Colostomy irrigation: are we offering it enough?

Fran Woodhouse

Abstract
This article discusses the use of irrigation for suitable colostomists and reasons why it can have a very positive effect on lifestyle. While it is evidence-based it also includes anecdotal tips from patients who irrigate. The suitability of patients to irrigate and ways to ‘get started’ with irrigation are discussed.

Key words: Stoma care ■ Patient: education

Having a stoma creates a profound impact on a person’s life. White (1997) reported that approximately a quarter of people having a stoma operation will experience serious problems with anxiety, depression and other negative emotions in the year following their operation. Colostomy irrigation could be offered to suitable patients as a method of regaining some control over their bowel function and would improve their quality of life (Cleveland Clinic, 2005). Irrigation is the process of cleaning the colon to avoid wearing a standard colostomy bag.

Trends in surgery
When the author started in stoma care nursing in 1995, the trend in surgery was very different from how things are today. In the author’s experience, more patients had permanent colostomies than they do now.

According to internal hospital figures, the majority of stomas now formed are temporary loop ileostomies. (Stoma/Colorectal nursing data, 1999–2005). This could be a factor why irrigation appears to be less common than it was a few years ago simply because there are fewer patients with an end sigmoid colostomy who fulfil the necessary criteria.

Irrigation has always had a poor uptake — this could be due to the modern appliances that are available which block the odour and are generally very discreet. Wade (1989) showed that only 4.7% of colostomists used irrigation. Despite the age of the study, from the author’s experience it is still very relevant today. As clinical nurse specialists we pride ourselves in offering patients an extensive choice of the products most suitable for them.

Perhaps colostomy irrigation should be offered as routinely as the appliances are offered. Perhaps it is an unchartered area for some nurse specialists, but it is actually a very simple procedure (Figure 1).

The author spoke at the World Conference of Enterotherapists UK (WCET UK) last year on colostomy irrigation, and many nurses seemed grateful for the information and practical hints on irrigating.

Irrigation has had a profound effect on many ostomists’ lives. Among the author’s own patients, a male in his 60s who spent long days on his boat in connection with his work found great benefits from irrigating. His perception of his body image was low after having an abdominoperineal resection of the rectum and was very concerned that his wife would no longer find him attractive. Three months after surgery he was irrigating successfully and he found his quality of life much improved versus wearing a standard colostomy bag. He had the freedom to be on his boat all day without anxiety or embarrassment from the colostomy and found that irrigating gave him a sense of ‘well-being’ and confidence. A ‘patient satisfaction’ study by Leong and Yunus (1999) confirmed that there are fewer skin, sleep and sexual problems for those colostomists who irrigate.

Who is suitable to irrigate?
The author has developed a keen interest in irrigation as it is something that could be offered to patients with a suitable colostomy who wanted to regain some control over their bowel function. Suitable patients would be those:

■ With a left-sided end colostomy in the descending or sigmoid colon
■ Who are well motivated and mentally alert

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Figure 1. A cone being inserted into colostomy.
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- Who have no residual disease or any of the following conditions: irritable colon, diverticulitis (due to risk of perforation), or Crohn’s disease
- Who have good dexterity
- With adequate eyesight.

Cautions
Patients with renal or cardiac disease should be excluded from irrigating due to the risk of fluid overload. Patients with stomal irregularities may have problems irrigating, e.g. stenosis, or prolapsed paracutaneous hernia.

Irrigation equipment
Suitable patients should be given the option and information to irrigate. When teaching new patients to irrigate, reservoir bags and available tubing sets are used. Using a pump certainly seems to be a very effective method of administering the water; but some may find it costly at approximately £350 (Figure 2). The pump must be sterilized. Care must be taken with the pump and the reservoir bag so as not to administer the water too quickly otherwise the patient can experience abdominal cramping. There are various leaflets available through the manufacturers on irrigation, which give a step-by-step guide for nurses and patients.

One patient, a Barrister, who participated in the author’s presentation at WCET UK last year found irrigating useful as he was often in court for long periods of time, making stoma care inconvenient.

With the support of B. Braun Medical and this patient, a video was made of the irrigation procedure using a pump, which should make it easier to be available later this year. The patient was interviewed for 8 minutes on various aspects of irrigation and the benefits to him, and the video later shows the irrigation procedure using a pump.

When to start irrigation?
Both nurses and patients often wonder when the best time is to commence irrigation. There seem to be no hard and fast rules, but the patient is more receptive to the procedure the first attempt is 3 months post-surgery, as they are usually recovered from the surgery and feel strong enough to try it.

Getting started
If the patient is keen to irrigate, permission is obtained from their consultant. Once confirmation is received, the patient is given a list of equipment needed which can be obtained on prescription from their GP. Once the patient has the necessary equipment, two appointments are arranged within the same week to teach the procedure.

It is very important that the patient keeps an irrigation diary, where the presence of any waste matter coming through the stoma in between irrigation sessions is recorded. This will give an indication of how often irrigation is needed, e.g. either daily or alternate days.

A few useful points
- If the bowel tends to be sluggish, consider taking a sachet of Fybogel 12 hours before irrigating (Leonard, 1998)
- After a spicy meal or moderate-to-heavy intake of alcohol, it is useful to irrigate the next morning.
- On holiday, be careful about the water and use bottled if necessary to irrigate. A useful tip in hot countries is to keep bottled water warming outside on balconies/verandas to warm naturally in the sun (Anecdotal from patient who irrigates).

The future for irrigation
Irrigation is useful for some patients. Certainly the trend in rectal irrigation is becoming increasingly popular, as colorectal nursing services expand to follow up those patients who have problems with bowel function after reversal of stomas. Despite the advent of more advanced stoma bags, irrigation must not be forgotten and should be considered a useful technique worth mentioning to those patients who fit the criteria. There appears to be little research available in this area and further research would be beneficial.

Wade B (1989). A Stoma is for Life, Scuteiri Press, Harrow

KEY POINTS
- Colostomy irrigation could be offered to suitable colostomists as a means of regaining some control over bowel function.
- There are fewer skin, sleep and sexual problems for those colostomists who irrigate.
- Perhaps colostomy irrigation should be offered more than it is as it is a simple procedure.
- Caution must be taken to ensure only suitable patients are offered irrigation.