

Patient Information Colostomy Irrigation

Colostomy Irrigation as a way of managing your bowel

There are various methods used to care for a colostomy and no one method is right for everyone. Some of the different ways of managing a colostomy include:

- Using a colostomy bag.
- Using a plug/continence device (to retain faeces in the body for a period of time).
- Medicinal or dietary manipulation of bowel function.
- Colostomy irrigation.

What is irrigation?

A measured amount of warm tap water (500ml-1500mls) is instilled - via the colostomy into the bowel every one to two days. The volume and detail will be discussed with you, when you meet with the stoma nurse. The aim of the irrigation is for the bowel to be stimulated to contract (peristaltic action) and then to expel the contents of the last part of the colon.

The desired result is that faeces are passed only at the time of irrigation, therefore giving the person control over when the stoma works.

The process is a safe and effective method of providing continence control with planned bowel emptying and with reduced wind and odour production.

Advantages:

- Greater control of your bowel function.
- More confidence in personal and social relationships.
- Freedom to relax more in social situations.
- You can wear a discrete cap over the stoma: no need to wear a large pouch once established.
- Wind and odour greatly reduced.
- No difficulties with used pouch disposal.
- Less worry about carrying spare stoma supplies: irrigation equipment is very compact.
- Enjoy a more relaxed diet.
- Benefits of a regular routine.

Disadvantages:

- Time needed to learn the procedure – commitment.
- Time needed to irrigate daily or on alternate days (roughly an hour from start to ‘cleared up’ finish).
- Some people may find the regular routine difficult.
- If undergoing a medical procedure, surgery or in cases of a ‘stomach upset’, irrigation will need to be paused until you’re better: this may also apply if embarking on an unusual expedition/adventure/holiday.

Can anybody irrigate?

A stoma clinic appointment will be made for you to discuss the procedure. One of the stoma care specialist nurses will check to make sure that there are no reasons why you shouldn’t irrigate.

Some of the reasons why irrigation would not be suitable for someone with a colostomy are as follows:

- If you have any **inflammatory bowel disease or colitis** you will not be able to irrigate.
- If you suffer from **irritable bowel syndrome, diverticular disease** or if you have a tendency to **diarrhoea** the procedure may not be successful.
- If you have **heart or kidney disease** as there is potential for complications caused by fluid absorption and ‘overload’: medical consent would need to be sought.
- Complications such as a **large hernia, colostomy prolapse or colostomy tightness** (called stenosis) may make irrigation too difficult.
- Irrigation would not be started during treatment such as **chemotherapy or radiotherapy**.
- **Poor eyesight or manual dexterity** makes managing the equipment difficult.

Preparation for irrigation

1. An out-patient appointment will be made for you to see one of the stoma care specialist nurses.
2. You will be given an assessment to ensure that there are no reasons for you not to irrigate and that you have enough manual dexterity and vision to manage the procedure. The irrigation equipment will be shown to you together with information about the Colostomy Association’s DVD and booklet. If you felt it helpful, contact details of another person who irrigates will be given to you so

that you can talk through the practicalities prior to making a decision.

3. Following this appointment - and if you decide to proceed with being taught irrigation- the stoma nurse will write to your GP and consultant surgeon.
4. Irrigation will normally be taught two to three months after surgery, unless you are having chemotherapy or other treatments which may delay this.

An appropriate and mutually convenient time will be arranged with the stoma nurse to start teaching sessions: two to three successive teaching sessions will be required to ensure that you are ready to irrigate by yourself. Ideally these sessions are held Monday to Wednesday at the same time each day. The sessions take place at the hospital and when the sessions have finished and you are ready to 'go it alone', a follow up phone call will be made (with further calls/review as required).

5. Following the teaching sessions, it is advisable to irrigate every day at a similar time for approximately six weeks or so and to wear your usual pouch. This period of time starts a routine and pattern for your body. After this initial period of time, it *may* be possible for you to irrigate every 36-48 hours, but this varies with the individual.

Problem solving:

1. Difficulty running in the water

The cone may be resting against the bowel wall. Gently moving the cone about or reinserting the cone after checking the bowel 'direction' with a lubricated/gloved finger may resolve the difficulty.

The cone exit may be plugged with faecal matter – gently remove the cone and clear, then start again.

You may be tense (especially at first) so some deep breathing may help. Finally – maybe the water reservoir isn't high enough – try lifting it a little higher.

2. Difficulty inserting the cone

Probably due to tension – try inserting a gloved/lubricated finger and do some deep breathing.

3. Abdominal pain

Perhaps the water is running in too quickly – try slowing it down. The water temperature should be lukewarm (37 degrees), if the water is too hot you will 'scald' the bowel and if too cold the bowel will contract.

4. 'Break through faeces'

Too much water may have been used during irrigation causing day-time seepage. A volume of between 500- 1200 mls is usual. However, inadequate amounts of water

may have the same effect. Sometimes instilling the total amount of water in two parts can help. The stoma nurse will guide you.

Make sure you have time for the irrigation routine and are not hurried. Daily irrigation may be helpful.

Review your food intake as some foods and alcohol may have a laxative effect.

5. Bleeding /soreness

If the stoma is very small the irrigation can cause trauma if care is not taken inserting the cone. If you are tense, massaging the stoma with a lubricated gloved finger may help to dilate the opening.

6. Water/bowel motions slow to return

If you are dehydrated the bowel will naturally absorb some of the water. If your bowel is sluggish try gently massaging your stomach and practice abdominal breathing which will stimulate the bowel (taught by the Stoma Nurse).

Helpful contacts:

Colostomy Association:

Helpline:-0800328 4257

E-mail:- cass@colostomyassociation.org.uk

Web:-www.colostomyassociation.org.uk

NNUH Irrigation support group:

Contact Stoma Care Department on: **01603 286441** for local, individual contact information.

Irrigation equipment kit **will be provided by the stoma care nurse at the NNUH.**

Companies providing irrigation kits are:

- Dansac
- Colplast
- Hollister
- Oakmed and B.Braun (provide sleeves only).
- Braun Irrigation Pump (ask the stoma nurse for further information)

