



Northern Lincolnshire
Area Prescribing Committee

NORTH AND NORTH EAST LINCOLNSHIRE

ADULT

TRANS-ANAL OR RECTAL IRRIGATION PATHWAY

Version 9 (Reviewed June 2019)

This paper outlines the agreed Trans-anal Irrigation pathway for Northern Lincolnshire – inclusive of NHS North Lincolnshire CCG and North East Lincolnshire CCG commissioned services for their registered populations.

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Development of Policy and Version Control

A Trans-anal Irrigation (TAI) Project Group was established to develop a transparent commissioning approach and pathway for patients requiring the service.

Members of the original Trans-anal Irrigation (TAI) Project Group included -

Donna Redhead	Service Manager (Chair)	NELCCG
Karen Hiley	Medicines Optimisation Technician	NECS
Rachel Staniforth	Medicines Optimisation Pharmacist	NECS
Geeta Kaur	Colorectal Consultant	NLAG
Julie Coombs	Community Continence Advisor	Care Plus Group
Lindsay Hanly	Colorectal Specialist Nurse	NLAG
Jill Marshall	Stoma Care Nurse Specialist	HEY
Jane Ellerton	Asst Senior Officer	NLCCG
Dawn Powell	NL Community Continence Nurse Specialist	NLAG

Additional members part of the 2019 review process include: -

James Ledger	Medicines Optimisation Pharmacist	NECS
Shelly Webb	Community Continence Advisor	Care Plus Group
Kim Newton	Head of Integrated Comm Nursing Service	Care Plus Group
Paulash Haider	Asst Chief Pharmacist	NLAG

The agreed process of ratification for this policy is through Northern Lincolnshire Area Prescribing Committee.

Adult Trans-Anal or Rectal Irrigation Policy Development			
Version No	Date	Amendments Made	Author / Action By
Version 1	Jan 2017	Trans-anal Project Group agreed the development of a Northern Lincolnshire policy. Miss Geeta Kaur, NLAG Colorectal Consultant compiled the policy and pathway – adapted from the Lancashire policy and in accordance with TAI project group recommendations.	Trans-anal Irrigation Project Group Policy Author: Miss Geeta Kaur
Version 1	Feb/Mar 2017	Initial discussion at Area Prescribing Committee	Miss GK & RS
Version 2	Feb 2017	Re-formatted for re-distribution / comments	Action by; DR
Version 3	Mar 2017	Policy amended as per feedback received	Action by; DR
Version 4	Mar 2017	Policy amended as per recommendations of TAI Project Group	Action by; DR
Version 5	May 2017	Policy amended as per recommendations of 4 May TAI Project Group. Pathways updated & options amended.	Action by; DR
Version 6	Sept 2017	Policy amended as per recommendations of 14 th Sept 2017 TAI Project Group.	Action by; DR, JC, LH, GK
Review of approved version 6 Adult Transanal or Rectal Irrigation Pathway			
Version 7	May 2019	Policy amended by members of TAI Project Group as part of required review. Sections 1, 3, 4, 5, 7, 8, 9, 10, App 1, App 2 A & B, App 3 A & B, App 5, App 6 amended & updated Nat Guidance	Action: DR, GK
Version 8	31 May 19	Inclusion of TAI Assess Form and patient consent forms, Rachel Staniforth comments.	Action: DR, LH, GK & RS
Version 9	6 June 2019	App 1 amended for inclusion of Bbraun IryPump S® in High Volume Cone Devices and removal of Braun under High volume catheter devices. Re-phrased statement regarding use of private company nurses – see last para section 5 & amended pathways for CPG.	DR, LH & GK

1 INTRODUCTION

As a result of specific numerous patient and service issues in North Lincolnshire and North East Lincolnshire, a Trans-anal Irrigation (TAI) Project Group was established to develop a transparent commissioning approach and pathway for patients requiring the service. It is acknowledged that the work focuses on one treatment option of the wider chronic constipation and faecal incontinence service/pathway, however, this is required to ensure seamless transparent care for patients accessing this form of treatment/management.

This policy refers to adult services only.

Transanal irrigation is a highly specialist treatment that should only be considered as part of an appropriate locally commissioned bowel care pathway. The clinical evidence supporting its use is of relative limited quality - the existing evidence is stronger in those with neurogenic bowel, and of less quality for those with other causes of bowel dysfunction. Nevertheless, NICE has recently produced positive guidance specifically for Peristeen (NICE MTG36: Peristeen Transanal Irrigation, February 23 2018). The NICE guidance states that the case for adopting Peristeen for transanal irrigation in people with bowel dysfunction is supported by the evidence. As such, its use should only be considered in those whose bowel dysfunction has not responded to initial treatment, where it may offer a less invasive option than surgery. Careful patient selection, training and follow-up are essential. (NICE 2018)

Trans-anal/Rectal Irrigation (TAI) Systems are recommended for use for the treatment of Neurogenic Bowel Dysfunction and Non-Neurogenic Bowel Dysfunction including chronic constipation and chronic faecal incontinence.

