



High volume rectal irrigation

Introduction

You have been referred for rectal irrigation as this is a specialised method of bowel management for people with chronic constipation, difficulty with bowel evacuation or bowel control problems. Rectal irrigation is a method of 'cleaning out' the lower part of the bowel using water and irrigation equipment. It is designed to be used on a regular basis to aid evacuation allowing you to manage your own bowels independently at home and have the confidence that your rectum is empty, enabling you to get on with your everyday life without having to worry about leakage from your back passage.

Is irrigation suitable for everyone?

No, it is only recommended following specialist evaluation and when simple bowel management options have failed. Irrigation may not be suitable if you have:

- Acute inflammatory bowel disease
- Anal fissure
- Severe haemorrhoids or other conditions causing pain or bleeding
- Unexplained changes in stool pattern
- Active diverticular disease
- Abdominal or anal surgery within past 6 months
- Recent colonic biopsy
- Cancer or radiotherapy in the abdominal or pelvic region
- Long term steroid therapy
- Anticoagulant therapy
- Risk factors for Ischaemic colitis (atrial fibrillation, coronary artery disease, high cholesterol)
- Pregnancy
- Heart failure

Do I need to be assessed for irrigation?

Specialists with knowledge and experience of bowel problems have discussed irrigation with you as an alternative option for your bowel management. The Specialist Nurse is responsible for assessing your suitability to irrigate and demonstrating the irrigation system. You must be given training and will be asked to attend a practical teaching session on how to use the system to ensure that you can continue to use it safely on an ongoing basis by yourself or with help from someone else. Training can also be arranged within your own home by referring you to one of the Community Rectal Irrigation Nurse Advisors.

How is high volume rectal irrigation performed?

You will normally irrigate whilst sitting on a toilet or commode. A small rectal catheter or cone is inserted into the back passage. This allows water to pass into the lower bowel which flushes out the bowel contents. Irrigation is designed to be used on a regular basis to aid evacuation. A practical teaching session will be given, and you will receive the relevant support material e.g. step by step guide, written information, teaching links.

How often should I irrigate?

Some people irrigate on a regular basis either daily or a few times a week whilst others do it when they feel they need to. A certain amount of trial and error is required to find out what works best for you, but this can take a month or so.

When should I irrigate?

This depends on your lifestyle, work or individual needs. Choose a time when you do not have to rush and have access to a toilet in case you need to use it again after irrigating.

How much water should I use?

You should use enough water to completely evacuate the lower bowel. The amount of water used by different people will vary. Use enough water to empty the lower bowel but usually around 500-800ml of water usually works best. You will probably start off using a smaller volume of water until you gain confidence. The Specialist Nurse will advise you on this.

How do I obtain equipment?

This is a single person product. Further supplies are available on prescription and can either be arranged through a home delivery service or from a chemist. Your Specialist Nurse will provide you and your GP with the relevant prescription codes.

What if I need advice after I start irrigation?

Telephone or face to face follow up appointments will be arranged with the Specialist Nurse. Their contact details are provided below but you are advised to stop irrigating and make contact if you have any concerns. Support in the community may be available in certain circumstances; the Specialist Nurse will be able to advise you, should this be necessary.

Will any new medical problems affect the irrigation?

Consult a doctor for advice in case of any new medical conditions.

Stop irrigation and consult your GP in case of:

- blood in faeces, weight loss, abdominal pain
- changes in the frequency, consistency and colour of stools

Consult your Specialist Nurse for advice in case of:

- Pregnancy
- Breastfeeding

Giving my consent (permission)

The staff caring for you will need to ask your permission and ensure that you are happy to carry out rectal irrigation at home. They will gain verbal consent that states that you have agreed to the treatment and that you understand the benefits, risks and alternatives. If there is anything you don't understand or if you need more time to think about rectal irrigation, please tell the staff caring for you.

Remember, it's your decision. You can change your mind at any time and your wishes will always be respected. If you would like to read our consent policy, please tell a member of staff.

