

## TRANSANAL IRRIGATION PROTOCOL

In GI Physiology, Bristol Royal Infirmary, Transanal Irrigation is offered to patients who, having had Anorectal Physiology studies, Biofeedback Therapy with supporting Bowel Management Advice, are still having residual symptoms of the following problems: -

- Incomplete evacuation with or without urge / passive faecal incontinence
- Urge or passive faecal incontinence where surgery is not preferred or has not been effective e.g. sacral nerve stimulation implants, laparoscopic ventral mesh rectopexy, stapled transanal rectal resection (STARR), low anterior resection, colectomy...
- Slow transit constipation

This may include patients who are unable to evacuate because of spinal injuries, but is very rare in our department.

There are 2 irrigation systems that we recommend –

- Peristeen (made by Coloplast) - <https://www.coloplast.co.uk/Peristeen-Anal-Irrigation-System-en-gb.aspx>
- Qufora (MacGregor Healthcare Ltd) - <http://www.macgregorhealthcare.com/> .

We use our professional judgement whether a patient can manage a system themselves, which system will be the most helpful for a patient going on their individual needs, and checking for any contraindications. For both, we give the patient as much information about how it will help their condition, and check with the consultant that there are no unknown contraindications, if they haven't already referred them to us for setting them up with the irrigation. We also write to the GP to inform them that this has been offered to the patient.

### **PERISTEEN**

This has a single use self-lubricated catheter which is inserted into the rectum and a rectal balloon inflated to hold it in position and make a seal so that infusion of water into the rectum can take place. This is connected to a plastic bag or reservoir which is filled with warm tap water and control of infusion is by of a 4 way tap and hand pump. Up to a litre of water can be infused, and released to effect evacuation and also to encourage natural bowel peristalsis.

Once the patient has agreed to trying the system, we refer them to Coloplast, who organise Charter Healthcare to contact the GP to set up the prescription, and deliver it to the patient's home.

There are then several options.

1. We can book them in to our once-a-month clinic with the specialist Coloplast nurses which run concurrently with other clinics in our department and generates extra income. They do not charge us for any of their services.
2. If the patient finds it difficult to travel to the hospital, we can offer the option of the Coloplast nurses visiting them in their home for the education
3. If the rectal irrigation needs setting up more urgently than the monthly clinic with the specialist nurses, I can train the patient sooner.

All the patients who receive the Peristeen kit can have access to the specialist Coloplast team support. They will monitor them every week by telephone for the first month. After that, the patient can ring us for support. In both cases, a visit either to us here in the clinic, or a visit in their home by a specialist nurse, can be arranged at any time during their use of the irrigation system.

We follow up the patient by telephone\* 1 – 2 months after starting to use the system and report back to the consultant and GP. Ideally we are going to set up follow up after a year as well for audit purposes. However, the patient is also informed that they can contact us at any time for support.

## **QUFORA**

There are several available systems we can offer, but the main ones are: -

Qufora mini - a simple bulb filled with warm water connected to a single use self-lubricated cone which is held in place in the anal canal to provide the seal. This washes out rectal residue only as opposed to clearing the descending colon and stimulating natural bowel peristalsis, so is offered to patients who don't need the fuller irrigation.

Qufora cone system – this is more like the Peristeen, works in the same way except that it has cones instead of catheters, so needs to be held in place during infusion. This is offered to patients who find the Peristeen system complicated to use or have trouble inserting the Peristeen catheter, as the cones are marginally less invasive.

Qufora supply us with trial packs which include the basic system and 5 single use cones, so that the patient can try it at home.

In this case, we do the education and support of the patient, and there is no specialist nurse available, though there is support by the specialist nurse rep should we need it, and the patient has access online to a support network MyQufora.

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## **WHAT WE DO / DO NOT DO**

We do not do routine manual evacuation, routine irrigation, or digital removal of faeces for the patients – it is all based on the patient being able to manage the system themselves.

We do not recommend the irrigation systems for faecal impaction, as they would be ineffective - we refer them back to the consultant to arrange other treatment or manual evacuation under anaesthetic.

We do give advice about stool softening or laxatives (though cannot prescribe), dietary titration of stool consistency if appropriate, and also give concurrent advice and evacuation techniques to enhance the effect of irrigation.

In cases, where patients find they are unable to do it themselves or it is deemed inappropriate, we would refer them back to the consultant or their GP to arrange other help.

\* Telephone follow ups are arranged as an Outpatient Appointment and Recorded Outcome on Medway is put as "Telephone" as opposed to "Face to Face". The patient is given an approximate time that they may be contacted for the follow up call.