

Supporting and empowering you



Colostomy irrigation:

An introduction

www.ColostomyUK.org



Stoma helpline:

0800 328 4257

24/7

Supporting and empowering you

Colostomy UK

We are Colostomy UK. Here if you have questions, need support or just want to talk to someone who lives with a stoma.

Your voice on the bigger issues: advocates for your rights and campaigning to raise awareness of what matters to you; running projects to empower you; building communities to support you.

Contact us

Write to:

Colostomy UK
100 Berkshire Place
Winnersh
Wokingham
Berkshire
RG41 5RD

Adminline:

Tel: 0118 939 1537

Stoma helpline: 0800
328 4257

E-mail

hello@ColostomyUK.org

Website:

www.ColostomyUK.org





Contents

What is irrigation?	4
Can I irrigate?	
Who can	5
Who can't	5
Other considerations	5
Why irrigate?	
The advantages	6
The disadvantages	6
When can you start to irrigate	7
Learning to irrigate	7
Equipment and supplies	8
An overview of the irrigation process	9
A note about water	10
Soft water	10
Water and irrigating abroad	10
Support from Colostomy UK	11

What is irrigation?

Irrigation involves using specialist equipment to introduce a measured amount of warm water into the bowel via the stoma. The water causes muscular contractions (peristalsis) in the bowel, which in turn causes the bowel to expel its contents via the stoma. Irrigation does not wash out the entire bowel. Instead, it clears the lower (distal) colon of faeces. This enables the bowel to perform the function normally done by the rectum, of storing faeces until they are ready to be evacuated. Between irrigating there is usually no need for a colostomy bag to be worn. Some irrigators cover their stoma with a stoma cap. Others, for greater peace of mind, wear a small bag and/or a stoma plug. Irrigation is now a well-established method of bowel management.





Can I irrigate?

Irrigation is not suitable for everyone. Your stoma care nurse or surgeon will advise you and their consent is required before you can start. Irrigation also has to be taught by a stoma care nurse.

Who can:

- People with an end colostomy situated in the lower part of the large bowel, with motions that are normally semi-formed or formed.

Who can't:

- People with complications such as prolapse, stenosis or a large hernia.
- People with further bowel disease e.g. Crohn's disease or diverticulitis.

Other considerations

- Irrigation might not prove successful for people suffering from persistent diarrhoea.
- Irrigation is often not suitable for people with renal or cardiac problems. This is because irrigation can cause fluid overload or slow the heart rate excessively by stimulating the vagus nerve.
- Vision and manual dexterity are required to irrigate successfully.
- Alcohol consumption can have an impact on irrigation output, because when you are dehydrated the colon will absorb more of the water introduced for irrigating.
- Regular exercise can have a similar effect.
- It can take a number of attempts to get the hang of irrigating; persistence and motivation to succeed are often needed when you start.
- If you are undergoing or have chemotherapy/radiotherapy planned, then irrigation will be delayed until this is complete.

Why irrigate?

The advantages

- Freedom and control. Irrigation is performed at a time convenient to you and in between irrigations you should be continent.
- Irrigation helps to prevent or reduce the skin problems associated with bag leakage.
- Although it varies from one person to another, it is normally only necessary to irrigate once a day or once every 48 hours.
- Between irrigating there is usually no need to wear a stoma bag. Many irrigators use a stoma cap or plug or, for greater piece of mind, wear a small bag.
- Some irrigators tell us that it reduces wind/gas.

The disadvantages

- Irrigation can be time consuming (the bathroom/ toilet will be needed for 30-60 minutes).
- Irrigation is best performed as part of a regular routine. If your life won't allow for this easily, then irrigation may not be for you.



When can you start to irrigate

Unless you are undergoing or have chemotherapy/radiotherapy planned, then irrigation can start as soon as the bowel starts to function again after surgery. However, many stoma care nurses prefer to wait two or three months, to allow the patient a period of recovery and adjustment. In the immediate post-operative period, people have enough to cope with. A useful guide is when normal appetite has returned.

Learning to irrigate

Irrigation has to be taught. If your healthcare team have decided you are suitable, your stoma care nurse will teach you. They may do this in your home, but increasingly teaching takes place in hospital. This is because the new irrigator might have a reaction to the effect of the water going into the colon. Sometimes this can cause a nauseous feeling, although repetition overcomes the sensation.

Your stoma care nurse will explain all the equipment you need (you can see this pictured opposite) and won't 'sign you off' until you can use it correctly to safely irrigate. They will also answer any questions you have.

