

Children's Mercy Kansas City

SHARE @ Children's Mercy

Research Days

GME Research Days 2021

May 12th, 11:30 AM - 1:30 PM

Mini-ACE® low-profile appendicostomy button

Joseph Lopez

Follow this and additional works at: <https://scholarlyexchange.childrensmercy.org/researchdays>



Part of the [Pediatrics Commons](#), and the [Surgery Commons](#)

Lopez, Joseph, "Mini-ACE® low-profile appendicostomy button" (2021). *Research Days*. 18.

https://scholarlyexchange.childrensmercy.org/researchdays/GME_Research_Days_2021/researchday3/18

This Poster Presentation is brought to you for free and open access by the Conferences and Events at SHARE @ Children's Mercy. It has been accepted for inclusion in Research Days by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.

Mini-ACE® low-profile appendicostomy button

Joseph J. Lopez MD¹, Wendy Jo Svetanoff MD MPH¹, Nicholas Bruns MD¹, James A. Fraser MD¹, Kayla B. Briggs MD¹, Alonso Carrasco MD¹, John M. Gatti MD¹, John M. Rosen MD¹, Wendy E. Lewis RN¹, Christine N. Warner RN¹, Maddie Jermain RN¹, Rebecca M. Rentea MD¹

¹Comprehensive Colorectal Center - Children's Mercy Hospital– Kansas City, Kansas City, MO 64108, USA

Abstract

Purpose: Malone antegrade continence enemas (MACE) provide a conduit in which the patient can achieve improved continence, be clean of stool, and gain independence in maintaining bowel function. The Mini-ACE® is a low-profile balloon button that is used to facilitate administration of antegrade enemas. We sought to describe our practice and short-term outcomes.

Methods: We present our experience using the Mini-ACE® at Children's Mercy – Kansas City from April 2019 to September 2020. Patient demographics, colorectal diagnoses, tube sizes, flush regimens, patient experience and outcomes were examined.

Results: Thirty patients were included; 18 (60%) were male. The average age at Mini-ACE® insertion was 9.3 years (SD +/- 5). The most common diagnoses were functional constipation (n=12), anorectal malformation (n=9) and Hirschsprung disease (n=3). Eighteen of 30 patients/families (60%) reported no post-operative problems. Six (20%) noted inadvertent tube dislodgement requiring replacement, but only one required replacement within one month of initial placement. No patients required operative revision.

Conclusion: While post-operative outcomes are limited, the Mini-ACE® appears to be a safe and low-profile alternative to other antegrade continence enema access devices. Further research is

needed directly comparing complications and patient satisfaction rates between different MACE devices and overall quality of life.