

Transanal irrigation

Toolbox for neurogenic bowel management



Information for patients

Spinal Injuries - Urology



Neurogenic bowel dysfunction

A number of people with a spinal injury experience faecal incontinence and constipation, also known as neurogenic bowel dysfunction (NBD). This leaflet has been developed as part of a series of leaflets to help you manage NBD.

Good bowel management

Successful management of neurogenic bowel dysfunction (NBD) should ultimately help you to avoid "accidents" and constipation. It should allow you to perform bowel care within a reasonable amount of time, and use techniques which are suitable for you as an individual.

To help to achieve this you should:

- create a routine that works for you at home. This will include factors such as:
 - Time of day
 - Frequency of bowel interventions
 - Fluid intake
 - Diet
 - Lifestyle
 - Mobility
- Monitor how well your bowels are working (using a 'bowel diary' if necessary)
- Aim to develop problem-solving skills to help you if your routine changes in anyway

Transanal irrigation

This leaflet is about transanal irrigation. This is an alternative to the standard methods of bowel management.

What is transanal irrigation?

Transanal irrigation is the term used to describe the technique by which a volume of water is used to clear the lower bowel of faeces. Water is typically introduced to the rectum and then released. The resulting expulsion of water via the anal canal washes out any faeces present in the rectum and the lower section of the colon.

Transanal irrigation differs from a traditional enema in that there must be some device that allows water to collect in the rectum and sigmoid colon (lower part of the bowel). This is typically a balloon catheter or a cone system. Without these devices the water would be expelled before enough volume has collected in the lower bowel to effectively wash out the faeces if you do not have voluntary control of your anal sphincter (which is the case for most people with NBD). It also means that it is difficult to control any faecal matter (Faeces).

What types of transanal irrigation are available?

Transanal irrigation systems have been in use for many years and there are several different systems available. Your urology nurse specialist will be able to provide more information and advice on which ones may be most suitable for you.

Who is transanal irrigation suitable for?

Anyone with a neurogenic bowel dysfunction can be assessed for their suitability for transanal irrigation. However, the use of transanal irrigation is not usually considered until the rehabilitation period ends.

Minimum requirements:

- You will need an accessible toilet at home. Irrigation will need a considerable volume of water and a bedside commode may be insufficient to contain the result. A shower chair with a padded toilet seat that can be put over a toilet is ideal.

- Your hand function, balance and flexibility needs to be good enough to insert the catheter while sitting on the toilet/shower chair. You can test this by sitting on the toilet and see if you can touch your anal sphincter. Ideally, you also need to be able to insert your finger into your rectum, as digital checking and some degree of digital rectal stimulation may be necessary, though this is not always the case.
- If you cannot manage the system yourself, you must have carers that are sufficiently trained that can do this for you. They will need to know how to insert the catheter and perform the minimal rectal interventions that may be necessary while you are sitting on a shower chair.
- If you are being cared for in bed or are unable to access a toilet, you will need a suitable bed system.

When is transanal irrigation recommended?

Choosing transanal irrigation can be a personal lifestyle choice, but may also be beneficial if you have difficulties with:

- Faecal incontinence – having unplanned bowel emptying
- Constipation – regularly not having a result (or having an insufficient result) from planned bowel management
- Prolonged bowel management – taking excessive time to manage your bowels. Irrigation typically takes 20 to 40 minutes.

Initially, transanal irrigation is recommended to be used daily to allow your bowel to adjust. The frequency can then be adapted by the specialist who assessed you.

People who use transanal irrigation typically report significant improvement in these problems compared to their previous bowel management, though this cannot be guaranteed.

In addition, there are some people who have sufficient hand function, reach, dexterity and balance to manage transanal irrigation, but not enough to manage the digital rectal intervention-based bowel regime at the toilet by themselves. In these cases, transanal irrigation can bring independence in bowel management. It is always recommended to do a rectal check before transanal irrigation to facilitate efficient use of the system.

If you do choose to use transanal irrigation, we do still recommend that you have other bowel management techniques you can use as well. There may be circumstances where irrigation isn't possible (for instance due to illness or when you are on holiday) so it is important to have other techniques available to you.

Are there any risks with transanal irrigation?

Yes there are. The most serious risk is making a hole in the wall of your rectum or colon, which is known as bowel perforation. This is a very serious problem which usually requires surgery to correct and can cause life-threatening illness. However, the occurrence of perforation is very rare. We do not know what causes it in some patients, but obviously it is important that you should be taught to use the chosen system by an experienced health professional, who will discuss the risks with you and assess your suitability for using it. As with many things in life, you have to balance any risks against potential benefits.

Who should not use transanal irrigation?

Transanal irrigation is not recommended for everyone:

- You should definitely not use transanal irrigation if you have renal failure and are on dialysis, or if you have any other condition that needs you to restrict fluid intake. This is because when your fluid intake is restricted your bowel may absorb the water you

irrigate with. This will make the procedure ineffective, and disturb the balance of fluids in your body.

- Transanal irrigation is not suitable for you if you have had recently surgery to your bowel. Ask your surgeon if and when it will be safe to start irrigating following this type of surgery.
- If you have a known bowel disease or other problem affecting your bowels you should discuss with your doctor/ specialist nurse whether irrigation is safe for you. This includes conditions such as:
 - Diverticulitis
 - Crohn's disease
 - Ulcerative colitis
- If you are pregnant, you will need to discuss with your doctor whether it is safe to use irrigation.
- If you have a spinal cord injury above T6, transanal irrigation may trigger severe Autonomic Dysreflexia (AD). You should talk to a health professional at the Spinal Injuries Unit about how best to proceed. We currently recommend that you have your first irrigation at the centre so we can monitor you for signs of AD. It has been our experience that irrigation does not trigger severe AD, but this remains a possibility that justifies a cautious approach.

How do I obtain a transanal irrigation system?

Once it has been determined that transanal irrigation systems is suitable for you, and you have been taught how to use the system safely and effectively the transanal system can be available on prescription from your GP. However, you must contact us first to provide the necessary advice, teaching and assessment.

If you already use a delivery company (Charter, Select, Trent Direct, Fittleworth etc), you can obtain the equipment from them. Otherwise you can obtain a prescription from your GP and take it to your local pharmacy.

How often can I use transanal irrigation?

Frequency of use varies from one individual to another. We advise that you speak to the nurse specialist for further advice.

What if I have any problems with transanal irrigation?

You should contact your nurse specialist if you have any issues with your transanal irrigation. Alternatively, you can contact the helplines on the transanal irrigation product information leaflet.

Contact Details

Urology Nurses Specialists:

Marie Watson, Carol Eggington:

- **0114 226 6823** or **0114 2715624** (Office)
- **0114 243 4343** and ask for **bleep 2882** or **2494**

Outpatients Department staff are available Monday to Friday during office hours and can give advice over the phone:

- **0114 271 5677**

Reception staff can make you an outpatients appointment to come and discuss issues:

- **0114 226 6981**
- **0114 271 5644**

Osborn 3 staff are also available to give advice over the phone:

- **0114 271 5636**

Osborn 2 staff are also available to give advice over the phone:

- **0114 271 5628/9**

Community Liaison Nurses can also give advice on bladder and bowel management, talk to your local health services, and visit you at home if necessary:

- **0114 271 5617**
- **0114 271 5618**



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