

## Patient Information

### Pelvic Floor Service

### Rectal Irrigation - a guide to cone irrigation

#### Introduction

You have been assessed by our pelvic floor team and rectal irrigation has been recommended for your ongoing bowel management. Irrigation is used for chronic constipation, incomplete emptying or bowel control problems. This leaflet may not cover everything you need to know so please ask if you want more information.

#### What is rectal irrigation?

This is a regular form of bowel management that you carry out whilst sitting on a toilet. Warm tap water is passed through your bottom into your lower bowel. The water is expelled into the toilet flushing out any faecal matter with it thereby emptying your bowels. You must have been assessed and received training from a suitably qualified health professional before starting to irrigate. Training will be arranged with a Community Continence Nurse Specialist.

#### Preparation for irrigation

No special bowel preparation is necessary. It may be helpful to complete a 2 week bowel diary before you start to irrigate so you can see what your current bowel function is like. An irrigation DVD is available, details can be found at the end of this leaflet.

We will usually examine your back passage to ensure that it is safe to start irrigation unless you have already been examined recently. If your rectum is impacted with faeces we will arrange to clear the blockage before you start to learn irrigation. We will show you how to assemble and prepare the system then teach you how to irrigate. You may also find an irrigation diary helpful whilst you establish a routine.

#### How often should I irrigate?

There is no hard and fast rule. We know that most people irrigate every 2-3 days week, others get to 'know' when they need to irrigate. A few people irrigate daily.

#### How much water should I use?

Use only as much water as you need to evacuate successfully. On average this will be between 600-1000ml each time.

## What time of day is it best to irrigate?

Choose a time of day that fits in with your lifestyle. Make sure you allow enough time and you have easy access to a toilet.

## Follow up

It may take 4 to 8 weeks or more to develop a routine that works for you and you will probably irrigate more frequently to begin with. We will arrange telephone follow-up support during this time. If you have any questions or concerns please get in touch.

## If you develop any medical conditions or need surgery

Please tell the health professional in charge of your care that you use rectal irrigation to manage your bowels if you:

- develop any new medical conditions
- need to undergo any bowel or other abdominal surgery
- are offered any new rectal medication

## Bowel screening

If you are invited to undergo a bowel screening test of your lower bowel you will receive an enema before the test to clear out your rectum. You may not need to use this if you irrigate regularly but please ask if you are unsure.

The NHS Bowel Cancer Screening Programme offers bowel screening every 2 years for men and women aged between 60 and 75 years. You will be asked to provide small samples of your faeces so you may need to stop irrigating for a few days if your faeces are watery. You may not need to participate in the screening programme if you have had a colonoscopy within the past 2 years however any new and unexplained change in your bowel habit should be investigated. You will be given the contact details for a Bowel Screening Nurse.

## Blood Donors

You must inform the Blood Service that you irrigate.

## Risks, Benefits and Alternatives

### Risks

Whilst generally irrigation is safe and well-tolerated, it is not suitable if you are very heavily constipated or if you are a woman who is pregnant or planning pregnancy. Tell us if you develop any new conditions to make sure irrigation is safe to continue.

Irrigation may cause:

- minor abdominal discomfort or cramps
- worsening bowel incontinence due to leakage of irrigation fluid
- nausea
- dizziness
- minor bleeding from your bottom
- increased discomfort from haemorrhoids

Rectal injury is a rare but serious risk but you must not irrigate until your symptoms have been checked out. Symptoms to be aware of include sustained rectal bleeding with or without fever and with low abdominal or back pain. These must be investigated immediately.

## Benefits

- More effective bowel emptying
- Less bowel control problems
- Less time spent on bowel management
- A more predictable bowel habit
- Less anxiety about your bowels
- Improved dignity and self-esteem
- A better quality of life

## Alternatives

- Biofeedback or pelvic floor exercises may be advised to improve pelvic floor muscle strength or co-ordination
- Surgery is only offered if absolutely necessary as non-surgical treatments often improve bowel function without the need for surgery. National guidelines specify that some operations can only be considered when non-surgical options have failed.

