

An Introduction to Irrigation

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colostomy  association

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Colostomy Irrigation is used to manage faecal output by cleansing the bowel. It involves using specialist equipment to introduce a measured amount of water into the bowel via the stoma. The water then causes muscular contractions within the bowel, which in turn cause expulsion of its contents. Irrigation does not wash out the entire bowel but clears the lower (distal) colon of faeces. This enables the bowel to perform the function normally performed by the rectum of storing faeces until they are evacuated.

Managing a colostomy

The most common way in the United Kingdom of managing a colostomy is through natural action and the wearing of a pouch. There is no control over the bowel and the pouch usually has to be changed twice per day. Many colostomates find that certain foods can cause problems with wind, loose stools and odour. Laxatives may be required to regulate motions and some colostomates never develop a regular evacuation pattern. This can lead to a demoralising change in many aspects of a person's life.

Freedom and control

In general, irrigation is a safe and effective method for achieving a continent bowel. Irrigation can give the colostomate a new sense of freedom and control.

Irrigation needs to be discussed with and taught by a stoma care nurse, and the procedure should be followed. It is not a technique which suits everybody, although for colostomates who suffer persistent problems with their colostomy it may be an appropriate option.

Note:

When travelling in a country where the water is unsafe, use only bottled water and warm it to body temperature by immersing the bottle in a wash basin or bowl of hot water. It is safe to use when body temperature is reached. Alternatively, one can boil a quantity of water the evening before to sterilise it, and boil another quantity before irrigating, mixing the hot water with the water which has cooled to obtain the correct temperature.

Patients who drink alcohol should be aware that this dehydrates the body, especially red wine, and that much of the irrigation water will be absorbed into the colon on irrigation, therefore having little effect on the output. Those who exercise regularly will find that irrigating after exercise will cause absorption of more of the irrigation fluid and cause a poor irrigation.

Irrigation

The aim of irrigation is for faeces to be passed only when the bowel is irrigated. There is then no need for a colostomy pouch to be worn: the stoma may be covered by a cap or for great peace of mind a small pouch may be worn. Colostomy irrigation is a well established procedure that can be used by patients at home to achieve control over their bowel function, and should improve their confidence and quality of life.

It is a method of emptying the colon by inserting water via the stoma. This causes a muscular reaction and the faeces are then emptied via plastic tubing directly into the toilet.

Advantages of Irrigation:

- The irrigator has control over their bowel function.
- Irrigation is performed at a time that is most convenient to the Colostomate, and between irrigations they should be continent.
- A small appliance (stoma cap or plug) is all that is needed to cover the stoma, although a small pouch may be preferred. This can minimise the anxiety caused by altered body image and give more confidence in appearance.
- Irrigation can prevent or reduce problems associated with pouch leakage and allergies.



Stoma plug



Stoma cap

And the disadvantages:

- Irrigation can be time-consuming and the toilet or bathroom may be needed for 30 - 60 minutes.
- It should preferably be performed as a regular routine, and can be continued even if the colostomate is on holiday or away with work. If it is difficult to irrigate then normal bowel function will resume. It is suggested that the irrigator always takes pouches (both closed and drainable) with them as a precaution when away from home; even irrigators cannot guarantee they will not get diarrhoea!

Who can Irrigate?

- Those with an end colostomy situated in the lower part of the large bowel, motion should normally be semi-formed or formed.
- Reasonable eyesight and dexterity are required to be able to manage the procedure successfully.
- Colostomates will need to make an informed choice about undertaking this procedure and be motivated and keen to succeed.
- The surgeon's consent, or that of a stoma nurse, must be obtained prior to commencing irrigation, since with some medical conditions irrigation is inadvisable. It is advised that the patient's GP is informed.

Who cannot Irrigate?

- People with complications such as a prolapse, stenosis or large hernia.
- Those with further bowel disease e.g. Crohn's disease or diverticulitis.
- Irrigation may not be successful for those suffering from persistent diarrhoea.
- Young children who have difficulty sitting still for the required time. As with all teaching of young children, if the child is old enough to take an interest in the working of the stoma, it may be possible to overcome this difficulty by making a game of it: "Let's see how long you can go without needing a bag".
- People with renal or cardiac problems. Irrigation could cause fluid overload, or slow the heart rate excessively by stimulating the vagus nerve.

When can irrigation start?

Irrigation can be taught post-operatively when the bowel has started to function. However, many people have more than enough to cope with, in coming to terms with major surgery, and most stoma care nurses prefer to wait two or three months so that the patient has had a period of recovery and adjustment. A useful guide is when normal appetite has returned.

It is helpful for the stoma care nurse to give a full explanation prior to guiding the patient through the procedure. Booklets, videos and DVDs are available from the Colostomy Association.

