



Japan Council for Quality Health Care

Project to Collect Medical Near-Miss/
Adverse Event Information

Medical Safety Information

No. 3, February 2007

Rectal perforation associated with glycerin enema

Seven cases of rectal perforation associated with glycerin enema were reported. (information collection period, from October 1, 2004 to September 30, 2006; the information included in "Medical Adverse Event Information to Be Shared" in the 3rd, 5th and 7th Quarterly Reports)

**In six of seven cases reported,
patient was in a standing and
bending forward position.**

The body position and the location at the time of glycerin enema

Body position	Stand and bend forward	Left lateral decubitus position
Location	Toilet	Patient ward
Number of report	6	1

Rectal perforation associated with glycerin enema

Case 1

The nurse gave glycerin enema to a patient in a standing position in a toilet. Later, the patient complained of moderate abdominal pain and a bleeding was observed at the adjacent area of the anus. According to the results of an endoscopy, the patient was diagnosed with a laceration and perforation of the rectum with clotting in the vicinity. Later, the patient underwent hemolysis and renal dysfunction caused by glycerin that had infiltrated blood stream from the area of injury.

Case 2

A glycerin enema was done in preparation for gastric cancer surgery in a toilet with the patient bent forward. Later, the patient recognized the emission of a clear liquid from her vagina and small amount of blood when urinating. Therefore surgery was immediately planned and begun, a perforation was verified through the intraperitoneal exploration, and a colostomy was constructed.

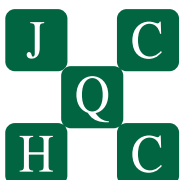
Preventive measures taken at the medical institutions in which the events occurred.

Enema shall be enacted, in principle, with patient in the left lateral decubitus position and shall be undertaken with the utmost care.

* As part of the Project to Collect Medical Near-Miss/Adverse Event Information (a Ministry of Health, Labour and Welfare grant project), this medical safety information was prepared based on the cases collected in the Project as well as on opinions of "Comprehensive Evaluation Panel" to prevent occurrence and recurrence of medical adverse events. See quarterly reports and annual reports posted on the Japan Council for Quality Health Care website for details of the Project. <http://www.med-safe.jp/>

* Accuracy of information was ensured at the time of preparation but can not be guaranteed in the future.

* This information is neither for limiting the discretion of healthcare providers nor for imposing certain obligations or responsibilities on them.



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