

Colostomy Irrigation

A personal account of managing a colostomy

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Colostomy irrigation has been around for many years. One of our most senior chapter members reported, at age 93, that she had been irrigating since 1967, shortly after leaving the hospital for colostomy surgery. The procedure goes back probably much further than that, but I have not found any documentation that describes when, or where, irrigation was first introduced as an effective method of bowel control for colostomates.

Irrigation was more widely promoted to patient candidates in years past; indeed, it seems that instruction and information were once given to the majority of new colostomy patients while they were still in the hospital. This practice seems to have dropped off over the years, possibly due to steady improvements in appliance design and material, but also due to misconceptions sometimes held by medical personnel.

The majority of new colostomy patients I speak with have never heard of irrigation or were given a bare minimum of information on the subject. In some cases, their nurse or doctor actively discouraged them from trying. This is a great disservice to the colostomy community, all of whom should be given unbiased information both in hospital and upon stoma follow-up so that they can make their decision based on adequate information.

How and Who

Irrigation is another term for a water enema administered via the stoma. Water is introduced into the large

intestine, thereby stimulating the colon to evacuate (flush out) waste and allowing the colostomate to regain control over elimination. Once mastered, the irrigation procedure can usually eliminate the need to wear standard appliances. In many cases, those who achieve success wear only a stoma cap, mini-pouch or patch to protect the ostomy in between irrigations.

Irrigation is quickly learned in the privacy of your own bathroom and requires a minimum of supplies. Some people irrigate every day or every other day and others a few times a week. How often you choose to irrigate will depend on your body's response and how much control you want. An irrigation session takes about an hour.

Irrigation works on the principle that if you evacuate all or most of the large bowel, it will take 24-48 hours for stool to start to make its way out of the stoma again. This transit time will vary depending on what you eat and drink and upon your particular metabolism.

The individual must have a sigmoid or descending colostomy; in other words, enough remaining large bowel for the body to produce reasonably formed waste. Attempting to irrigate a transverse colostomy would be largely a waste of time. Ileostomates and urostomates cannot irrigate. If your bowel habits before surgery tended to be regular and not prone to diarrhea or irritability, your chances are good that your body will respond well to irrigation.

Contra-indications are a hernia, ongoing bowel disease, irritable bowel syndrome, or serious heart or kidney disease. The candidate should have a reasonable amount of hand/eye coordination, the capacity to learn and perform a simple sequence of steps, the motivation to control their body and the time to devote to the procedure on a daily or near-daily basis.

Supplies and Cost

The minimum kit you'll need is an irrigation bag (with attached tubing and cone tip), irrigation sleeve, an ostomy belt and a clip. Depending on what



Hollister Incorporated irrigation bag (top) and sleeve.

you choose to wear in between irrigations, you may use a flange in conjunction with the sleeve in order to snap your regular appliance onto this. Some ostomy manufacturers will send free samples of irrigation kits. These will usually consist of a sleeve, clip, mini-pouch and flange. You'll need to purchase the irrigation bag with tubing and cone tip as this is the most costly unit.

Irrigation bags will last for several years as will the ostomy belt. Sleeves should be changed when they start to develop odor (usually within a month or two). Many irrigators dispense entirely with the flange and just hold the sleeve in place with an ostomy belt.

Standard Technique

Irrigation is not an exact science – as our bodies vary, so will results and techniques. The following is what my ostomy nurse suggested as a baseline technique. I should mention that not all ostomy nurses give the same set of instructions!

Their training and the materials they are supplied with are not always identical, plus individual nurses may modify instructions based on patients' feedback. Irrigation instructions given by any ostomy nurse are a reasonable place from which to start, but bear in mind that you can modify these to suit your own needs.

First, assemble all your supplies. Make sure the cone tip is attached to the end of the irrigation tubing and the tubing is clamped to prevent water flowing through the tip. Then, establish a way to hang the irrigation bag higher than your shoulder (when seated), higher than your head is even better, and flush any air from the tubing. The irrigation bag needs to be filled with 1,000 cc of water about the temperature of your body. Your bowels will tolerate some variance in temperature as long as it's not extreme.

Attach the irrigation sleeve to your body with the belt, placing your stoma in the centre of the ring. Attach the clip securely on the bottom of the sleeve.

At this point you can sit down if you prefer or stand. You may have been given handouts by your ostomy nurse that illustrate an individual, fully clothed, seated

My Irrigation Technique

Over the five years I've been irrigating, I've found that I need more than 1,000cc to achieve a good washout and I know others who use as little as 750cc – everybody's different. Always consult an ostomy nurse or your doctor before changing the amount instilled

I asked my surgeon, who does hundreds of colonoscopies a year (and three on me since I began irrigating) if he has ever seen evidence of long-term irrigation damaging the bowel. His answer was an emphatic "No."

