

MALONE STOMA and CHAIT TRAPDOOR

Some babies are born with congenital abnormalities of the bowel. Initially a temporary stoma is fashioned and after 3-6 months corrective surgery is performed and the temporary stoma is closed. Some of these children have problems with bowel control. Not having full control of bowel movements for a school age child is extremely damaging to a child's developing self-esteem. The Malone stoma (*Appendicostomy*) or Chait Trapdoor is an option for this group of children. The other group of children who commonly have a Malone stoma or Chait Trapdoor are the group who have a bowel dysmotility disorder such as Neuronal Intestinal Dysplasia or chronic constipation with overflow soiling as can occur with a neurogenic bowel, common in children with Spina Bifida.

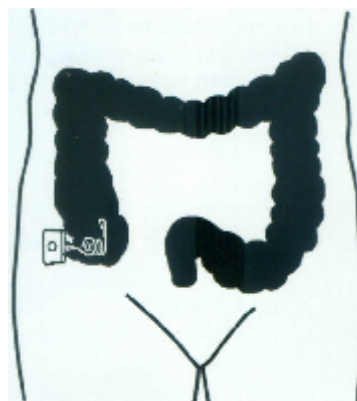
Malone Stoma or Appendicostomy

The appendix is brought out onto the abdomen or into the umbilicus (*belly button*), and the end is opened and a small stoma fashioned. This is an appendicostomy or Malone stoma named after the surgeon who first performed this surgery. A nelaton type of catheter is passed through the stoma into the start of the large bowel and a washout solution is administered via a stoma irrigation bag. Following administration of the solution the bowel starts to empty via the normal route. The type and amount of washout solution and the frequency of administration take some fine tuning and are very individual (*often trial and error over some months*). Dietary factors also play a role. It is also very important that the solutions are correctly made up according to instructions and given at room temperature. Regular appointments with the surgeon and stomal therapist should be made. This surgery is no 'instant fix'. With perseverance many children are able to regulate their bowel habits and do not have to suffer the humiliation of soiling.

Problems can occur such as stenosing or narrowing making it difficult to insert the catheter and requiring surgical stretching. The stoma can sometimes ooze mucus. Some children use a stoma cap to manage the ooze while others use a Band-Aid. Occasionally liquid bowel action can leak around the stoma. This usually happens when the large bowel is very full.

Chait Trapdoor

The Chait trapdoor was developed by Dr. Peter Chait at the Hospital for Sick Children in Toronto, Canada. It is a non-latex, inserted into the caecum through the opening. The trapdoor has a small, soft lies flat against the skin. A hinged cap to the internal part of the tube, (see



flexible tube that is appendicostomy access port that opens for access (*diagram*).

When it is closed, the trapdoor can be clothing without any noticeable bulges. complications that can occur viz. infection hyper granulation tissue (*a build-up of red the tube enters the body*) and dislodge-

worn under There are some around the site, *raised tissue where ment of the tube.*

These two options have improved the quality of life for a large number of children and their families in Australia. There are booklets available from Cook Inc. who manufacture the Chait trapdoor.

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