It is worth bearing in mind that irrigation needs to be carried out in the toilet and can take up to hour. As your stoma care nurse will explain, it is important to relax as rushing can lead to anxiety which, in turn, can cause irrigation to fail. You will also be advised that, as far as possible, irrigation should be performed at the same time each day. This isn't something to worry about, as there is some flexibility. You will also find that irrigating improves with practice and as you develop a better understanding of your bowels. As your stoma care nurse will tell you, perseverance is key in the beginning and in the early days the breakthrough of stool may happen (eg accidents).

Equipment and supplies:

Irrigation equipment is available on prescription from various manufacturers. Your stoma care nurse will be able to advise. The equipment always has the same basic components, which are detailed below. Also pictured are a stoma plug and a stoma cap. As was mentioned earlier, people often use these after they have irrigated.

- 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



Stoma plug



Stoma cap



An overview of the irrigation process

As we have already explained, you will need approval from your healthcare team before you can try irrigation. Likewise, irrigation is something that has to be taught. Experienced irrigators will also tell you that perseverance is important when you first start.

However, if you have read this far, then you might be keen to know a little more about what's involved. Rather than being a step-by-step guide, what follows is an overview of the process. This will hopefully answer some of your immediate questions. It is best read with reference to the pictures of irrigation equipment on page 8.

- After the reservoir, tubing and cone have been fitted together, the former is filled with tepid (37–38°C) tap water and then hung at a shoulder height or above.
- Once air has been expelled from the tubing, one end of the irrigation sleeve is fitted over the stoma, with the other hanging into the toilet bowl. The lubricated cone is gently inserted into the stoma.
- Water is then slowly introduced into the bowel from the reservoir. The flow control is used to regulate the speed with which water is introduced and the volume of water that is introduced. Both vary from person to person. Your stoma care nurse will help you to work out what is optimum for you.
- Once the water has been introduced, the cone is removed from the stoma. After a few minutes water and stools will slowly begin to flow into the irrigation sleeve. After the main flush out, you can fix the end of the irrigation sleeve to the top of the sleeve. This enables you to get on with other things (such as reading your latest edition of *Tidings*) until the evacuation is complete. This again varies from person to person, but is often around 30 minutes.
- It's then time to tidy up your equipment, dry around your stoma and apply a stoma cap, stoma plug or, if you prefer, a bag.

A note about water

Soft water

- Water in soft water areas is fine to use for irrigating,

BUT:

- Water from household softeners should not be used as it contains increased levels of salt and sodium. Similarly, if the mains water supply to your house is on a softener then bottled water should be used.

Water and irrigating abroad

- Unless you can vouch for the quality of water, then it is best to play safe and use bottled water.
- Warm it to body temperature by immersing the bottle in a bowl of hot water.



Support from Colostomy UK

We hope that you have found this introduction to irrigation useful. If you are considering irrigating and would like to talk to a Colostomy UK volunteer who irrigates then please give us a call or drop us an e-mail and we will be pleased to arrange this. We also run a regular feature on irrigation in *Tidings*, our quarterly magazine. Get in touch to register for a copy. Alternatively you can download copies from our website. Finally, Colostomy UK produces an irrigation DVD, which you can order by calling us or by placing an order via our Website.

We provide:

- A stoma helpline: **0800 328 4257**.
- Support literature and factsheets about all aspects of *Living with a stoma*.
- *Tidings*, a quarterly magazine full of the latest news, articles by stoma care professionals, product information and real-life stories from other ostomates.
- A closed Facebook group for supporting each other and exchanging hints and tips.
- A website that provides practical information, details of open days and a directory of organisations, support groups, products and services.

This booklet is intended for general information and guidance only. Colostomy UK would like to take this opportunity to thank:

Stoma Care Nurses:

Andrea Thomas RGN ENB, Clare Bossom EN RGN 216 and

Pat Black M.Sc, RGN, RCNT, FETC, FPA Cert, DipN, ENB980, ADV Cert Stoma Care

for his assistance in the production of this booklet.

Reviewed May 2019 by:

Wendy Osborne (Clinical Nurse Specialist Stoma Care) Clinical Lead, Coloplast.

Colostomy UK's flagship magazine *Tidings*, is hailed by ostomates and healthcare professionals alike for the support and information that it provides readers with on a quarterly basis.

Visit our website or call us to sign up for your free copy.

How to contact us

Write to: Colostomy UK, 100 Berkshire Place, Winnersh, Wokingham, Berkshire, RG41 5RD

Adminline: 0118 939 1537

Stoma helpline: 0800 328 4257

E-mail: hello@ColostomyUK.org

Website: www.ColostomyUK.org



CUK015 05v00r01

Date of Publication: July 2019 Copyright

©2009–2012 Colostomy UK

Registered charity no. 1113471