I take Devrom tablets several times a day to eliminate gas odor, so I only wear patches now. I keep a supply of caps and mini-bags on hand in case I cannot irrigate due to schedule. In addition, when traveling, I always bring a standard drainable in case of stomach upsets.

next to the toilet with an unclipped irrigation sleeve emptying directly into the toilet bowl. I'd strongly discourage a beginner from doing the procedure in this manner the first time. You're liable to soil your clothing trying to keep track of all the new equipment, so wear as little as possible the first few times until you get the hang of things. As well, I'd discourage a beginner from letting the unclipped sleeve hang into the toilet bowl to drain.

If you're seated, the weight of the returning water will immediately pull the sleeve out of the bowl and you'll have a mess to clean up if you're not very close to the toilet. If you're standing, it's tiring (not to mention boring) to stay rooted in one spot over the toilet for the duration of the procedure. So, keep the clip on the end of the sleeve and let the whole apparatus hang if you are standing or rest on the floor if you prefer to sit.

Getting the cone and water in can be a challenge for the beginner.

Stomas can react to being touched by retracting or 'clenching up' which might make inserting the cone difficult. Just take a little break and let the stoma relax and then try again. A bit of a firm hand is in order, but you don't want to force the cone in – halfway is plenty. A bit of water-soluble lubricant on the tip of the cone is always advisable. The goal is to insert the tip enough so that water can enter the stoma without leaking.

Water leaking while you're trying to get it in is a common annoyance. If that happens, first make certain the tip of the cone is inserted fairly firmly. Then, you can try stopping and starting the flow of water from the irrigation bag by using the on/off control on the tubing. There may be solid waste blocking things near the stoma opening. Stop the water, remove the cone, let things expel and start again. If you suspect the bowel is not returning as much as you put in, you may be dehydrated. Your thoughtful colon, upon getting all this free water, may simply decide to absorb it for you. Drink a glass of water and keep going.

You don't have to instill the entire 1,000cc at one time. If you feel a cramp coming on, stop the water

flow until it passes. Mild cramping is common to start off. Again, just stop the water, remove the cone and relax for a minute or so before resuming. The returning water and waste will begin not long after you're done inserting the water. Return of waste may happen all at once or in stages. Empty the sleeve into the toilet before it pulls uncomfortably on the belt.

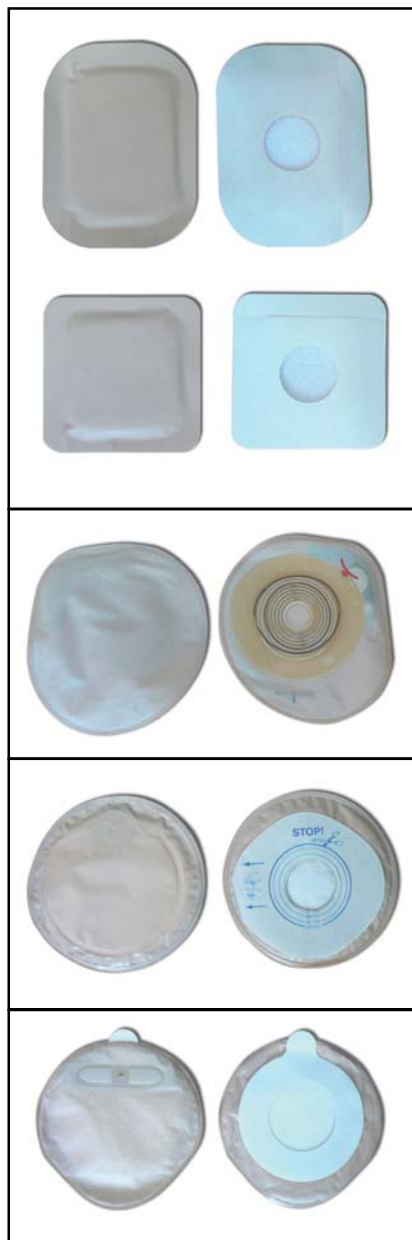
Keep the sleeve on for a full hour the first few times, even if it seems like you finished up far earlier. It's wise to be cautious until you've had some time to see how your body is going to adapt to the new routine. Once you've instilled the water, you don't have to stay in the bathroom the whole time. Put on a long housecoat and feel free to move about the house. Make some coffee. Read the paper. If you feel an evacuation coming on, just walk back to the bathroom and empty.

After the hour, remove the irrigation sleeve, wipe up around the stoma and re-apply your usual pouching system. Then remove and rinse the sleeve, hang it and the irrigation bag up to dry. It's not necessary to bleach and sterilize your gear, just rinse a little vinegar solution in the sleeve and bag from time to time to kill bacteria.

Why Irrigate?

