

Colostomy Irrigation – A Personal Guide

By Anthony Firmin

It isn't for everyone – that's what the leaflet tells you and its absolutely correct. For me it has certainly been a battle at times but the benefits have far outweighed the difficulties and problems I have encountered. Hopefully my experience will help you.

After having a stoma bag for 6 months I discussed with my nursing practitioner about how unpredictable my stoma was, about accidents that I was having with the bag filling too rapidly and about not having a great deal of confidence. This was clearly shown by my constantly touching the bag to check if there was anything in it making it obvious that I had something there. My nurse suggested colostomy irrigation.

I subsequently discussed this with my stoma nurse and as well as reading the literature she provided along with researching it on the internet I decided that I wanted to give it a try.

It seemed daunting at first – do you recall the first few times you changed a stoma bag it seemed to take forever and now you can do it in a few minutes. Irrigation became second nature too.

The benefits for me have been huge but it has required the following routine which may provide you with a few tips.

Preparation:

Get everything out and set up before you start. I am quite lucky in that I already had a large shelf in the bathroom that I could use to put everything on. Make sure you have access to wipes and a towel – in case of accidents. Also pull off several individual sheets of toilet paper.

The reservoir:- when its full weighs about 2kg. You cannot simply put this onto a stick on hook. You will need something that has been screwed/raw plugged into the wall. I have a picture that I have on the hook and take it down when its time to irrigate. The hook also needs to be high – the higher the better in order to get the maximum pressure (not so important if you are using a pump). With modern bathroom sinks it can be tricky getting 2L of water into the reservoir – you may need to top it up with a jug. And remember to close the valve before you fill the reservoir!!!

The sleeve:- the stoma nurse suggested shortening it but as I am quite tall (over 6ft) I have found it is best to leave it full length for periodic emptying. As with your stoma bag the sleeve needs a dry, clean area to stick to. The stoma nurse also suggested cutting the hole, which goes over the stoma to make it larger – but this reduces the adhesive area and this area is much smaller than that of a stoma bag! I have found that the hole is just right if the sleeve is placed correctly. Once the sleeve is applied you should hold the adhesive area against your skin with the palm of your hand for a few minutes to allow it to bond.

The cone:- Plenty of KY – your nurse should have told you about this!! Putting the cone in the first few times is a bit daunting, but with most things, after you've done it a few times it becomes just like riding a bicycle. Everyone's stoma is different; mine points upwards' but I find the water flows into my bowel best if I point the cone downwards in the stoma. You will determine your optimal position through moving it around

Filling the bowel:- Again, from personal experience, the amount of water can vary. I now transfer between 750ml to 1L of water into my bowel every time I irrigate. Without a pump this can take between 5 and 20 minutes. It was also suggested to me that to start off with the valve open just a little and gradually open it fully over a period of several minutes once the flow of water gets going. Personally it hasn't made much difference and more often than not I find that the valve needs to be fully open straight away. Only you will know the limit of your bowel!

Blowback:- What is this? Well, I couldn't think of any other name to give it. This occurs when you are filling the bowel with water and the bowel becomes active and the pressure from the bowel is greater than the pressure from the reservoir. As a result the tube and the brown become a lovely brown colour!! If this occurs, and it has happened to me on three occasions (out of 30 irrigations) then you need to close the valve. The key is to keep an eye on the tube whilst filling the bowel. I find that if this is occurring that I need to readjust the position of the cone, or pull it out slightly so the pressure from the reservoir is redeployed in the stoma.

Removing the cone:- Before you do this I suggest you lift up the toilet seat! This is a bit tricky and requires a little co-ordination. Remember that your bowel now has a large amount of water in it that doesn't want to be there and needs to escape! What I do is...amble over to the sink, hold onto the top of the sleeve so its not flopping all over the place, remove the cone and tube and place it into the sink. I then leave it there until I am ready to cleanup – its more important at this point to concentrate on the sleeve and its contents than worrying about cleaning up.