## What to do if....

### Pain

- If you experience mild discomfort you may want to pause for a while and then continue. If the pain is acute or severe you must STOP IMMEDIATELY.
- If the pain persists for more than a few minutes or is accompanied by a lot of bleeding seek medical help before continuing to irrigate.

### Bleeding

Occasional spots of bright red blood may be seen on the cone, especially if you have haemorrhoids, and is not a cause for concern.

- If bleeding happens regularly please report this to your health professional.
- If you have a sudden major bleed seek urgent medical attention.

### Abdominal discomfort or cramps

- Run the water through the tubing and pump to expel any air before starting to irrigate
- You may experience mild abdominal discomfort when irrigating as the water stimulates contractions in your bowel.
- If necessary, slow down for a short while or stop irrigating and re-start when the discomfort subsides.
- You may experience abdominal cramps if the irrigation water is too warm or too cool.

### Feeling unwell during or after irrigation

- Occasionally irrigation can make you feel unwell, either at the time or immediately afterwards.
- You may feel a little light-headed until you get used to the procedure.
- If you are affected in this way, you should irrigate more slowly and try to make sure that there is someone you can call for help if you feel faint.

### **Nothing is passed from the rectum**

- Dehydration or a sluggish bowel may cause the stool to become very dry and the irrigation water may be absorbed. Make sure you drink enough fluids especially during hot weather.
- If you are heavily constipated it may take several irrigations before you are able to pass anything. Regular use of irrigation can be used to prevent constipation in the future.

### **Water is passed but no stool**

- You may not pass any stools if you had a good result last time you irrigated. Try irrigating less frequently if this happens.
- If you have not had a result for many days your stools may have become very hard or dry and we may consider trying a laxative.

### **Water or stool leakage after irrigation**

You may need to wear a small pad when you first start irrigating, until you know from experience how long to wait before you leave the toilet.

- Try sitting on the toilet for longer to make sure that you are empty
- Try using less water
- If you are losing a bowel motion between irrigations, you may need to irrigate more often or use more water

### **What support is available?**

In addition to telephone and outpatient support, product literature, including an irrigation diary, is available from your Nurse Specialist. Answerphone messages may be left 24hrs a day. See end of leaflet for the telephone number.

### **How do I obtain equipment?**

You can order your irrigation kit from your local Pharmacy or from a free home delivery service and we will show you how to obtain supplies. You will need a prescription from your GP each time you order.

### **Contact details for further information**

#### **Pelvic Floor Nurse Specialist**

Royal Shrewsbury Hospital

Telephone: 01743 261083 (24hr answerphone)

#### **Shropshire Community Continence Nurse Specialists**

Telephone: 01743 444062

#### **Qufora Direct**

Telephone: 0845 519 60 50

Website: [www.myqufora.com](http://www.myqufora.com)

#### **Aquaflush at Home**

Telephone: 0800 031 5409

Website: [www.aquaflush.co.uk](http://www.aquaflush.co.uk)

## Further information is available from:

### ▪ Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

**Royal Shrewsbury Hospital** Tel: 0800 783 0057 or 01743 261691

**Princess Royal Hospital** Tel: 01952 282888

## Other Sources of Information

### • The Pelvic Floor Society

A national multi-professional body involved in supporting excellence in clinical practice, education and research, clinical standards, patient information and engagement in the commissioning of pelvic floor services.

Telephone: 020 7973 0307

Website: [www.thepelvicfloorsociety.co.uk](http://www.thepelvicfloorsociety.co.uk)

### • NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

Telephone: 111 (free from a landline or mobile)

Website: [www.nhs.uk](http://www.nhs.uk)

### • Patient UK

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.

Website: [www.patient.info](http://www.patient.info)

### • Self-Help UK

This is a directory of self-help groups and charities.

Website: [www.selfhelp.org.uk](http://www.selfhelp.org.uk)

### • My bowel

Online information about bowel function problems, self assessments and irrigation

Website: [www.my-bowel.co.uk](http://www.my-bowel.co.uk)

### • RADAR

National key scheme for disabled toilet access

Telephone: 020 7250 8191

Website: [www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)

**Website:** [www.sath.nhs.uk](http://www.sath.nhs.uk)

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