2 BACKGROUND

Faecal incontinence is a common health problem, affecting over 1% of community-dwelling adults. Chronic constipation may affect 3-5% of the population depending on the definition used. Most patients will respond to lifestyle modifications (such as dietary modifications), medication (constipating or laxatives as appropriate) and behavioural methods such as pelvic floor muscle training or biofeedback. For the minority who do not respond, symptoms may impose severe on-going restrictions on quality of life.

Colostomy irrigation is a well-established technique for controlling stoma output. Trans-anal irrigation is reported to benefit some patients with faecal incontinence, rectocele and constipation.

3 LOCAL NORTHERN LINCOLNSHIRE SERVICE

A number of options were considered for the provision of the service by the Northern Lincolnshire Area Prescribing Committee.

The service framework agreed is that trans-anal irrigation treatment to be initiated and stabilised by the specialist service provider for a period of approx. 3 months. This includes the initial provision of a 'starter kit' (to include equipment/consumables). Provision/prescribing of the device would be done by the specialist service and NOT by the patient's registered GP (see below for definition of specialist service).

Following stabilisation patients will be referred to the Community Continence Team for on-going review management and provision of consumables and future devices if required - only where there has been a

demonstrable improvement in validated measures of bowel function such as the Cleveland Clinic constipation scoring system, St Mark's faecal incontinence score or neurogenic bowel dysfunction score.

There will need to be explicit correspondence from the specialist service outlining a clear management plan and including clear recommendations for provision/prescribing.

Patients discharged to the Community Continence Team would need to be re-referred back to secondary care if further options for management needed to be explored e.g, surgery.

The Community Continence Team Nurse Specialists/Advisors is able to directly refer to secondary/tertiary care.

Specialist services are expected to review the patient as required (until such time that treatment is stopped).

Specialised services are classified as:

- Northern Lincolnshire and Goole NHS Foundation Trust
- North East Lincolnshire Community Continence Care Service, Care Plus Group
- North Lincolnshire Community Continence Service, NLAG
- Specialist service established/provided at a tertiary centre.

The choice of product should be made by an appropriately trained specialist, in conjunction with the patient, and in accordance with the policy, the existing recommendations and guidance by NICE and the approved uses of each device. Where possible, preference should be given to the least invasive device that meets the patients' needs.

4 EVIDENCE FOR PRACTICE

TAI has been available in clinical practice since the late 1980's being used in children with spina bifida (Shandling and Gilmore, 1987).

Transanal irrigation is the introduction of warm tap water through the anal canal into the rectum/descending colon to initiate defaecation. It was initially used in adults with neurogenic bowel dysfunction after conservative management had failed (Briel et al, 1997) but is now used in a wider variety of conditions (Christensen and Krogh, 2010).

NICE recommends rectal irrigation as part of its treatment algorithm for faecal incontinence (NICE, 2007). In recent NICE Guidance MTG36 (Feb 2018) it recognised that Peristeen is clinically effective, can reduce the severity of constipation and incontinence, improve quality of life and promote dignity and independence. Rectal irrigation will usually only be tried if other less invasive methods of bowel management have failed to adequately control constipation and/or faecal incontinence (see Appendix 2). Depending on each individual's assessed symptoms and need this will often include; dietary measures, adjusting fluid intake, bowel habit, ensuring toilet access, evacuation techniques, medication and pelvic floor muscle training (Norton & Chelvanayagam 2000; NICE 2007). It is recommended that it is considered in these groups of patients before performing surgery (NICE, 2007, Koch et al, 2008) and can also be used as an additional or salvage treatment after colorectal surgical procedures (Koch et al, 2008; Rosen et al, 2019; Martellucci et al, 2018).

Transanal irrigation is possibly more effective in patients with passive soiling than those with urge incontinence secondary to loose stool (Briel et al 1997).

It is reported to benefit some patients with faecal incontinence, evacuatory disorders, rectocele and constipation (Gardiner et al, 2004; Crawshaw et al, 2004).

Koch et al (2008) found transanal irrigation effective in patients with faecal incontinence and constipation with an overall success rate of over 50%.

