Status: Standard Procedure: Specifies the procedures to be followed, only in exceptional circumstances should these not be followed.	Policy No: CLSP 33 Version No: 2 Date Approved: 01/03/11 Date Revised: 01/04/12 Review Date: 01/04/14
Title: Standard Procedure for the performance of Anal Irrigation (e.g. Peristeen).	
Written by: Clinical Practice Development Officer and National Risk Manager	
Approved by: Clinical Policies, Procedures and Guidelines Group	
Cross Reference:	

This procedure replaces all existing policies from 01/04/2012 onwards and is due for review on 01/04/2014. It will be reviewed during this time as necessary to reflect any changes in best practice, law, substantial organisational, professional or academic change

1.0 Purpose

The purpose of this standard procedure is to ensure safe technique during the procedure of anal irrigation.

2.0 Scope

Services where service users may require the procedure of anal irrigation performed by Cheshire Ireland staff.

3.0 Responsibility

- It is the responsibility of all staff performing anal irrigation to follow this standard procedure.
- It is the responsibility of service managers to ensure staff are familiar with the standard procedure.
- It is the responsibility of service managers to ensure that nursing and care staff have received comprehensive training and are competent in the use of the system before using it unsupervised.

4.0 Definitions

Anal Irrigation is for people who suffer from faecal incontinence, chronic constipation or have to spend a long time on bowel management procedures. It can be used by people who have neurological disorders such as spinal cord injury, spina bifida, multiple sclerosis, Parkinson's disease, chronic constipation, including evacuation difficulties and chronic faecal incontinence. Used on a regular basis, anal irrigation can help prevent constipation and faecal incontinence.

Introduction:

Anal Irrigation is performed by introducing lukewarm tap water into the rectum using a rectal catheter, whilst sitting on the toilet. The water fills up in the large intestine and causes the faeces to move onwards in the bowel. After introducing the appropriate amount of water into the bowels, water and stools are emptied into the toilet.

Note 1: Anal irrigation should only be carried out on a doctor's prescription. Initial Anal Irrigation must be supervised and monitored by a Cheshire nurse, PHN, Continence Promotion Unit or Coloplast Nurse Specialist

Note 2: Only after receiving instruction and training, can Anal Irrigation be used as an alternative to other methods such as laxatives, suppositories and mini enemas.

Note 3; Service users who use anal irrigation need to be able to sit upright over a toilet, shower chair or commode. The process may be self-administered or administered in part or completely by an appropriately trained nurse or carer.

5.0 Indications, Contraindications & Precautions:

Indication for Anal Irrigation:

To facilitate evacuation of faeces from the bowel by passing water (or other liquids) in to the bowel via the anus in a quantity sufficient to reach beyond the rectum.

Contraindications:

- Lack of consent from the service user
- Where GP has given specific instructions that the procedure should not take place
- If the service user has recently undergone rectal or anal surgery or trauma.
- Known obstruction of the large bowel due to strictures or tumours.
- Acute inflammatory bowel disease, diverticulitis or complex diverticular disease

Circumstances where extra care is required:

- Active inflammation of the bowel, Crohn's disease, ulcerative colitis or diverticulitis.
- Recent radioactivity to the pelvic area
- Rectal/anal pain.
- Rectal surgery/trauma to the anal/rectal area.
- Obvious rectal bleeding or service user taking anti-coagulants.
- Tissue fragility due to age, radiation, loss of muscle tone in neurological diseases.
- If service user has known history of sexual abuse.
- Spinal injury at T6 or above because of danger of autonomic dysreflexia (Appendix 1).
- Where the service user gains sexual satisfaction from the procedure and the carer find this embarrassing, the need for a chaperone may need to be considered.

Circumstances where extra care is required:

- Active inflammation of the bowel, Crohn's disease, ulcerative colitis or diverticulitis.
- Recent radioactivity to the pelvic area
- Rectal/anal pain.
- Rectal surgery/trauma to the anal/rectal area.
- Obvious rectal bleeding or service user taking anti-coagulants.
- Tissue fragility due to age, radiation, loss of muscle tone in neurological diseases.
- If service user has known history of sexual abuse.
- Spinal injury at T6 or above because of danger of autonomic dysreflexia.
- Where the service user gains sexual satisfaction from the procedure and the carer find this embarrassing, the need for a chaperone may need to be considered.

6.0 Equipment

An anal irrigation system will usually consist of a control unit with a pump, a water bag and a rectal catheter.

- Pressurized water bag for flexible placement.
- Screw top (incl. lid) to connect control unit to water bag.
- Bag for water.
- Pump for activating balloon and flushing water.
- Control unit for regulation of air and water.
- Coated rectal catheter with balloon for insertion into the rectum.

7.0 Procedure

- Ensure privacy for the procedure (usually service user's bathroom).
- Wash and dry hands thoroughly.
- Baseline blood pressure and pulse should be measured on service users with a history of automic dysreflexia and service users who have never had the procedure before.
- Lay out the equipment in the bathroom near the sink.
- Hoist the service user in to position to be able to insert the rectal catheter following Moving and Handling guidelines.
- Gently insert the catheter about 7-10cms into the rectum (or until 'finger grip' level)
- Inflate the balloon.
- Ask the service user to take deep breaths ensuring they are comfortable.
- Fill the bag with lukewarm tap water. Gently pump required amount of water. An average procedure normally requires a volume of 500-1000 ml of water. However, some people use less water and some people use more. When the recommended amount of water is pumped into the rectum, assist the service user to be positioned over the toilet seat.
- Turn the control knob to deflate the balloon.
- Allow the service user time and privacy to empty their bowels.
- Ensure the service user has access to the call system and the toilet/assist where necessary.
- Remove and dispose of catheter.
- Wash tubing in warm soapy water.
- Wash and dry hands thoroughly.

