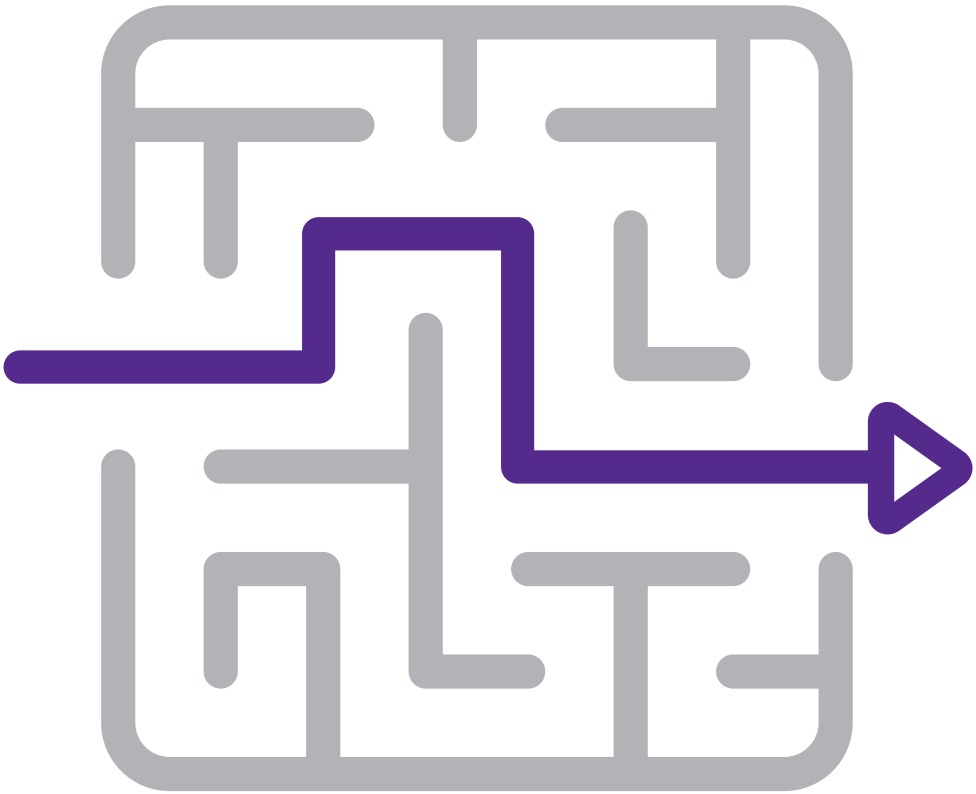
DECISION GUIDE

FOR THE USE OF RECTAL/TRANSANAL IRRIGATION IN ADULTS



The information provided in this booklet is intended as a step by step guide for healthcare professionals to aid with assessment, choice of equipment, regime, teaching and follow-up in the practice of rectal/transanal irrigation.

STEP 1
ASSESSMENT

- Assessment of the patient is needed before undertaking transanal irrigation (TAI) in order to:

    - Confirm the reason for initiation, for example, failure of conservative therapy, unpredictability of bowel function.
    - Help to ascertain the optimal TAI system for a patient to use.
    - Identify any criteria that would contraindicate the use of TAI.

- Assessment should also include digital rectal examination prior to commencing TAI, preferably within 48 hours of the first actual irrigation so that the procedure can be performed safely.

  "Box 1" and "Box 2" highlights points of assessment that will help the process.

- **Pregnancy:** A clear discussion and documentation, for continued use with a multi-disciplinary team (MDT) should be undertaken if the patient is using TAI and becomes pregnant. Commencing irrigation during pregnancy is not generally advocated, although this may warrant further discussion with an MDT.

To ensure continuity of using the 'Decision Guide' other documents are available to support the process.

POINTS FOR ASSESSMENT (Box 1)

- ✓ Toilet position/evacuation technique
- ✓ Stability on toilet/good balance
- ✓ Manual function/dexterity/strength/wrist flexibility
- ✓ Body habitus/buttock contour/size
- ✓ Skin integrity
- ✓ Psychological function - cognitive, language, visual
- ✓ Examination features/perianal sensation/anal tone
- ✓ Medical/surgical history
- ✓ Home environment
- ✓ Availability of care provision (if carers are required to assist)

MEDICATIONS (Box 2)

Continue to use any necessary medication, for example:

- ✓ Laxatives
  - Continue to take laxatives when using TAI
  - When regime/routine is established assess if reduction of laxatives is required
- ✓ Antidiarrhoeals e.g. Loperamide
  - Continue to take antidiarrhoeals when using TAI (if required)
  - When regime/routine established assess if reduction of antidiarrhoeals is required

STEP 2
CHOOSING EQUIPMENT

STEP 2 OF THE GUIDE CONSIDERS:

- The type of equipment for specific symptoms of bowel dysfunction
- The range of systems available

- Bowel conditions

- Passive faecal incontinence
- Post defaecation seepage
- Rectocele
- Incomplete evacuation
- Evacuation difficulties

- Low anterior resection syndrome (LARS)

- Urge faecal incontinence/urgency
- Constipation (slow transit/idiopathic/ opioid induced/IBS-C)
- Neurogenic (spinal cord injury, upper/lower motor neurone/MS/parkinson's/spina bifida/cauda equina)

- Bed bowel management
- Poor balance unable to transfer
- SCI with upper motor neurone lesion/trunk balance e.g upper motor neurone lesion

▶ Volume	▶ The range of TAI systems
Low volume	**Low volume mini irrigation** +/- extension tube Regime 1
Low volume	**Low volume mini irrigation** +/- extension tube Regime 1
High volume	**High volume cone irrigation** manual/electronic Regime 2
High volume	**High volume cone irrigation** manual/electronic Regime 3
	High volume catheter irrigation manual/electronic Regime 3
High volume	**High volume bed irrigation** Regime 4

STEP 3
RECOMMENDED REGIME

- To get the patient acclimatised to the treatment, low volumes should be used initially as per the appropriate regime. Over subsequent days, the volumes can be increased up to an amount which gives adequate evacuation.