In long term follow up of 169 patients over 56 months, transanal irrigation was found to be effective in 44% of patients with faecal incontinence and 62% of patients with defaecatory disorders (Gosselink et al, 2004).

Transanal irrigation has also been found to be effective in treatment of patients with anterior resection syndrome, resulting in improved continence scores and QoL (Martellucci et al, 2018; Rosen et al, 2011; Koch et al, 2009).

Transanal irrigation has been found in a randomised controlled trial to be effective for both constipation and faecal incontinence in people with spinal cord injury (Christensen et al, 2006).

In scintigraphic studies, transanal irrigation has been found to empty stool as far up as the splenic flexure (Christensen et al 2003).

Two recent systematic reviews concluded that transanal irrigation is a simple treatment option for those with neurogenic bowel dysfunction in whom conservative bowel management has failed (Christensen and Krogh, 2010; Emmanuel, 2010). A meta-analysis on the efficacy of transanal irrigation in chronic functional constipation showed a 50.4% efficacy (Emmett et al, 2015).

Transanal irrigation is recommended in the hierarchy of interventions for neurogenic bowel management by the Multidisciplinary Association of Spinal Cord Injury professionals (2012), after conservative management has been unsuccessful.

Transanal irrigation has also been used in a variety of other patients with neurogenic bowel dysfunction. Preziosi et al (2011) found that more than 50% of patients with MS had improvements in function and QoL using transanal irrigation. Various studies have found it effective in managing patients with spina bifida and thus avoiding surgery (Eire et al, 1998; Vande Velde et al, 2007).

Long term effects of using transanal irrigation have been studied by Faaborg et al (2010) in patients with functional bowel disorders. They studied patients who had been irrigating for at least 30 months and found that there was no long term deterioration in anal sphincter function or rectal compliance.

5 SELECTION OF IRRIGATION SYSTEM

Ideally, transanal irrigation is taught to the patient as a self- management method of their bowel dysfunction. However this is not always possible and sometimes it is necessary for it to be undertaken by relatives or carers. This is particularly the case in patients with neurogenic bowel dysfunction.

The choice of device used is dependent on a number of patient factors including their anatomy, dexterity, ability to use the device and volume of irrigation required. Where possible the least invasive device, which meets the patients' needs should be used in preference. However, attention by the specialist to the amount and quality of evidence existing to support the efficacy of each device should also guide the decision.

There are 4 categories of irrigation devices. Low volume 'mini' devices, cone devices, catheter/balloon devices and bed systems. However, the majority of published evidence in support of transanal irrigation relates specifically to the Peristeen® device, which also possesses specific guidance by NICE (NICE MTG36 Peristeen for managing bowel dysfunction, February 2018), or to transanal irrigation (device not specified).

The choice of product should be made by an appropriately trained specialist, in conjunction with the patient. The product which the patient/ carer find easier to use should be ordinarily be chosen, with consideration of cost and invasiveness where a number of devices are suitable.

The 'bed' device is considered to have a theoretical increased risk of bowel perforation compared to the other devices due to the wide diameter and rigidity of the transanal device. Organisations should ensure that appropriate risk assessments are undertaken prior to use of this system. Consideration should be given to incorporating additional restrictions on use for example, only under the direct supervision of a registered healthcare professional with appropriate training or two members of staff required.

There are currently a few commercially available systems which are designed for patients with different requirements. They are all available on prescription.

Because the licensing process for medical devices differs considerably from that of medicines, product-specific evidence of clinical effectiveness and safety is often lacking. After a detailed review of information provided from NICE, the device manufacturers and local expert advisors, the following devices are considered appropriate for use (when used in accordance with the manufacturers instructions); Peristeen® Quofera® range, IryPump®. Organisations should be mindful that any modifications to the system could potentially result in changes to the products safety or effectiveness. Where the manufacturer updates their product, organisations should ensure that there is a process in place which ensures that the new or modified device is assessed for safety and functionality.

Use of independent company nurses in the support and provision of care to patients is at the discretion of each service provider (NLAG & CPG). Each service provider will ensure appropriate governance, data protection, contracting/service level agreement and compliance procedures are in place and delivered in accordance with National guidance – including NICE where use of such nurses to support patients are referenced.

