Colostomy irrigation pathway in adults

A Colostomy is a piece of the large Colon (bowel) brought out to sit on the outside of the abdomen. A stoma pouch is then worn to collect the waste from the bowel. Colostomy Irrigation is used to manage faecal output by cleansing the bowel. Involving the use of specialist equipment to introduce a measured amount of water into the bowel via the stoma. This limits the times the bowel functions and assists with issues such as excess flatus and frequent bowel movements. Colostomy irrigation can vastly improve a patient's quality of life with less visits to the GP, improved well-being and being more likely to have an active lifestyle. Irrigation can also offer cost savings to the NHS whereby the patient is able to reduce the amount of stoma pouch changes, or they can convert to a cap.

Who can irrigate?

- Those with an end colostomy
- Reasonable eyesight and dexterity are required to be able to manage the procedure successfully.

Who cannot irrigate?

- People with complications such as a prolapse, stenosis or large hernia
- Those with further bowel disease e.g., Crohn's disease or diverticulitis.
- Irrigation may not be successful for those suffering from persistent diarrhoea
- People with renal or cardiac problems. Irrigation could cause fluid overload or slow the heart rate excessively by stimulating the vagus nerve.

Advantages of Irrigation

- The irrigator has control over their bowel function.
- Irrigation is performed at a convenient time to the individual. Between irrigations they should be continent.
- It can be continued when the individual is on holiday or away with work.
- A smaller appliance may only be needed such as a cap, or smaller stoma pouch.
- Irrigation can prevent or reduce problems associated with pouch leakage and flatus.
- Quality of life improvement

Disadvantages of Irrigation:

- Irrigation can be time-consuming, and the toilet or bathroom may be needed for 30-60 minutes.
- It should preferably be performed as a regular routine.

Assessment and review:

- The patients are assessed and taught by a specialist Stoma Care Nurse (SCN) experienced in Colostomy irrigation.
- Prior to commencement of any CI – documented consent from a surgical consultant must be obtained to eliminate any physiological contra-indications.
  Local and national guidelines must be followed - national_guidelines.pdf (ascnuk.com)
- Suffolk - Patients should be three months post-surgery. Complete two consecutive home visits to teach irrigation then daily phone call for one week to review.

Clinical implications Risks/adverse effects:

- Fluid overload
- Altered blood pressure – Hyper/hypotension
- Bradycardia
- Loose motion

Side effects are rare- however during the week of teaching blood pressure and pulse are checked before, during and after irrigating.

Please note only dedicated Colostomy Irrigation kits can be used for this purpose and NOT rectal irrigation kits.

Irrigation system formulary choice.

The initial kit will be provided free of charge by Dansac or Coloplast. The consumables within the following table will be prescribed on FP10. The patient may also be prescribed drainable/closed pouches or stoma caps, and these will be detailed by the stoma team. Where quantities exceed those requested by the stoma team, please contact the stoma team.

	DANSAC			
	Appliance name	**Code**	**Price (Drug Tariff Oct 2022)**	**Ordering frequency**
FIRST LINE	Water container	95200	£21.10	6 monthly
	Clamp	95210	£9.13	6 monthly
	Tube	95215	£1.61	6 monthly
	Cone	95205	£2.30	6 monthly
	Cleaning brush	95220	£13.56	6 monthly
	Irrigation sleeve	950-35	£26.31	monthly 1-2 boxes

	COLOPLAST			
	Appliance name	**Code**	**Price (Drug Tariff Oct 2022)**	**Ordering frequency**
SECOND LINE	Water container	1511	£14.62	6 monthly
	Colotip	1110	£7.13	3 monthly
	Irrigation sleeve	12834 or 12836	£39.73	Monthly 1-2 boxes
	Supporting plate	12820	£30.00	5 pack – one plate lasts three months
	Belt	0421	£7.20	1-3 per year

- The patient will be provided with Trust Irrigation Leaflet to the patient and online information – Colostomy Association.
- A letter is sent to the GP with advice of equipment codes once Appliances are confirmed.
- The stoma nurse will recommend formulary choice of Appliances and will order/recommend a supply of consumables to be prescribed. A Dispensing Appliance Contractor is normally set up.
- The stoma nurse will review the patient to:
  1) see if the irrigation is effective for them.
  2) see if they wish to commit to the irrigation long term
- Patients will aim to use no more than one pouch per day – this being one drainable/closed pouch or a stoma cap.
- If Colostomy irrigation is no longer appropriate – the stoma nurse will discontinue.

Contact details for Stoma Nurse Teams

North East Essex Stoma Nurses:
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Medicine Optimisation Teams

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