

Rectal Irrigation – Qufora IrriSedo Bed System

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.

How is irrigation performed?

You will normally irrigate whilst sitting on a toilet or commode however the Qufora Rectal Irrigation Bed System is designed for patients who are unable to sit or to be hoisted onto a toilet and who are unable to conduct their own bowel management. The closed irrigation system allows water to be instilled into the bowel whilst the patient is lying on their left side. A rectal catheter is inserted into the back passage and attached to a close collection bag. Water is allowed to pass into the lower bowel either via gravity or by using the hand pump, which flushes out the bowel contents

into the collection bag. Irrigation is designed to be used on a regular basis to aid evacuation. A practical teaching session will be necessary for you and your carers; you will also 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 and your carers do not have to rush.

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. The Specialist Nurse will provide you and your GP with the 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. Her 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

Giving your 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 be respected at all times. If you would like to read our consent policy, please tell a member of staff.

Information for Patients

Troubleshooting

Abdominal cramps	If these occur pumping the water more slowly may help. It may be worth stopping instilling 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 rectal 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 cleared 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 allowing longer time after irrigation 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 instilling / 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 Qufora IrriSedo Bed rectal catheter	DO NOT force the catheter 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.

Information for Patients

Qufora IrriSedo Bed rectal catheter expelled during pumping	The catheter may be stimulating rectal contractions. Ensure that the rectal catheter is well lubricated and insert it slowly to allow the rectum to accept its presence. The rectal catheter is required to be held gently in place during this form of irrigation however do not hold in place against strong rectal contractions. Catheter expulsion may also be due to the presence of hard stool within the rectum. A rectal examination by an appropriately trained healthcare professional will be required to identify this and efforts made to remove the stool.
---	--

Are there any risks or complications?

Serious Complications – these are rare but include:

Bowel Perforation- this is reported as occurring in 1: 50 000 -100 000 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 rectal catheter should slide in easily. Never force the catheter 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 Colorectal CNS if you have any problems inserting the rectal catheter.

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
Colorectal Nurse Specialist - GI Physiology
Good Hope Hospital

0121 424 7427

Further information

Qufora IrriSedo Bed irrigation system
MacGregor Healthcare Ltd
info@macgregorhealthcare.com

0800 612 9090

Bladder and Bowel UK
www.bladderandboweluk.co.uk

0161 607 8219

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.