See Appendix 1 – Chart – Trans Anal Irrigation Devices

6 INDICATIONS

Patients that are suitable for transanal irrigation are those with:

1. Neurogenic bowel dysfunction:
 - i. Spinal cord injury
 - ii. Spina bifida
 - iii. Multiple sclerosis
 - iv. Cauda equina
2. Chronic constipation:
 - i. Outlet obstruction
 - ii. Slow transit constipation
3. Faecal incontinence:
 - i. Urge incontinence
 - ii. Passive incontinence
4. Post defaecatory leakage:
 - i. Rectocele
 - ii. Prolapse
5. Anterior resection syndrome
6. Post surgical bowel dysfunction

7 CONTRAINDICATIONS

Transanal irrigation is contraindicated if:

1. The patient has capacity but does not give consent for transanal irrigation
2. The patient has known obstruction of the large bowel due to strictures or tumours.
3. The patient has acute active inflammatory bowel disease
4. The patient has acute active diverticulitis
5. The patient has complex diverticular disease (ie fistulae and/or abscesses)
6. In the first 3 months after the patient has had abdominal or anal surgery
7. For one month after the patient has had a recent colonic biopsy.

8 LIMITATIONS TO PRACTICE

Transanal irrigation should be used with caution and after discussion in the following groups of patients:

1. Spinal cord injury above T6 (monitor for autonomic dysreflexia) until it is clear that the technique is well tolerated and does not provoke autonomic dysreflexia
2. Unstable metabolic conditions (frail, known renal disease or liver disease: may

- need to monitor electrolytes).
- 3. For management in under 18 year olds refer to the local Children and Young People Transanal Pathway/Guideline and individual Paediatric Consultant.
- 4. An inability to perform the procedure independently or comply with the protocol in the absence of close involvement of carers. (e.g. due to physical disability, cognitive impairment, major mental/emotional disorder).
- 5. Anorectal conditions that could cause pain or bleeding during the procedure (e.g. third degree haemorrhoids, anal fissure).
- 6. Pregnant or planning pregnancy (women).
- 7. Active perianal sepsis.
- 8. Use of rectal medications for other diseases.
- 9. Congestive cardiac failure.
- 10. Long term steroid therapy, or anti-coagulant therapy.
- 11. Altered stool habit together with bleeding per rectum.
- 12. History of pelvic radiotherapy.
- 13. Autonomic dysreflexia.

9 RISKS

The risk with rectal irrigation is perforation of the bowel. A global audit on bowel perforations related to transanal irrigation (Christensen P et al 2015) found that transanal irrigation has a safe overall profile with few and rarer adverse events. The review identified it to be a risk of 1 in 500,000 and the risk to be NOT cumulative. It is important therefore that;

- 1. The patient must be informed of the risk before agreeing to start irrigation, and instructed in signs and symptoms of perforation (MDA 2011/002, Jan 2011).
- 2. If the patient suffers from acute, severe and sustained abdominal pain or back pain and/or heavy rectal bleeding they should seek medical advice immediately.
- 3. If the patient has a spinal injury of T6 or above they are at risk of developing autonomic dysreflexia, although the incidence is less than when using conventional methods (Christensen and Krogh, 2010).

The minor side effects which may be encountered include the following:

- 1. Worsened faecal incontinence due to leakage of irrigation fluid
- 2. Minor discomfort or abdominal cramps present until bowel emptied
- 3. Nausea
- 4. Dizziness
- 5. Headache
- 6. Minor rectal or anal bleeding

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11 Acknowledgements

1. St Marks Guidelines for the use of rectal irrigation
2. Lancashire Position statement trans-anal irrigation systems
3. University Hospitals Birmingham Guidelines for rectal irrigation for adults

Trans-Anal Irrigation Devices

Low Volume Cone Devices 'Mini Devices'

Suitable for patients requiring a low volume of water for irrigation for example patients with , light or moderate faecal incontinence, difficult defecation and obstructive defecation. (Not suitable for patients requiring irrigation with larger volumes of water and with moderate to severe faecal incontinence)

Simple device, hand pump with non-return valve, water is sent straight to the bowel.

The cone tip is unlikely to provoke reflex contractions & is less invasive compared to a catheter device

Easy to transport

Cone needs to be manually held in place throughout instillation, thus its use requires hand dexterity .

Options available:

- Quifora® Irrid Sedo Mini System (The Quifora® Mini System has been discontinued)

High Volume Cone Devices

Suitable for use in patients requiring a high volume of water for irrigation and who are able to manually hold the cone in place throughout irrigation. For example slow transit constipation

The cone tip is unlikely to provoke reflex contractions & is less invasive compared to a catheter device. If the system is gravity-based, it requires to be held high above (for example with a hook). Gravity-fed systems do not deliver a constant irrigation pressure.

There are less stages to use compared to catheter devices (but more compared to the low volume devices)

Bag needs to be held/hang high if the system is gravity-based (like Quifora) and cone needs to be manually held in place throughout instillation, some patients may experience leakage during irrigation. Patients should have good hand dexterity to help support putting the cone in place.