- Record the procedure and its effect in the service user's Best Possible Health record.
- Report any adverse reactions, blood in faeces, abdominal pain, changes in the frequency, colour and consistency of stool, to lead clinical person /line manager/G.P. Record in Best Possible Health Daily Continuation Sheet.

Additional Information:

- Anal irrigation is normally carried out every day or every other day, or as recommended by a qualified healthcare practitioner. The time used for irrigation is individual. When using anal irrigation one can expect to spend approx. 30-45 minutes a day on the bowel routine.
- Peristeen Anal Irrigation is delivered in a practical toilet bag, which makes it easy to store at home. After using the system, empty the water bag and the tubes for water and pack it in the toilet bag.
  The system and the catheters should be stored at room temperature (max. 25º Celsius) and away from direct sunlight. Ensure that the tubing is not kinked when stored.

8.0 Extra precautions:

Autonomic dysreflexia (Appendix 1): During Anal Irrigation, the service users' condition must be monitored for signs of autonomic dysreflexia such as pounding headache, flushing, profuse sweating, palpitations, goosebumps.
If any signs of distress or autonomic dysreflexia occur:

- Stop the procedure immediately
- Sit the service user upright as this will bring blood pressure down slightly
- Follow guidelines as per service user's Best Possible Health specific care of Autonomic dysreflexia
- Call nearest Emergency Department and an ambulance if transfer is required.
- Contact the senior members of staff
- Contact local Spinal Injuries Centre / Specialist Nurse.

Bowel perforation: As there is a risk, albeit very low of bowel perforation it is important that service users and where appropriate carers are aware to contact the nearest Emergency Department if these signs and symptoms occur:

- Severe and sustained abdominal pain or back pain, especially if combined with fever.
- Sustained anal bleeding.

9.0 References

Christensen, P. and Krogh, K. (2010) Transanal irrigation for disordered defecation: A systematic review. Scandinavian Journal of Gastroenterology 45, 5, 517-527

Williams, C. (2010) Managing bowel function after spinal cord injury using anal irrigation. Nursing Times; 106: 24, early online publication.

Spinal Cord Injury Centres of the United Kingdom and Ireland (2009) Guidelines for Management of Neurogenic Bowel Dysfunction after Spinal Cord Injury

St Mark's Hospital (2011) Guidelines for the use of trans-anal irrigation. St Mark's Hospital Continence Service.

Nicol. M., Bavin, C., Bedford-Turner, S., Cronin, P. & Rawlings-Anderson, K. (2004). *Essential Nursing Skills*. Mosby, United Kingdom.

Mallett, J. & Dougherty, L. (2000). The Royal Marsden Hospital Manual of Clinical Nursing Procedures. Blackwell Publishing, Oxford.

10.0 Training reference

Elimination Learning Pack

Appendix 1

Autonomic Dysreflexia

TREAT AS A MEDICAL EMERGENCY

Autonomic dysreflexia (also known as autonomic hyperreflexia) is one of the most serious conditions affecting people with spinal cord injury at or above the 6th thoracic vertebrae.

The syndrome develops secondary to any noxious stimulus below the level of injury. As the spinal cord is damaged, nerve impulses cannot pass normally to the brain, therefore, the body produces exaggerated abnormal nerve signals that cause problems above and below the spinal injury. Below the injury, blood vessels go into spasm causing the blood pressure to rise. Above the level of injury, the body senses the high blood pressure and tries to relax the blood vessels but it can only influence the blood vessels above the level of injury. This causes flushing and blotchiness of skin and pounding headache.

Symptoms range from mild to sever and patients may present with one or more of the following:

- Pounding headache
- Flushing and/blotching above the level of spinal injury
- Slowed heart rate
- Profuse sweating above the level of injury
- Palpitations
- Goosebumps
- Blurred vision or seeing spots
- Stuffy nose
- Feeling of impending doom, anxiety or apprehension
- Elevated blood pressure.
-

Under normal circumstances a tetraplegic person may have a low bleed pressure (eg.90/60). A rise of 20mmmHg can be clinically significant so if the BP rises to 120/80mmHg it could indicate an emergency situation. Hypertension can lead to seizures, stroke or ultimately death.

Bladder problems and faecal impaction are the most common cause of autonomic dysreflexia.

This can be caused by:

- Overfull bladder
- Kidney or bladder stones
- High pressure voiding
- Urinary tract infection
- Blocked catheter
- Defective drainage system (e.g. kinked tubing or leg bag too full)
- Faecal impaction
-

Emergency treatment is to drain the bladder or deal with the faecal impaction quickly (within 2-3 minutes) in order to reduce blood pressure. It is recommended that sublingual Nifedipine 10mg or GTN spray is given if the blood pressure cannot be reduced within the first 2-3 minutes by either of the above mentioned procedures (Shergill et al, 2004).

Shergill M, Arya R, Hamid J, Khastgir HRH, Shah PJR (2004) The importance of autonomic dysreflexia to the urologist. British Journal of Urology International, 93:923-926.

Document Log			
Title *Standard Procedure for the performance of Anal Irrigation (e.g. Peristeen.)*			
Document Number: CLSP 33			
Document Status i.e. New, Revision , replaced etc.	**Version Number**	**Revision Date**	**Description of changes**
Version	2	01/04/2012	Reviewed in line with 2011 NHS St Mark's Guidelines. Contraindications revised. Under Additional information – replace Continence Nurse or GP with "qualified healthcare practitioner". Section 5.0 added. Appendix 1: information on Autonomic Dysreflexia added.