colonic manometry. Patient characteristics including preoperative colonic and anorectal manometry were summarized, and associations with colonic resection following ACE were evaluated using Fisher's exact test and Wilcoxon rank-sum test. p -Values of less than 0.05 were considered significant. Statistical analyses and summaries were performed using SAS version 9.4 (SAS Institute Inc., Cary, North Carolina, United States).; Results: A total of 104 patients from 6 institutions were included in the study with an even gender distribution (males n = 50, 48.1%) and a median age of 9.6 years (interquartile range 7.4, 12.8). At 1-year follow-up, 96 patients (92%) were successfully managed with ACE alone and 8 patients (7%) underwent subsequent colonic resection for persistent symptoms. Behavioral disorder, type of bowel management, and the need for botulinum toxin administered to the anal sphincters was not associated with the need for subsequent colonic resection. On anorectal manometry, lack of pelvic floor dyssynergia was significantly associated with the need for subsequent colonic resection; 3/8, 37.5% without pelvic dyssynergia versus 1/8, 12.5% (p = 0.023) with pelvic dyssynergia underwent subsequent colonic resection.; Conclusion: In patients with severe functional constipation and documented segmental colonic dysmotility, ACE alone is an effective treatment modality at 1-year follow-up. Patients without pelvic floor dyssynergia on anorectal manometry are more likely to receive colonic resection after ACE. The vast majority of such patients can avoid a colonic resection.; Competing Interests: None declared. (Thieme. All rights reserved.)

2. Medical Alert Cards for Pediatric Patients With Antegrade Continence Enemas to Enhance Awareness

Authors: Bokova, Elizaveta;Prasade, Ninad;Elhalaby, Ismael;Martin-McLain, Margaret;Lewis, Wendy E.;Feira, Christine N.;Lim, Irene Isabel P. and Rentea, Rebecca M.

Publication Date: 2024

Journal: The Journal of Surgical Research 303, pp. 206–214

Abstract: Introduction: The antegrade continence enema (ACE) is a surgical technique that establishes a route for colonic irrigation, necessitating a detailed comprehension of the procedural methodology, including the conduit construction, the catheters selection, and the administration of irrigation solutions. It is critical to disseminate comprehensive information regarding ACE procedures to health-care professionals and caregivers to enhance their understanding and support management of patients undergoing this intervention. This study aims to evaluate the efficacy of a novel educational tool designed to augment the knowledge base of physicians and caregivers regarding ACE procedures.; Methods: Medical alert cards were conceptualized for patients managed with ACEs via an

appendicostomy, neoappendicostomy, or cecostomy. These cards included essential information such as (1) contact details of the health-care team, (2) specifics of the surgical procedure, (3) criteria for emergency department referral, and (4) bespoke patient-specific information. A single-institution survey was conducted to assess the cards' role in improving awareness of ACE procedures among health-care providers and caregivers and guiding management of patients with ACEs. The study adhered to Consensus-Based Checklist for Reporting of Survey Studies guidelines.; Results: Twenty-seven responses were collected from 18 health-care providers and nine caregivers. A significant majority (n = 24, 88%) affirmed the cards' effectiveness in providing detailed information about individual patients. The design and layout of the card were well-received by 93% (n = 25) of respondents, with a median readability score of 8 (interquartile range 7-10). Additionally, some providers (n = 3, 17%) highlighted the card's utility in facilitating patient referrals to specialized care centers. Suggestions for improvement included adding information about different types of tubes, enhancing readability, and optimizing the visual representation of the conduit.; Conclusions: Medical alert cards demonstrated a significant potential to improve understanding of ACEs among health-care providers and caregivers. The cards aid in informing stakeholders about the ACE procedure, guiding the child's management, and referring the patients to specialized care facilities when necessary. (Copyright © 2024 Elsevier Inc. All rights reserved.)

3. Paediatric continence: education to support today's children

Authors: Gordon, Debbie

Publication Date: Oct ,2024

Journal: Journal of Community Nursing 38(5), pp. 10–11

4. Antegrade Continence Enemas for Pediatric Functional Constipation: A Systematic Review

Authors: Jonker, Charlotte A. L.;van der Zande, Julia,M.J.;Benninga, Marc A.;de Jong, Justin,R.;Di Lorenzo, Carlo;Lu, Peter L.;Tabbers, Merit M.;de Vries, Ralph;Koppen, Ilan J. N. and Gorter, Ramon R.

Publication Date: 2024

Journal: Journal of Pediatric Surgery , pp. 161952

Abstract: Background: Despite optimal conservative and medical treatment, some children with functional constipation (FC) continue to experience symptoms. Antegrade continence enema (ACE) surgery has been suggested as the primary surgical option after less invasive pharmacological and non-pharmacological interventions have not been effective. The purpose of this systematic review was to assess the outcomes of ACE for children with FC.; Methods: Electronic databases were searched (inception-March 2024) for studies evaluating ACE surgery performed in children with FC. The primary outcome was treatment success (as defined in the original manuscript), including at least defecation frequency and/or fecal incontinence frequency. Secondary outcomes were cessation of ACE, complications, health-related quality of life (HRQoL) and patient/parent satisfaction. Quality of evidence was evaluated based on tools from the New-Ottawa Scale and Joanna Bridge Institute.; Results: Thirteen studies were included, representing 477 children with FC treated with either an appendicostomy or a cecostomy. Reported treatment success rates varied widely, ranging from 32% to 100%. ACE treatment was stopped in 15% due to treatment success and in 8% due to treatment failure, leading to more invasive surgery. Complication rates ranged from 6% to 100%, requiring surgical intervention in 0% to 34%. An improvement in HRQoL following ACE treatment was reported in all three studies that assessed HRQoL. The two studies assessing patient/parent satisfaction, reported high satisfaction rates.; Conclusion: Reported treatment success and complication rates following ACE surgery for children with FC vary widely. This systematic review highlights the necessity for uniform definitions and treatment guidelines for ACE surgery in children with FC.; Level of Evidence: III.; Competing Interests: Conflict of interest None. (Copyright © 2024. Published by Elsevier Inc.)

5. Children's continence guide: supporting service development

Authors: Liston, Sunni

Publication Date: 2024

Journal: Nursing Times 120(10), pp. 22–25

Abstract: The third edition of the Children's Continence Commissioning Guide, developed by the Paediatric Continence Forum, aims to provide guidance, information and tools for commissioners, service planners, managers and clinicians across the UK to set up and run effective and appropriately resourced integrated, nurse-led, community-based paediatric bladder and bowel services. The aim is for children and young people who have bladder and bowel issues to have access to early assessment and equitable cost-effective treatment. This article looks at the importance of this newly revised guidance, in respect of its achievements to date and its continued place in terms of campaigning for improvements in services.

6. Significance of retrograde flow with antegrade continence enemas in children with fecal incontinence and constipation

Authors: Pearlstein, Haley;Wang, Lyon;Thompson, Benjamin P.;Wood, Richard J.;Levitt, Marc A.;Bali, Neetu;Vaz, Karla;Yacob, Desale;Di Lorenzo, Carlo and Lu, Peter L.

Publication Date: 2024

Journal: Journal of Pediatric Gastroenterology & Nutrition 79(3), pp. 519–524

7. 6.7 The Role of Atypical Antipsychotics in the Management of Functional Fecal Incontinence in the Pediatric Population

Authors: Zahed, Ghazal;Diler, Rasim Somer and Hosseini, Amirhossein

Publication Date: 2024

Journal: Journal of the American Academy of Child & Adolescent Psychiatry 63(10), pp. S283–S284

Sources Used:

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