

Patient Information Leaflet



Colostomy Irrigation

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Colostomy irrigation has been used as a method of controlling colostomy output since the 1920's, but it is still not widely used. It has been estimated that less than 1 in 20 colostomates in the UK irrigate in contrast to the USA where the majority of colostomates irrigate. Colostomy irrigation is the practice of installing a measured amount of lukewarm water into your colon via the colostomy to wash out any stool.

Some people find it hard to adjust to life with an appliance (bag) and may wish to look for an alternative method of stoma management. Although irrigation can offer a safe way to control how and when the colostomy works, it is not suitable for everyone as the appropriate stoma for irrigation is an end colostomy with a formed stool. Therefore if you wish to irrigate you will be required to contact your local stoma nurse and attend the stoma care clinic for a full assessment.

At St Mark's Hospital and Northwick Park Hospital an assessment is carried out in the stoma care clinic that will gather important medical data and underlying conditions. This includes the following.

- Is there any active inflammatory bowel disease, diverticular disease, radiation colitis or irritable bowel syndrome which might make it inadvisable for you to irrigate?
- There must be caution taken with colostomates who have heart or kidney disease as there is potential for complications caused by too much fluid.
- Stoma complications such as hernia, stenosis or prolapse can make it difficult for you to irrigate.
- Those with a tendency to diarrhoea which is not controlled by diet or drugs, or those who respond to stress by having diarrhoea may not be suitable. The ideal faecal consistency is a formed stool.

Psychological, physical and social needs are also taken into account. It is important for you to be willing to learn and master the procedure and technique involved. An appropriate level of manual ability and eyesight is also required. Irrigation is time-consuming and can take up to an hour to complete, thus adequate bathroom facilities are essential.

Irrigation can be taught in the early post-operative period or some months after surgery, however individual circumstances will always be assessed for example, wound healing, chemotherapy and general postoperative recovery. Your Consultant's approval must be obtained before any teaching is started and your General Practitioner will also be notified.

If you are a suitable for irrigation, an appropriate time will be arranged with your stoma nurses to start teaching. The period of teaching will depend on the individual, but at least three successive days should be sufficient before you are able to irrigate by yourself.

It is advisable to irrigate the same time of the day either every morning, afternoon or evening for at least two weeks as it can take a minimum of two weeks to train the colon, after which you may wish to try irrigation every 48 hours. The equipment that is required is an irrigation set, which includes a cone, tubing, and irrigation bag or water reservoir and irrigation sleeves. You will also need:

- a hook on which to hang the irrigation bag. Ideally this should be secured to the wall at shoulder height when sitting on the toilet
- lubricating gel which is used to help insert the cone into the stoma more easily
- a colostomy bag or cap to wear after irrigation.

It is essential that teaching is carried out with your stoma nurse until you feel confident to start by yourself as situations may arise that require attention. These may include the following.

- Fluid is unable to enter the colostomy because the cone tip may be resting against the bowel wall – moving the cone around whilst irrigating may help to resolve this. Often you may be very tense (especially on the first attempt). Deep breathing exercises may help, but on some occasions the procedure may need to be stopped and tried another day.
- Abdominal pain can be caused by the fluid entering too quickly – try slowing it down which can be done by using the flow regulator. The temperature of the water should be lukewarm, approximately 37 degrees Celsius. It is important to remember that there are no nerve endings in the colon and it is therefore easy to scald the bowel. However, if the water is too cold then the bowel will contract making the evacuation of the faeces impossible. It is vital that the temperature is tested before use by putting your elbow in the water.
- Alcohol, consumed the night before may lead to a degree of dehydration and the retention of more irrigation fluid than normal. It is advisable therefore that you avoid excessive alcohol the night before irrigating.
- The experience of a breakthrough of stool between irrigations may be due to using too much water. Try using less because if too much water enters the ascending colon it may seep out during the day. Between 500mls to 1200mls is usual, depending on the individual.
- Bleeding from the stoma may be caused by tenseness. This can be eased by gently massaging the stoma with a lubricated gloved finger to dilate the opening. Being rough with the procedure may also cause bleeding.

Advantages of irrigation

- You are in full control of your bowel function
- Confidence in personal appearance increases
- No need to wear an appliance (bag)
- Freedom to relax more in social activities
- Wind, irregular bowel motion and odour will be reduced
- Increased confidence regarding less/no appliance leakage
- Do not need to dispose of used appliances – but still need a cap
- Less equipment to carry around
- An irrigation kit comes in a small bag and is available on prescription

Disadvantages of irrigation

- Colostomy irrigation is time-consuming and can take up to one hour each day or on alternate days
- It is important to irrigate at about the same time each day (can be morning or evening)
- Inadequate toilet facilities (only one bathroom) may make this procedure difficult for the colostomate and family members
- You may find irrigating difficult away from home
- You cannot start/stop the procedure. Irrigation must be continuous.

Personal experience

Everybody has a different experience when irrigating. Below is an account of two patients' experiences:

One patient reported that upon first reading about the procedure it made her think that irrigation was not for her as it seemed too much trouble and time consuming. However, once she started, although she felt nervous she was surprised how quickly she adjusted. The benefits for her personally were less gas, less bad odour, less irregular bowel movement, less skin irritation and more comfort and freedom.

Another patient reported that irrigation had gradually provided the freedom of just wearing a small cap or plug.

The British Colostomy Association will be able to offer you advice and can put you in touch with a colostomate who is an irrigator.

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