It's a trade-off. Many people don't mind wearing a standard appliance and the amount of time spent emptying them during the day isn't a bother. For me, the freedom of not wearing a large appliance, not having to empty it throughout the day and not having the accompanying odor is the entire point of irrigating. For the price of one hour every second day, an hour that is mostly spent drinking coffee and playing on the computer while my guts do their job, I don't have to wear a bag. I never have stool hanging off my body, waiting until I can get to a toilet to get rid of it.

I understand that many people find the concept



From top: Ampatches from Austin Medical Products. Coloplast Assura Pouch. ConvaTec Active Life® stoma cap. Cymed Microskin® stoma cap.

of putting something in their stoma and inducing evacuation of waste just too...well, creepy. That's OK and I understand that sensitivity. It's common to be initially hesitant about inserting something into one's stoma and some people cannot overcome that reluctance. What bothers me is when patients are not told about the procedure, or are discouraged from irrigating with myths like you cannot stop irrigating once you start or that one must adhere to a rigid timetable.

Of course you can discontinue irrigating if you find you don't care for it. Your bowel will resume working all by itself. Although most people find they achieve better results if they stick to a regular time slot to irrigate, this isn't written in stone. You can vary timetables to suit your schedule. Experimenting with technique will allow you to develop the best routine that works for you.

I'd advise beginners to continue to wear their usual appliance for a couple of weeks, in order to see how their bowels are going to behave. Once you're confident that the stoma is learning its new job, you can 'graduate' to caps or mini-pouches. All major ostomy manufacturers make versions of these.

Mini-Bags, Patches and Caps, Oh My!

Besides not having to deal with waste throughout the day or night, one of the biggest benefits of irrigation is not having to wear a large appliance. I use a variety of products, listed below, to suit different occasions. I find switching from product to product also helps keep my skin healthy. The following are my personal recommendations.

A great transition from a standard bag to a mini-bag is Coloplast Assura® #12110. This is a one-piece, about 5 1/2" long, cut to fit. Nice and flat, it will give peace of mind to beginners who want to wear something smaller than a standard appliance but who also want some

Precautions

- You must check with your physician and receive his/her approval before attempting colostomy irrigation, to determine if you are an appropriate candidate for the procedure.
- Once you have your physician's approval, you must receive instruction from a qualified nurse, preferably an ET or ostomy nurse, who will be able to provide you with the best instruction.
- Never consider irrigations for bowel control if your colostomy is located in a segment of the colon other than the sigmoid or descending colon
- Some people who irrigate may find that certain foods can interfere with the best irrigation outcome.
- Realize that it may take 6-8 weeks for you to achieve a predictable bowel pattern with routine irrigation.
- And, despite your best efforts and technique, you may still (rarely) find yourself the victim of an intestinal virus, complete with diarrhea. For this reason, you must always "be prepared" to resort to wearing a regular colostomy appliance for a limited time until you're feeling better.

insurance in case of surprises. The filter works well and this unit holds up well in water.

For something smaller, ConvaTec ActiveLife® stoma cap #175611 is a good choice. About 4" round, with filter, this one-piece cut-to-fit works very well in all situations. Minor drawback: the plastic rustles a bit more than the other products in this category.

CyMed's Microskin® stoma cap #25645 is 4" round with a filter. This has a membrane type of barrier rather than the conventional pectin-based. Probably the most comfortable and flexible of the lot, it also adheres very well in water or sweaty conditions. The MicroSkin® line is a less well-known brand, but I encourage people to give their products a try – they carry a full line for all ostomy types.

Hollister Incorporated offers drainable and closed-end mini pouches, 7" long, in two-piece and one-piece pre-cut and cut-to-fit. Available later this year are New Image® two-piece stoma caps. Both products include odor barrier, rustle-free pouch film and ComfortWear® pouch panels.

Patches resemble large Band-Aids® and can be used if one is very confident. Currently, the only manufacturer of these products of which I am aware is Ampatch®, made by Austin Medical Products. Patches come in a variety of sizes and materials. Unless your stoma is fairly small, you're best to choose the largest sizes. My particular stoma is not small, 1 1/8" diameter and an inch long, but I can use the 'E' and 'F3' models comfortably. They are 3" square and 3" x 4" respectively. Drawbacks: they have no filter so if your gas has odor, this will smell. You can purchase add-on filters, but I've found these

too fussy to apply and they add to the profile.

Here's to You, Mich

I cannot finish an article on irrigation without mentioning Mich from Amsterdam. Mich was a colostomate whom I found through the internet not long after my surgery in 2001 and the principal person from whom I learned about the freedom that could be achieved from irrigation. My quality of life was transformed, literally overnight, once I started.

Mich was a huge promoter irrigating and gave me tremendous encouragement and support as he

extended to so many others in the ostomy community regardless of whether or not they irrigated. Sadly, Mich lost his battle with cancer early in 2003. It's my wish that I can continue what he started, spreading the word. Thanks, buddy.

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