Options available:

- Quifora® IrriSedo Cone Toilet System
- Bbraun IryPump S®

(The Quifora® Cone toilet system has been discontinued)

High Volume Catheter Devices

For use in patients requiring a high volume of water for irrigation and who are not able to manually hold the cone in place throughout irrigation or who experience leakage when using cone devices. For example slow transit constipation and neurogenic bowel dysfunction.

Catheter device, more invasive, Inflation of the balloon can provoke reflex rectal contractions. More complex to use compared to cone device, but can deliver constant pressure (Peristeen, Navina) and not require to be held/hang above the user, but instead be placed on the floor.

Options available:

- Peristeen®
- Quifora® Catheter /balloon device*
- Navina®

*MacGregor Healthcare are rebranding the range as 'IrriSedo'. They have not made any changes to the catheter system as yet but some adaptations are anticipated as part of that rebranding exercise. This system does not offer constant pressure of irrigation and requires the bag to be held in place or hang above the users head in order to work properly.

High Volume Bed Devices

Only for use in a select group of patients who are bed bound

Suitable for patients requiring a high volume of water for irrigation and who are bed-ridden or not able to transfer to a toilet, are not able to hold the cone in place throughout irrigation.

There is a theoretical increased risk of bowel perforation with this device compared to the other devices due to the wide diameter and rigidity of the transanal device. Advisors were of the view that it should only be used under the direct supervision of a registered healthcare professional with appropriate training

If used local organisations need to consider the number and training of staff required to ensure safe use and to ensure that are adequate systems in place to enable staff to respond to and manage an adverse reaction/particularly on first use

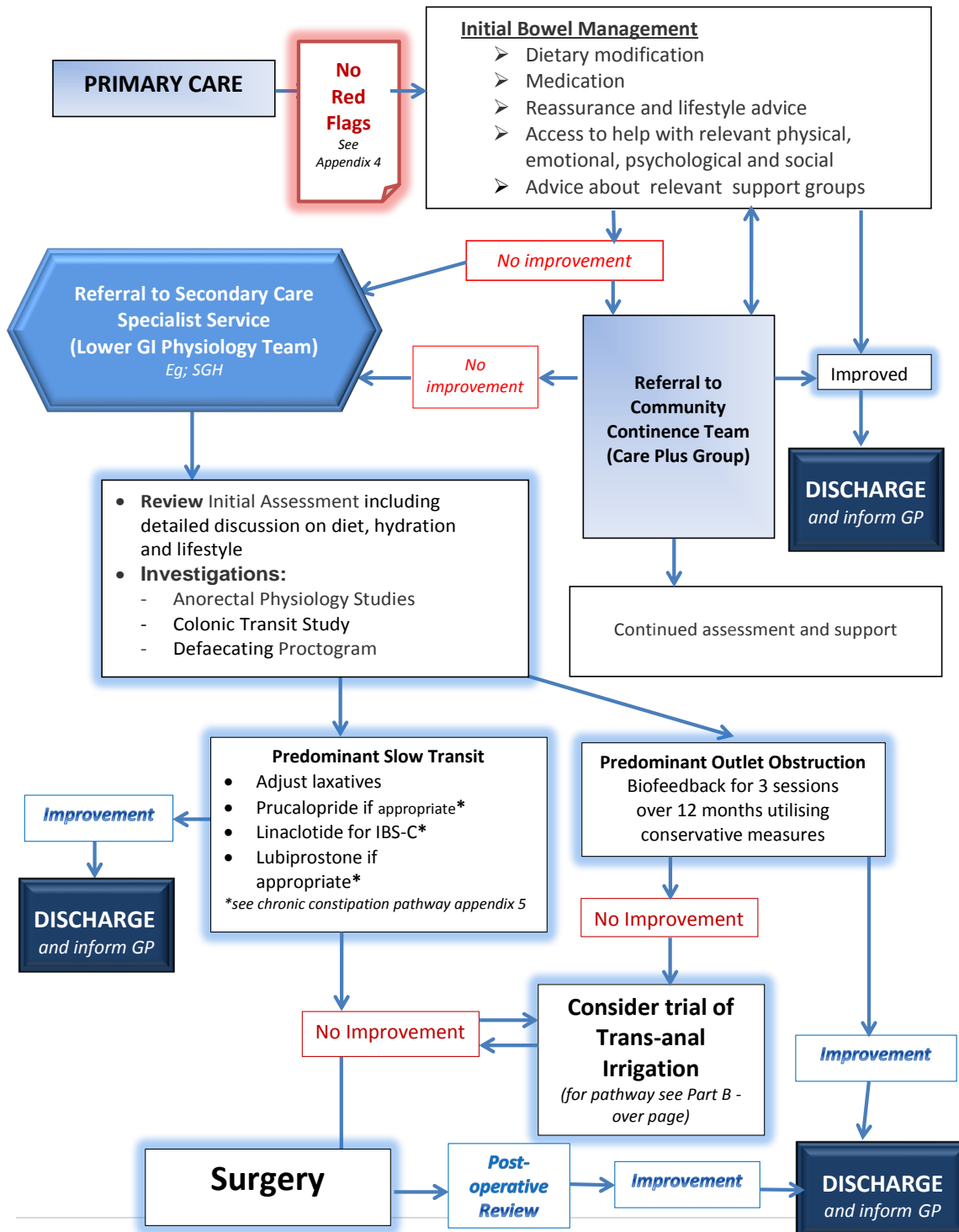
Options available:

- Quifora® Bed System*

*MacGregor Healthcare are rebranding the range as 'IrriSedo'. They have not made any changes to the bed system at the time of writing but some adaptations are anticipated as part of that rebranding exercise.

Appendix 2

NORTHERN LINCOLNSHIRE ADULT CONSTIPATION PATHWAY – Part A



NORTHERN LINCOLNSHIRE ADULT CONSTIPATION PATHWAY *Part B – Trans-anal Irrigation*

Specialist Service

- Secondary/Tertiary Lower GI Physiology Team
e.g. Scunthorpe General Hospital
- North East Lincolnshire Community Continence Service (Care Plus Group)
and North Lincolnshire Community Continence Service (NLAG)
(for follow-up support, clinical review and prescribing. Not for the recommendation and initiation of transanal irrigation at this time)

Consider Trial of;
TRANS-ANAL IRRIGATION

- *Recommend and information given to patient*
- *GP informed*

TRANS-ANAL IRRIGATION

- *Funding provided via CCG/Provider contract for device/consumables*
- *Patient initiated on to device*

Telephone Review 6 weeks

Review 3 months
GP informed

Improvement

No improvement

SURGERY
Alternate
Treatment
See Part A of Pathway

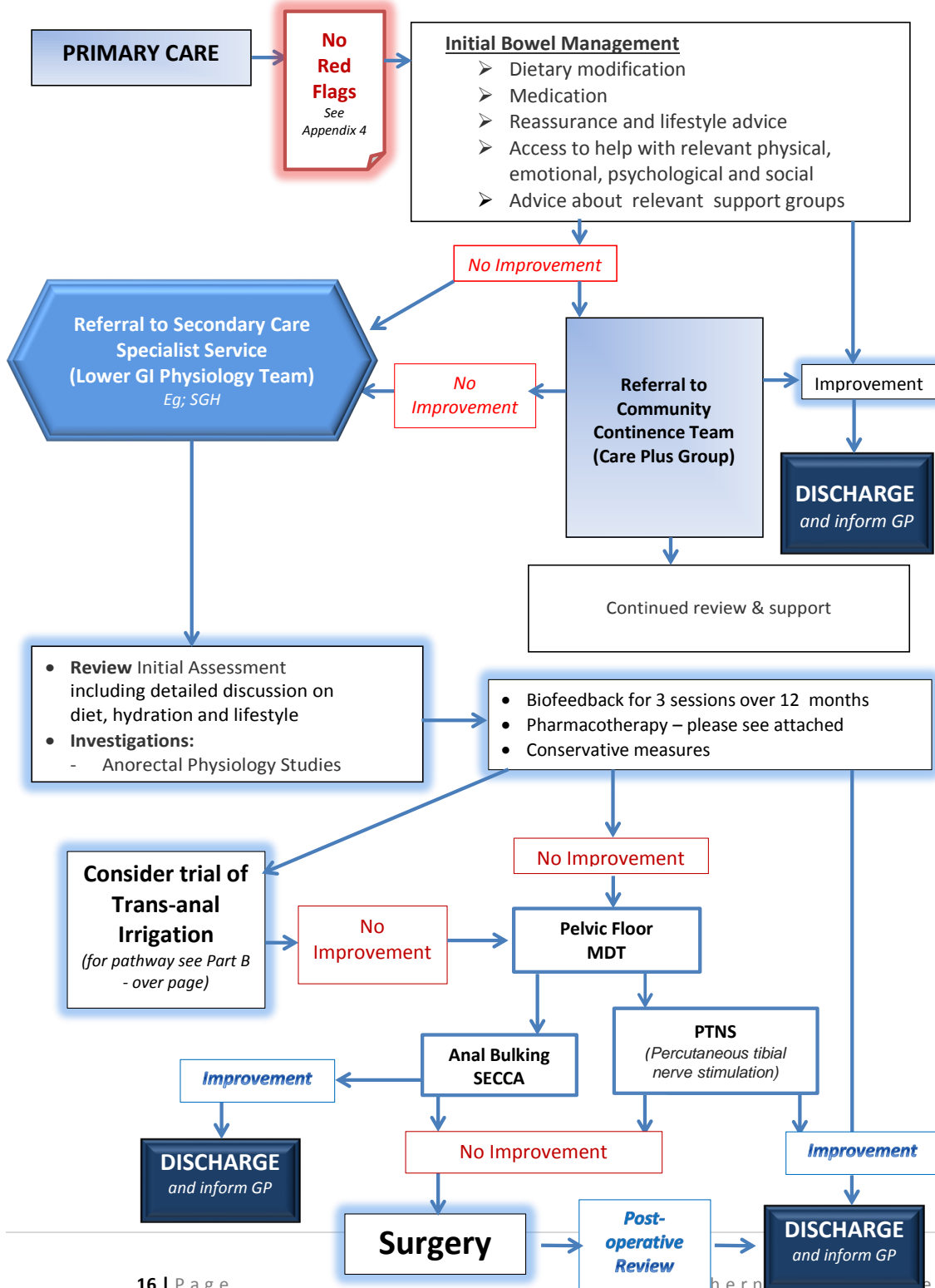
**Referral to
Community Continence Team**
*For on-going review & management &
provision / prescribing of consumables
GP Informed*