Troubleshooting

Abdominal cramps	If these occur pumping the water more slowly may help. It may be worth stopping pumping the water for a minute and then re-start when cramps subside. Cramps may also be a sign that the irrigation water is too cool or is stimulating the gut to contract. Cramps can indicate that the irrigation is working well.
Bleeding	Occasional spots of bright red blood may be seen on the catheter, especially if you have haemorrhoids. This is not a cause for concern. If bleeding happens regularly this needs to be reported to your medical team. If a sudden major bleed occurs stop irrigation and urgent medical attention must be sought. More major or regular bleeding or dark red bleeding must be investigated. If you experience a haemorrhage with or without pain emergency care is indicated to rule out rectal trauma however this is very uncommon.
Nothing is passed from the rectum	This can happen if you are very dry or dehydrated. Try to drink at least 1.5 litres per day, more if the weather is hot (unless otherwise directed by medical staff). If you are heavily constipated this needs to be removed before commencing irrigation. Regular use of irrigation can be used to prevent constipation occurring in the future.
Water is passed but no stool	There may not be any stool passed if there was a good result at the last irrigation. You may need to irrigate less often if this is happening regularly. If you have not had any results for several days the stool may be very hard and impacted. A laxative may be required.
Water or stool leakage after irrigation	Try sitting on the toilet for longer to ensure you are empty or try using less water. It may be advisable to wear a small pad when first carrying out irrigation. This may not be necessary once you are used to irrigation.

Feeling unwell	Occasionally irrigation can make you feel unwell during or after irrigation. It is not uncommon for you to sweat a little or have palpitations. You may also feel a little light-headed when first using the procedure. This should settle with time. If you are affected in this way it would be helpful for you to have someone nearby in case you need assistance.
Pain occurs when pumping water	If you experience pain when pumping water, pause for a while and then continue if comfortable. If the pain is acute or severe STOP IRRIGATION IMMEDIATELY . If the pain persists for more than a few minutes or is accompanied by a lot of bleeding, seek immediate medical assistance.
Difficulty inserting rectal balloon catheter or cone	DO NOT force the catheter or cone as difficult catheter insertion may be due to poor technique, bowel impaction or anatomical problems such as prolapse. Contact the Specialist Nurse for further assessment before proceeding.
Rectal balloon catheter or cone is expelled during pumping	If the balloon remains deflated check you have the control unit on the correct setting. You can practice the inflation technique first with the catheter outside the body to ensure the balloon symbol is used and enough air is instilled.
Rectal balloon bursting with catheter system	Ensure the catheter is hydrated before inflation. Balloon bursting sometimes also occurs due to hard faeces.
Rectal balloon catheter is immediately expelled after inflation	The balloon may be stimulating rectal contractions. Try inflating the balloon more slowly or inflate it a little less. If your anal muscles are very weak you may find it helpful to hold the inflated catheter in place.
Rectal balloon catheter is expelled once pumping has begun	Check that the water is not too hot or cold. Expelling the balloon is more likely to happen if irrigation is performed after meals so try irrigation at other times.

Are there any risks or complications?

Serious Complications – these are rare but include:

Bowel Perforation- this is reported as occurring in 1:500 000 cases. It is a serious and potentially life-threatening complication and will require immediate admission to hospital, often requiring surgery. If you experience acute, severe, sustained abdominal pain or back pain, especially if combined with a fever and or sustained anal / rectal bleeding you must attend Accident and Emergency immediately.

The catheter should slide in easily. Never force the cone into your anal canal as this may cause pain or injury and may cause a tear in the bowel wall. This is very unusual but in extremely rare cases may involve surgery to form a colostomy. Contact your Specialist Nurse if you have any problems inserting the cone.

Other risks include abdominal cramps (usually only present until bowel emptying is completed); worsening faecal incontinence due to leakage of irrigation fluid, minor anal discomfort or anal bleeding, nausea, dizziness and exacerbation of haemorrhoids.

Contact Details

Clare Horrobin

Clinical Nurse Specialist - GI Physiology
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Further information

Peristeen Rectal Irrigation Coloplast Ltd

Charter Helpline: 0800 132787
www.coloplast.co.uk

Qufora Ltd

Tel: +44 (0) 800 612 90 90
info@qufora.co.uk
www.qufora.co.uk

Bladder and Bowel UK

www.bbuk.org.uk

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