There are many Volunteers who irrigate willing to advise a new irrigator, it can be a real help before making a decision to talk to another person who irrigates, someone who can give hints, tips and empathy!

How is irrigation taught?

Ideally this procedure should be taught in the colostomate's home which helps them feel comfortable in their own surroundings. The stoma nurse will make sure there is a hook above the toilet on which the water reservoir can be hung and will explain the equipment and assist the patient through the procedure.

However, many stoma nurses successfully teach colostomates in hospital. Their concern is that the new irrigator does not have a reaction to the effect of water going into the colon. Initially this has been known to cause a nauseous effect. Repetition overcomes this sensation. A stoma nurse will be available to ensure that the patient is irrigating safely, using the equipment correctly and to answer any questions that may arise.

Irrigation needs to be performed when the toilet or bathroom is free, which in some cases may be for up to an hour. It is important to relax, having to rush can lead to anxiety and is likely to cause the procedure to fail. Irrigation should as far as possible always be performed at the same time of day but it is better to be flexible and not worry if this is impossible. It is a procedure that improves with practice and knowledge of your bowels!



Equipment and supplies required:

Irrigation equipment is available on prescription from various manufacturers. The equipment always has the same basic components:

- 1 Water reservoir
- 2 Tubing with flow control
- 3 A cone: a nozzle with a smooth rounded tip to make it easy to insert into the stoma, and which is flared out to enable it to make a seal round the stoma
- 4 Lubricating jelly to aid the insertion of the cone
- 5 Irrigation belt and flange (not normally required for colostomates using two-piece appliances)
- 6 Disposable irrigation sleeve
- 7 Disposal bag
- 8 Tissues or toilet paper
- 9 New appliance to be worn, and any accessories used



Water reservoir, tubing, flow control and cone



Irrigation belt flange and sleeve

The water container should be clear, enabling the water level to be seen, and should preferably have a liquid crystal temperature indicator. The flow control should be easy to operate with one hand. The irrigation flange should give a secure seal around the stoma and the disposable sleeve should be long enough to hang into the toilet. It can be trimmed if needed. Once used, the flange and cone should be washed with antibacterial soapy water, dried and stored until their next use. There is normally no need to wash the reservoir.



Stoma plug



Stoma cap

How to irrigate:

- 1 Connect the reservoir, tubing and cone together. Fill the reservoir with tepid (37-38°C) tap water and hang it on a hook, such that the bottom of the reservoir is at shoulder level or slightly above when the colostomate is in the position adopted for irrigation.
- 2 Open the flow control to allow water through the tubing to expel air, and then close the control when the desired amount of water remains in the reservoir.
- 3 Fit the irrigation sleeve over the stoma and sit on the toilet, or on a stool adjacent to it, so that the sleeve hangs into the bowl.
- 4 Lubricate the cone and insert it gently into the stoma following the direction of the bowel. The stoma care nurse will help with this at first.
- 5 Open the flow control on the reservoir and allow the water to run slowly into the bowel. This should take 8-15 minutes. Most people use 800ml to 1.2 litres but the optimum amount may vary from 700ml to about 1.6 litres. Patients get to know by experience what quantity works best for them. Should cramping or pain be experienced during this time close the flow control, massage the abdomen and wait a few minutes before restarting. For the first irrigations patients may wish to restrict the rate of flow, but with experience they usually find that they can let the colon determine the rate.
- 6 When the water has run in, remove the cone from the stoma and close the top of the sleeve.
- 7 After a few minutes water and stools will begin to flow into the irrigation sleeve. After the main flush, it is possible to flush out and bring the end of the sleeve to fix firmly in with the top of the sleeve, enabling you to get on with other things until you are sure that evacuation is complete. It can take up to 30 minutes to complete the evacuation. An opportunity to catch up with some reading!
- 8 Wait about five minutes after everything appears to have been expelled, then remove the sleeve, wash and dry around the stoma and apply the usual stoma cap or appliance.
- 9 Dispose of the sleeve in the usual way, or wash thoroughly and reuse. Wash cone and base plate with antibacterial cleansing soap, allow to dry and store until next time.

Don't give up!

If it doesn't work one day, try again the next. Create a calm relaxed and undisturbed atmosphere and have another go. It is advisable to stop irrigating if there is illness or diarrhoea, it can be resumed when the patient is well.



This booklet is intended for general information and guidance only. The Colostomy Association would like to thank; Stoma Care Nurses, **Andrea Thomas RGN ENB** and **Clare Bossom EN RGN 216** and **Pat Black M.Sc, RGN, RCNT, FETC, FPA Cert, DipN, ENB980, ADV Cert Stoma Care** for their kind assistance in the production of this booklet.

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