*Any deterioration in systems
or red flags – refer back to
NLAG*

**Review 3-12 monthly based on
individual clinical need**
GP informed

Appendix 3

NORTHERN LINCOLNSHIRE ADULT FAECAL INCONTINENCE PATHWAY



NORTHERN LINCOLNSHIRE ADULT FAECAL INCONTINENCE PATHWAY

Part B – Trans-anal Irrigation

Specialist Service

- Secondary/Tertiary Lower GI Physiology Team
e.g., Scunthorpe General Hospital
- North East Lincolnshire Community Continence Service (Care Plus Group) and North Lincolnshire Community Continence Service (NLAG)
(for follow-up support, clinical review and prescribing. Not for the recommendation and initiation of transanal irrigation at this time)

Consider Trial of;
TRANS-ANAL IRRIGATION

- *Recommend and information given to patient*
- *GP informed*

TRANS-ANAL IRRIGATION

- *Funding provided via CCG/Provider contract for device/consumables*
- *Patient initiated on to device*

Telephone Review 6 weeks

3 Month Review
GP Informed

Improvement

No improvement

SURGERY
Alternate
Treatment

See Part A of Pathway

**Referral to
Community Continence Team**
*For on-going review &
management & provision /
prescribing of consumables*
GP Informed

*Any deterioration in systems
or red flags – refer back to
NLAG*

**Review 3-12 monthly as clinically
appropriate - GP informed**

**NORTHERN LINCOLNSHIRE ADULT
FAECAL INCONTINENCE PATHWAY
CONSTIPATION PATHWAY
'RED FLAGS'**

Lower gastrointestinal tract cancers

Colorectal cancer

- 1 Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer if:
 - they are aged 40 and over with unexplained weight loss and abdominal pain or
 - they are aged 50 and over with unexplained rectal bleeding or
 - they are aged 60 and over with:
 - iron-deficiency anaemia or
 - changes in their bowel habit, or
 - tests show occult blood in their faeces (see recommendation 1.3.4 for who should be offered a test for occult blood in faeces). [new 2015]
- 2 Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults with a rectal or abdominal mass. [new 2015]
- 3 Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults aged under 50 with rectal bleeding and any of the following unexplained symptoms or findings:
 - abdominal pain
 - change in bowel habit
 - weight loss
 - iron-deficiency anaemia. [new 2015]
- 4 Offer testing for occult blood in faeces to assess for colorectal cancer in adults without rectal bleeding who:
 - are aged 50 and over with unexplained:
 - abdominal pain or
 - weight loss, or
 - are aged under 60 with:
 - changes in their bowel habit or
 - iron-deficiency anaemia, or
 - are aged 60 and over and have anaemia even in the absence of iron deficiency. [new 2015]

Anal cancer

- 5 Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for anal cancer in people with an unexplained anal mass or unexplained anal ulceration. [new 2015]

