

Patient Information Leaflet

Guidelines for the use of Rectal Irrigation (Peristeen)

Introduction

You have been referred by your consultant for rectal irrigation in the Nurse Specialist Clinic, as a means of managing your bowel.

The response to rectal irrigation is very individual and it may take some trial and error to find a programme that suits you and your bowel.

What is rectal irrigation?

Rectal irrigation is a procedure used for selected patients suffering from either faecal incontinence (involuntary leakage of solid/liquid stool or wind) or chronic constipation.

Rectal irrigation involves “cleaning out” the lower part of the bowel using water and irrigation equipment, which you will be trained to use, with your consent.

Rectal irrigation can work successfully within a few days but it can take 4-6 weeks for the treatment to settle down and become routine.

Rectal Irrigation Procedure

Rectal irrigation should only be started and carried out for the first time under the direction of a doctor, nurse or other qualified health care professional.

The procedure will normally take place while sitting on a toilet or commode.

- Fill water reservoir (it is important to fill the bag completely, even if the full volume will not be used: this makes it easy to control how much water is inserted and ensures the system works efficiently). Use lukewarm (not hot or cold to the touch) tap water. There is no need to measure the water temperature.
- Assemble the equipment: connect the irrigation bag, control unit and single-use rectal catheter blue to blue and grey to grey. Lock the connections by turning them 90 degrees clockwise.
- Strap pump to the leg if this is most convenient.
- Open the packaging of the rectal catheter 2-3cm (use the self-adhesive tab to fix the package to a vertical surface if convenient.)
- Turn the control unit knob to the water symbol. 
- Pump the control unit 2-3 times to "prime" the tubing with water and activate the self-lubricating coating on the catheter.

- Turn the control knob to the Balloon symbol  to stop the water flow. Do not pump yet wait at least 30 seconds.
- Transfer to the toilet if not on it already.
- Holding the catheter by the finger grip, gently insert into the anus as far as the finger grip will allow. The finger grip is the first part of the catheter with the widest diameter. If you feel any resistance while inserting the catheter NEVER use force, take the catheter out, check that there is not hard stool blocking the insertion, and gently try again.
- While still holding the catheter in place, pump the balloon (your health care professional will advise you how many times to pump but typically this is 3 to 4 times). This will inflate the balloon. Now let go of the catheter as the balloon will hold it in place.
- Turn the control unit knob to the water symbol  and start to pump water into the rectum. About one pump each two seconds is the usual speed to avoid discomfort. People with a high spinal injury may need to pump more slowly than this.
- Continue pumping until the required volume has been reached, the required amount will vary between individuals (your health care professional will advise you how much to use). It may take up to 10-15 minutes to pump in all the water.
- Turn the control unit knob to the air symbol  to deflate the balloon. The catheter is likely to drop out under gravity. If not, a gentle pull will remove it.
- Use the catheter package to dispose of the catheter in a rubbish bin.
- Water and stool should start to pass into the toilet very soon after the catheter is removed. Gentle pushing, abdominal massage or pressure on the abdomen may help this process. AVOID THE TEMPTATION TO STRAIN. It is better to be patient and wait. It can take 10-30 minutes for the bowel to stop emptying. With practice, you will learn when you have "finished" and it is safe to leave the toilet.
- Clean and dry the anal area.
- Unlock the connectors from the lid and catheter. Empty any remaining water from the bag and tubing. Discard the single use catheter in a disposable bag.

- Store the equipment in a dry place away from direct heat sources. Ensure that the tubes are not kinked. When storing the system turn the dial to the orange finish symbol.

How often should I irrigate?

Most people irrigate every 1 or 2 days, but more or less often is fine. It is probably best to get into a regular routine, rather than varying the interval a lot. It is only with time and practice that you will learn what works best for you and your bowel.

When should I irrigate?

Again, this is largely up to you. Irrigation seems to work best for most people if it is done at approximately the same time each day and we recommend that you start like this. Eating and drinking stimulate the bowel, so about 30 minutes after a meal will mean that you have the best chance of working with the natural activity of your bowel and achieving the best emptying. This will be morning or evening for most people. But once you have irrigation established, don't be afraid to try varying the routine a little to suit your needs and activities. The aim of irrigation is to free you up, not to tie you down.

How much water should I use?

Your health care professional will advise you on this but most people use 500-800mls for each irrigation. But it really is a case of trial and error to find what works best (complete emptying in the least time). It is usual for adults to start with 500mls and if necessary increase to 750ml. Stick to each volume you try for a few days rather than chopping and changing too often.

