

Improving quality of life using the Qufora IrriSedo bed system – a case study

Russell Atkinson, Community Continence Specialist Nurse,
Northumbria NHS Healthcare Trust, UK.

Along with a team of District Nurses, I have recently started to use the Qufora IrriSedo Bed trans-anal irrigation system on a gentleman with severe Multiple Sclerosis (MS) who presented with chronic constipation.

Over the course of the previous year, we had attempted to manage his constipation with a regime of diet and fluid reviews, oral laxatives, and various pre-packed rectal preparations and enemas. Unfortunately, without success.

We then tried a stronger rectal solution administered via a specialist rectal syringe. Again, this was unsuccessful.

By this point my client was very exasperated, so I mentioned the trans-anal irrigation systems, and given I knew this gentleman well, (and also the severity of his MS and his subsequent quality of life), I felt the Qufora IrriSedo Bed System would be the best suited to his needs.

I visited him with a demonstration model of the system, to allow him to see it, handle it, view it assembled and to see how it would be used in practice. It can look quite daunting to a first time user, due to the width of the administration rectal catheter, but as a healthcare professional with an interest in Continence Management, I have found my other clients on this system prefer it, as the outcome can be quite spectacular, resulting in an a vastly improved quality of life.

The initial use however, does present some challenges, mostly on a practical level. To begin with, do the Districts Nurses who will be using the system need training and then be deemed competent? Who will do this?

How suitable is the environment in which the irrigation is to be performed? How many staff will be needed and what is the physical capability of the recipient, can they help in any way?

In this instance, the gentleman was unable to help at all. He has private care staff, but only in an admin/PA respect, not nursing care. All they could provide was positional assistance.

The irrigation was to take place on his bed (hospital style), and we used the hook on his electronic hoist as a drip stand from which to hang the bag containing the water. This freed up a nurse to assist with the irrigation.

At first, the nurses were a bit unsure about using the Qufora IrriSedo Bed System. Again, the width of the administration rectal catheter being the reason for this. However, myself as a Specialist Nurse, and a Clinical Representative from McGregor Healthcare were on hand to teach the nurses and then observe them in practice. From the patient's point of view, he had already seen the system so knew how wide the rectal catheter was, but due to the severity of his MS, he has no sensation in his anus/rectum, so could not feel the catheter going in, nor the administration of the water.

Every user is different of course, so a different regime is to be expected, but after the initial, concentrated regime is performed to clear the bowel, the number of administrations per week can be reduced accordingly, to fit in with their daily lives.

Continued use of good diet, acceptable fluid intake and usually some form of oral laxatives will be needed to help the stool move to the correct part of the bowel, due to the restrictions incurred by the MS. This will allow for more effective emptying of the lower bowel, which is the reason for use of the trans-anal irrigation system in the first instance.

This gentleman is very happy with the outcome of the Qufora IrriSedo Bed System, and his only regret is not knowing of its existence sooner. It has greatly enhanced his life by allowing him to go out of the house without fear of any faecal incontinence, and it has eradicated his overnight bowel movements which were dealt with by his wife. His wife works full time, and this task every night was beginning to take its toll on her health.

From the nurse's point of view, they are doing the same amount of weekly visits as when enemas were used, but now they have a better and more predictable result which gives them a structured routine on the days they perform the irrigation, which allows them to arrange subsequent visits much more easily. They have also been able to cascade the procedure down to their colleagues, so now more of them are able to perform the irrigation. Also, given this is perceived as the most invasive system, the nurses no longer have any reluctance to be taught about the other, remaining rectal irrigation systems.

On top of this, we are looking into training the patient's wife how to use the system, so they could potentially go on a holiday together. Something they have not done as a married couple for many years.

January 2018