Daily use of irrigation in the first 2-3 months is recommended in order to get the patient used to the procedure, and get into a routine that suits the individual. Patients can be encouraged to try different times of day with a frequency of no more than once a day and maximum of 800mls of water.

The next step once the regime has been chosen:

- **Order equipment (individual companies will provide information on ordering)**
- **Send GP letter**

Once settled into a routine an alternate day approach may be possible since there may be large volumes cleared, and hence less need to irrigate often.
(This is based on individual assessment).

DAILY IRRIGATION IN THE ASSESSMENT PERIOD

- **REGIME 1:** Irrigate daily

  Commence with one irrigation each day +/- extension tube. This can be increased to twice each day if required

  Use only for a maximum of 2 irrigations each day

  If needing to use more often go to higher volume system

- **REGIME 2: For LARS** - Irrigate daily

  Commence with 200mls daily

  Increase to 300-400mls (if bowel symptoms continue)

  Increase to a maximum of 500mls (if bowel symptoms continue)

- **REGIME 3:** Irrigate daily

  Commence with up to 500mls daily (if starting with a lower volume, increase over a few days until 500mls is used)

  Continue with 500mls daily. If continuing to experience bowel symptoms increase to 800mls (may want to increase this over a few days)

- **REGIME 4:** Irrigate daily

  Commence with 200mls for initial irrigation. Allow water to flow into bag, replace stopper and repeat irrigation with 300mls (or lower if not tolerated), giving a maximum of 500mls

  Continue with 500mls (this may be in 1-3 irrigations. If required, increase volume of water to a maximum of 800mls (this may be in 1-3 irrigations)

STEP 4

TEACHING THE PATIENT

- Patient information and training is beneficial to successful initiation and long-term adherence of TAI. Teaching aids for the use of TAI can complement the one to one training with the patient and may include:

  - Diagrams
  - Chosen equipment literature
  - Step by step guide
  - Practical teaching with a plastic rectum

THE TEACHING PROCESS

1. Show product in packaging
2. Demonstrate how to assemble equipment
3. Once assembled:
   - Demonstrate filling of water bag
   - Demonstrate how to prime the system (run water through the system)
4. Using the plastic rectum show insertion of cone/catheter:
   - How to hold cone/catheter in the rectum
   - Inflation of balloon (if using catheter system) as per manufacturers guidance
5. Once in place:
   - Demonstrate how to instil water
6. Demonstrate:
   - Removal of cone
   - Deflation of balloon and removal of catheter
   - Emptying of water
7. Show how to dispose of single use equipment
8. Demonstrate cleaning and storing of the equipment

If the patient is unable to use the TAI system in the clinical setting encourage the patient to repeat the above process to ensure a complete understanding and knowledge of how to use equipment.

STEP 5
FOLLOW-UP

- **Early liaison** between patient and the healthcare professional is essential to trouble-shoot problems that may develop.
- **Initial contact** can be by phone with follow-up as recommended, where adjustments can be made with the aim of achieving an effective regime/routine.
- **Once things are stable**, the patient may be discharged to the GP's care if that is the local pathway – alternatively some specialist centres prefer to keep the patient under occasional review.

THE FIRST MONTH FOR FOLLOW UP IS CRUCIAL IN SUPPORTING THE PATIENT

1-2 weeks by phone after commencing TAI

- Review regime/routine (ensure daily, is mornings convenient, should this be changed to evenings?)
- Volumes and results (is volume of water enough or too much?)
- Compliance (ensure continuing to find optimal routine)
- Technique (check technique, assembly of system, address any problems)
- Supplies (is the patient getting regular supplies and on time)
- Adjust, alter and encourage to persevere

4 weeks by phone after commencing TAI

- Repeat above procedure.

6-8 weeks by phone after commencing TAI

- Repeat above procedure.

3 months by phone (or in clinic if preferred) after commencing TAI

If still not responding to TAI after 3 months – may require further discussion regarding alternative systems and/or discuss at MDT for other/next treatment options OR onward referral to consultant.

Documents supporting the Decision Guide are:

- Assessment Proforma
- GP letter
- PAC-SYM questionnaire
- NBD score
- ICIQ-B questionnaire
- LARS score

Please contact info@macgregorhealthcare.com for a link to download documents

Authors:

- Anton Emmanuel, Consultant Gastroenterologist, UCL
- Brigitte Collins, Global Clinical Education Manager, MacGregor Healthcare Ltd
- Michelle Henderson, Bowel Specialist Nurse, University Hospital of North Durham
- Lisa Lewis, Community Liaison Sister, Princess Royal Spinal Cord Injuries Centre , Sheffield
- Kelly Stackhouse, Lead Clinical Nurse Specialist, Sandwell and West Birmingham Hospital NHS Trust

Development of the 'Decision Guide' was supported
with an unrestricted grant from MacGregor Healthcare Ltd.

Published October 2020