A few people find that volumes as low as 200-300mls work; others need to use 1.5 litres for best effect. Some find that pumping in half the water, stopping removing the catheter and emptying, and then pumping in the other half and emptying again works best.

Can I travel with the irrigation equipment?

Yes! However, you should use bottled or cooled boiled water in places where the tap water is not safe to drink. Remember in different time zones your body may take a while to adjust to a new routine. Your diet may also be different and this can affect the bowel.

What happens if my medical condition changes or I have bowel or abdominal surgery?

You should stop irrigating and consult your health care professional before recommencing.

Are there any risks or complications?

Some people experience minor or temporary problems such as discomfort or a little bleeding (see troubleshooting below). There is a possible risk of a hole or tear in the bowel occurring if the catheter is not correctly inserted, but this risk is minimal if you follow the instructions given to you by your health care professional.

Troubleshooting

Pain

If pumping the water brings on pain, pause for a while and then continue. If the pain is acute or severe STOP IMMEDIATELY, DEFLATE THE BALLOON AND REMOVE THE CATHETER. If the pain persists for more than a few minutes or is accompanied by a lot of bleeding seek medical help immediately.

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 is occurring regularly, report this to your health professional. If you have a sudden major bleed, seek urgent medical attention.

Abdominal cramps

If you experience some abdominal cramps, try pumping more slowly or stop for a minute and re-start when the cramps subside. Cramps may be a sign that the irrigation water may be too cool or is stimulating the gut to contract, so cramps can indicate that the irrigation is working well.

Feeling unwell during or after irrigation

Occasionally irrigating can make you feel unwell, either at the time or immediately afterwards. It is not uncommon to notice a little sweating or palpitations. You may even feel a little dizzy or light-headed until you get used to the procedure. If you are affected in this way, you should try to make sure that there is someone you can call for help if you feel faint.

Special information for people with spinal injuries

If you have a spinal injury at or above T6 and are prone to autonomic dysreflexia: always make sure that you have your medication to hand when you irrigate. If you notice any autonomic dysreflexic symptoms, stop the procedure, deflate the balloon and remove the catheter (this does not apply to anyone else).

Catheter expelled during pumping

If the balloon is deflated: check for a burst balloon. Practice inflation technique with a catheter outside the body to ensure the balloon symbol is used and enough air is instilled. Check that you are not accidentally turning to the air symbol  when intending to use the water symbol  after inflating the balloon. 

If the balloon is expelled immediately after inflation, the balloon is stimulating rectal contractions. Try inflating the balloon more slowly or inflate it a little less. If the balloon is expelled once you have begun to pump, check that the water is not too hot or cold, or try pumping more slowly. Expelling the balloon may be more likely to happen if you irrigate after a meal: try other times.

For women with impaired sensation or difficulty with your hands: make sure you have not mistakenly inserted the catheter into the vagina.

Nothing is passed from the rectum

Check that you are not dehydrated. Try drinking at least 1.5 litres per day, more if the weather is hot.

You could be heavily constipated; this should be cleared as much as possible before you commence 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 if you had a good result last time you irrigated. You may need to irrigate less often if this is happening regularly. If you have not had any results for several days your stool may be very hard and impacted. You may need a laxative: consult your health care professional.

Water or stool leakage after irrigation

It may be necessary to wear a small pad when you first start irrigating, until you know from experience that this will not happen.

- Try sitting on the toilet longer to make sure that you are empty
- Try using more water
- Try using less water
- If you are losing a bowel motion between irrigations, you may need to irrigate more often

- An anal plug may help if the problem persists

How do I get the equipment?

Peristeen Anal irrigation is available on drug tariff and can be delivered to you via Charter Healthcare 0800 132787.

Who to call if there is a problem?

Contact numbers for the rectal irrigation clinic:

Secretary 0191 445 3151

Answer/Office Phone 0191 445 3152
0191 445 3153

The nurses are available via phone Monday – Friday 9.00 a.m. – 5.00 p.m. An answer phone system is in operation, if the nurses are not in the office. The nurse will contact you the same day, however if your call is later than 4.00 p.m., you will be contacted the following day.

Useful contacts

www.bladderandbowelfoundation.org

For more information about Peristeen Anal Irrigation visit www.coloplast.co.uk

Charter Healthcare (Home Delivery Service) 0800 132787
www.charterhealthcare.co.uk

Acknowledgements

The information in this leaflet is taken from the guidelines for the use of rectal irrigation produced by Coloplast Ltd.

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