Emptying the sleeve:- Over the next 10 minutes there is going to be a significant evacuation from your bowels into the sleeve. Initially the pegs will be attached to

the folded sleeve about half way down – you cannot let too much of the evacuated liquid go into the sleeve – the pegs in this position can only take so much pressure so the bag will need emptying. Here is my method following several accidents...

Position yourself over the toilet bowl, grab the outer part of the sleeve and hold it tight with your fist. Remove the pegs with the other hand and with the same hand hold back the top part of the sleeve – as you lean over you don't want any sudden evacuation spilling over the top!

Bend over the toilet and position the hand holding the end of the sleeve into the bowl and SLOWLY release your grip – a sudden release will result in a big splash – and you don't want that!

Gather up the end of the sleeve, if you are not evacuating, and wipe the end with some toilet tissue. Fold the sleeve in half and the bottom and top of the sleeve should now be rolled up together – attach the pegs! This is now more robust and will hold more evacuated liquid...but not too much – don't get over confident!

You may have to empty the sleeve several times – its just a matter of waiting.

Suggestion:- After I had an accident with evacuated liquid spilling all over the bathroom floor I sat down and thought about it. What I was lacking was understanding the process as well as practice. So the next time I irrigated I took a large jug of water into the bathroom with me. I attached the sleeve as normal, pegged it up halfway and then poured water into the top. I then perfected the emptying the sleeve by repeating the process several times confident in the knowledge that if there was spillage it was only water and could easily be cleaned up.

The smell:- Just as the smell from your stoma bag is different to when you previously went to the toilet, the smell from irrigating is different again. And as with your stoma bag it takes a little getting used to!

When is it finished? - How long is a piece of string? This is the golden question and only you will be able to determine this. The first few times I did this I made a note of the time of the first evacuation and of the last. My timings varied from 30 to 90 minutes but have now settled down to a maximum of 60 minutes.

However, unlike conventional toilet visits, you may not get the feeling that you have finished. I have the opposite problem in that I get a feeling that there is something waiting to get out but it never does – and that doesn't help!

Removing the sleeve:- Roll it up and slowly, but carefully, remove it as you would a stoma bag.

Keeping everything clean:- Very important, including your hands. Using disinfectant wipes on the shelf, sink and toilet bowl after you have finished is good practice.

So, how long does it take? - Good question but everyone will be different. From starting to set up to wiping down is usually 60-80 minutes.

When should I irrigate? – I have found the most convenient time to irrigate is in the evening. Personally, I am not a morning person and have found it difficult to motivate myself to do it at that time.

How often should I irrigate? How long does it last? – I try to irrigate every other day – this is my optimum time. But sometimes my social schedule dictates that I can only do it every 3-4 days. I always last for at least two days before anything starts to come out, sometimes three and occasionally four days. After two days I just revert to using normal stoma bags just in case. Only you will be able to determine your schedule.

What does it feel like? Do you feel anything? – My bowel often feels bloated once I have a litre of water in it but that feeling soon goes once the evacuation is underway. Occasionally I have a feeling of aches and cramps as you would when you have eaten something that disagrees but this soon passes as the evacuation progresses. And as I previously mentioned at the end of the evacuation I also get a feeling of something still wanting to come out and I've finished – that can be frustrating!

Being occupied during the irrigation helps the time pass much quicker too. I try to be productive during these periods by reading and writing – this was written during two irrigations. Too much information? Perhaps!

One of the advantages irrigation is that I can now wear a mini-bag/cap. It took a while to get to the point where I was confident to do this but I am so pleased I have. It makes a huge difference and is less obvious.

My stoma nurses told me of people who walk around their houses and make cups of tea whilst evacuating. Personally I prefer to stay in the bathroom. The smell bothers my partner, but as long as I am busy in the bathroom it doesn't bother me – I just think of the benefits irrigation gives me along with the increased confidence.

But to me, and hopefully yourself, the benefits of irrigation are worth the effort involved.

Good luck!

<http://www.fccl.co.uk/irrigation.pdf>