

May 2016

Dear GPs

Please find enclosed a table highlighting the types of bowel irrigation that the Colorectal/Stoma Care Nurses have been trained to use. We have been providing training in anal/rectal irrigation for over 6 years.

All patients are referred for consideration for irrigation by a Colorectal Consultant. We see two main categories of patients, those with functional bowel conditions and those with anterior resection syndrome.

1. Patients with functional bowel conditions e.g. chronic constipation, faecal incontinence are seen by Mr Mercer Jones who is the clinical lead for this service. Depending on their symptoms, patients will follow a pathway of investigations and treatment. Some patients will initially be referred to the functional bowel clinic, led by Sr Pounder Colorectal Nurse Specialist. In this clinic patients will be offered a variety of different bowel treatments including diet, medication, pelvic exercises and biofeedback. If this form of management fails they may be then offered irrigation.
Other patients may be referred straight to the irrigation clinic, by the Consultant.
2. Patients with anterior resection syndrome which is collection of bowel symptoms commonly experienced after surgery for rectal cancer e.g. bowel frequency, urgency, incomplete evacuation and loose stools. Patients with this condition are seen in the colorectal cancer follow up clinics by both the Colorectal Surgeons and Colorectal Nurse Specialist. They will initially be offered support in the form of medication, diet advice and bowel evacuation techniques. If they demonstrate ongoing symptoms they will then be referred into the bowel dysfunction service.

The Consultant will advise the type of irrigation device to be shown to the patient e.g. mini qufora. At this trust we only use the mini qufora device which delivers a small amount of fluid to clear only the rectum.

Most of the patients that we see are referred for full irrigation of their left colon for conditions such as chronic constipation, faecal incontinence. They require devices that deliver a higher volume of water using either a cone or a catheter to deliver the water into rectum and bowel. In clinic a careful holistic assessment of the patient, including manual dexterity, is carried out and the patient is shown both cone and catheter types of devices. The type of device that the patient will choose depends on their ability to use the device i.e. can they hold the cone in place during irrigation, would they find the catheter uncomfortable. It is therefore important that there is choice for patients, not one type of irrigation will suit everyone.

Following a discussion with Mr Mercer Jones we would like to offer the following irrigation devices as listed in the table. There is a choice of 2 balloon irrigations as the peristeen system uses a pump to instil the water into the bowel whilst the qufora balloon system uses gravity and or a pump system.

In the irrigation clinic patients have a consultation with the Nurse Specialist where they are shown irrigation devices appropriate to their bowel condition/symptoms. Patients having bowel irrigation of the left colon will then perform irrigation under direct supervision of the Nurse Specialist.

A letter is dictated to the patient's GP including irrigation device and code numbers.

Telephone follow up is normally 2-4 weeks and a review clinic follow up is 4 to 6 weeks.

Patients will then be followed up by telephone clinics normally for 6 months to a year and all have direct access back to the Nurse Specialist by phone.

Patients, GPs and Consultants receive letters from all irrigation clinics.

Patient can obtain the irrigation kits from a chemist or from the delivery services listed below:

MacGregor Healthcare Ltd Qufora direct Tel 0845 5196050

Coloplast Ltd Charter Healthcare Tel 0800 132787

Colorectal/Stoma Care Nurses

Agile Office One

Queen Elizabeth Hospital

Gateshead, NE9 6SX

Tel 0191 4453152

Heather Wilson

Stoma Care Nurse Specialist

Type of Irrigation	Dosage of use	Quantity required	Bowel conditions	Why this type of irrigation
<p>Qufora MacGregor Healthcare Ltd</p> <p>Mini Irrigation System</p> <p>1 hand pump and 15 cones</p> <p>(ref 53601-015)</p>	<p>Variable</p> <p>Patients may use this daily, every 2 days or 2-3 times a week</p>	<p>1-2 kits per month depending on usage</p>	<ul style="list-style-type: none"> • Evacuation difficulties • Incomplete emptying • Passive soling • Post defaecation soling • Neurogenic bowel • Rectocele • Cauda Equina syndrome • Radiation proctitis • Mucus discharge • Ileo-anal pouch evacuation 	<p>Patient requires only a small amount of fluid – 90mls in one flush, to clear rectum or to start defaecation</p>
<p>Qufora Cone toilet system</p> <p>Monthly set 1 water bag with 15 cones</p> <p>(ref QMT)</p>	<p>Patient normally irrigates daily or every 2 days</p>	<p>1 to 2 kits per month depending on usage</p>	<ul style="list-style-type: none"> • Slow transit colon • Chronic faecal incontinence and /or constipation • Anterior resection syndrome • Neurogenic bowel 	<p>Patient holds the cone insitu to irrigate. Uses gravity to deliver water into the bowel.</p> <p>Amount of fluid used varies from 200 mls to a litre. Irrigates the left side of the bowel to the splenic flexure</p>
<p>Qufora Balloon system</p> <p>Control unit change after 90 uses</p> <p>(ref 58101-002)</p> <p>Catheter single use only</p> <p>(ref 58201-015)</p> <p>Water bag change after 15 uses</p> <p>(ref 58201-015)</p>	<p>Patient normally irrigates daily or every 2 days</p>	<p>1 to 2 kits per month depending on usage</p>	<ul style="list-style-type: none"> • Slow transit colon • Chronic faecal incontinence and /or constipation • Anterior resection syndrome • Neurogenic bowel 	<p>Patient may opt to use this system if they cannot hold a cone insitu or there are balance issues</p> <p>Uses gravity and/or hand held pump to deliver water into the bowel. Water bag hangs onto the wall.</p> <p>Amount of fluid used varies from 200 mls to a litre. Irrigates</p>

				the left side of the bowel to the splenic flexure
<p><u>Peristeen</u> Coloplast Ltd Balloon system Control unit change after 90 uses</p> <p>Catheter single use only</p> <p>Water bag change after 15 uses</p>	<p>Patient normally irrigates daily of every 2 days</p>	<p>1 to 2 accessory kits per month (ref 29122)</p> <p>1 control system every 90 days (ref 29121)</p>	<ul style="list-style-type: none"> • Slow transit colon • Chronic faecal incontinence and /or constipation • Anterior resection syndrome • Neurogenic bowel 	<p>Patient may opt to use this system if they cannot hold a cone insitu or there are balance issues</p> <p>Uses a hand held pump to deliver water into the bowel. Water bag sits on the floor.</p> <p>Amount of fluid used varies from 200 mls to a litre. Irrigates the left side of the bowel to the splenic flexure</p>