

Colostomy Irrigation

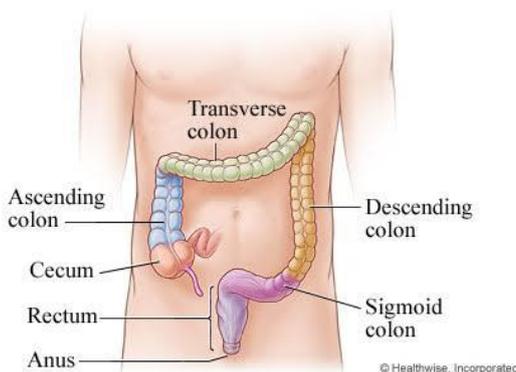
Many members have enquired about colostomy irrigation that is why this information sheet has been added to the YOU Inc. webpage as a resource, other resources are included from the pharmaceutical companies that supply irrigation sets, also on the Australian Association of Stomal Therapy Nurses webpage.

Let's start with a few basic facts of the Gastro intestinal tract which stretches from the mouth to the anus.

The Small intestine is made up of 3 parts – Duodenum, Jejunum & Ileum.

The LARGE Intestine: Is the part of the gastro intestinal tract affected by irrigation

It is divided into the caecum and the colon.



The colon is divided into 5 parts - ascending colon: transverse colon: descending colon: sigmoid colon & rectum. Function is to absorb water, storage of faeces & chemical activities

Colostomy: is an opening that may be created anywhere along the large bowel, a stoma maybe permanent or temporary, termed as an end stoma, loop or double- barrelled .

Colostomy Irrigation: Is usually performed on an end sigmoid colostomy i.e. the end of the colon

Purpose: To stimulate the large intestine to empty the contents (faeces) by stimulating the bowel with the instillation of warm water. This enables the person to regain control of their bowel; you decide when to empty it.

Contra indications: Inflammatory bowel disease i.e. Ulcerative Colitis or Crohns' Disease: Diverticular disease or other diseases of the large bowel. If you irrigate regularly but get a bout of gastro & diarrhoea do not irrigate till you have recovered, also during chemotherapy.

Indications: A healthy bowel.

Removal of the rectum or lower part of the sigmoid colon for cancer.

Hirshspungs disease, lack of nerve endings to stimulate the action to empty the bowel.

Congenital (birth) defects, imperforate anus

Desire and mental capability to perform irrigation.

Permission from your surgeon; Mandatory

Equipment: Irrigation set available on the stoma appliance scheme; this includes a soft cone, water bag & tubing with a control.

Irrigation sleeves, a belt to hold the sleeve in place or use an adhesive sleeve, lubricant.

Hook at shoulder height that will hold 1.5 litres of water, warm tap water.

Chair or stool that will fit comfortably near the toilet.

Education: Minimum 1 lesson from a qualified stomal therapy nurse, sometimes 2 or 3 lessons either at home or in the stomal therapy unit is required. It is very common to feel tense when learning to irrigate your bowel but time will ease the tension.

Time: Allow an hour to start with until your bowel adjusts to the routine of being stimulated to empty, try to irrigate the same time every day but at the time that suits you. Just remember you need to be relaxed, many people irrigate at night. However when you irrigate depends on your lifestyle. To start with irrigate daily at same time but many people find they only irrigate every 2nd day, gradually extend the time from 18 to 24 hours.

Method: Assemble equipment, fill water jug with warm tap water (not too hot & not too cold, just tepid), if tank or bore water is used boil first. Run water through tubing & attached cone to remove any air bubbles, lubricate cone. Remove colostomy pouch, clean before attaching the irrigation sleeve. Make yourself comfortable sitting on the stool alongside the toilet, gently insert the cone into your stoma, it is designed not to damage your stoma. The irrigation sleeve has an opening at the top where you insert the cone & the distal opening hangs into the toilet bowl. Note how much water is in the water bag & then slowly turn on the control, **allow the warm water to slowly run into your bowel over 5-10 minutes. Insert 750 to 1000mls depending on your build.** Remain seated while inserting the water, don't worry if some water runs around the cone, just slow the flow. Or if the bowel is very full of faeces the tip of the cone becomes blocked, if this happens turn off the flow, remove the cone wipe clean with toilet paper, relubricate the cone, reinsert & re commence inserting the water. When you have inserted the water remove the cone, close top of the irrigation sleeve with a clothes peg. There will probably be a rush of water & faeces which will run down the sleeve into the toilet bowl, keep flushing so the area is not too smelly. When you feel majority of the water & fluid has been returned clean the far end of the sleeve, hook it up with a clothes peg & move around, massage your abdomen. Have a cuppa, relax read the paper or other restful chores. As more faeces & fluid is expelled into the sleeve just wash it out from the top into the toilet. The extra water in the irrigation bag is useful for this or have a jug of water close by. As time goes by you will get the feeling that your bowel is empty but too make sure apply a pouch, a few hours later if you feel comfortable apply a small pouch or cap, some people use a Conseal Plug.

Clean your irrigation equipment, dry the jug & wash the cone. If your stoma looks a little traumatised from having the cone inserted sprinkle the top of your stoma with Stomahesive Powder.

Trouble shooting: If you are dehydrated or dry sometimes the water inserted during irrigation can be absorbed through the lining of the bowel, so ensure you have had plenty to drink prior to irrigation. Also if the water is inserted too slowly it will get absorbed, if this occurs just try again. If you get cramps during irrigation slow the rate of water, take some deep breaths & massage your abdomen: do not stand up.

Reassurance: Colostomy irrigation is a procedure that has been used to control the large bowel for many years & is commonly used worldwide with no harmful or long term complications. As a Stomal Therapy Nurse I have taught the practise of irrigation to literally hundreds of patients so please be reassured. Some members of YOU Inc. have added some of their handy hints & travel tips. If your stomal therapy nurse is reluctant to teach you ask her/him to recommend you to a stomal therapy nurse that is familiar with irrigation.

Good Luck! Lilian Leonard – retired Stomal Therapy Nurse

NB: This has been checked by a practising Stomal Therapy Nurse