Appendix 5

Northern Lincolnshire Area Prescribing Committee

Medical Treatment of Chronic Constipation or IBS-C Pathway – *follow link:*

<http://www.northernlincolnshireapc.nhs.uk/wp-content/uploads/2018/05/updated-FINAL-Constipation-Pathway-V1.3-tidied-diagram-and-added-opioid-induced-assessment-3.pdf>

Pathway approved: January 2018 by Northern Lincolnshire Area Prescribing Committee

Northern Lincolnshire Area Prescribing Committee

North and North East Lincolnshire Children and Young People Transanal or Rectal Irrigation Policy and Guideline for Administration – Version 5



NEL NL Paed
Transanal irrigation

Document approved: February 2019 by Northern Lincolnshire Area Prescribing Committee

Date to be reviewed: February 2020 - Work is ongoing to develop transition pathway between children and adult services. This will be included within review

Appendix 6a

Agreement for Initiation of Transanal Irrigation



Northern Lincolnshire
Area Prescribing Committee

Patient Name		Specialist Nurse	
DOB		Hospital/Community	
NHS/Unit No			
Summary of bowel dysfunction:			

Section A – tick those that apply. Patient fulfils all of the following:

Diagnosis of:	Chronic Constipation	
	IBS-C	
	Opioid Induced Constipation	
	Obstructive Defaecation Syndrome	
	Neurological Bowel Dysfunction	
Inadequate Response to biofeedback therapy and / or lifestyle changes OR Is unable to initiate these due to medical conditions		
Inadequate response to at least 2 types of laxatives used at maximum tolerated dose AND Inadequate response to specialist initiated drugs if indicated and available locally e.g, Prucalopride, Lubiprostone, Linaclotide, Naloxegol OR Is at risk of faecal incontinence so unable to trial laxatives		
Symptoms present > 6 months		

Section B – tick those that apply. Patient fulfils one of the following:

Admission to hospital or presentation to urgent care /A&E with chronic constipation	
Loss of earnings due to symptoms	
PAC-QOL >50	
Patient has severe (is bed-bound or relies on carer) neuro-constipation	

Patient fulfils criteria for initiation of Transanal Irrigation (TAI)	YES	NO
Transanal Irrigation to be taught by:		
<p>SIGNED:</p> <p>PRINT NAME:</p> <p>JOB TITLE:</p> <p>DATE:</p>		

IRRIGATION ASSESSMENT FORM

Northern Lincolnshire
Area Prescribing Committee

PATIENT STICKER	Allergies:		
	Date:		
Reason for irrigation	Constipation	Faecal Incontinence	
Informed consent to irrigation	YES	NO	
<p>Absolute Contra-Indications ✓ those that apply</p> <ul style="list-style-type: none"> • Pregnancy (even if an established user) • Change in bowel habit (until cancer is excluded) • Colorectal cancer • During Chemotherapy • Active inflammatory Bowel Disease (IBD) • Ischaemic colitis • Acute diverticulitis • Anal or colo-rectal stenosis • Within 3 months of rectal / colo-rectal surgery • Within 4 weeks of polypectomy • Within 12 months post radical prostatectomy <p>If present <u>do not proceed</u> to rectal irrigation</p>	<p>Cautions ✓ those that apply</p> <ul style="list-style-type: none"> • Severe diverticulosis (diffuse disease or dense sigmoid disease) • Previous diverticulitis or diverticular abscess • Long term steroid therapy • Use of rectal medication • Radiotherapy to the abdominal or pelvic region • Previous anal, colo-rectal or pelvic surgery • Faecal impaction • Painful anal conditions including fissure, fistula, haemorrhoids, solitary rectal ulcer syndrome • Prone to rectal bleeding or on anticoagulant therapy (not including aspirin or clopidogrel) • Severe autonomic dysreflexia • During conception • Cognitive impairment • Unstable metabolic conditions (frail, renal or liver disease, consider use of saline, monitoring electrolytes) 		
Results of DRE:			
Equipment chosen:			
Patient Education: (how and why it works, how to use, side-effects, symptoms of perforation)	Benefits discussed	YES	NO
	Risks discussed	YES	NO
	Verbal instruction given	YES	NO
Irrigation used in clinic	YES	Declined	Not appropriate
Results:		Pumps of balloon	
		mls instilled	
	Complete	Incomplete evacuation	
Frequency of use at home:		Pumps of balloon	
		mls (max)	
Chosen delivery method:	Hospital Prescribing	Community Prescribing	
SIGNED	JOB TITLE		
DATE			

PATIENT CONSENT FOR TRANSANAL IRRIGATION

Northern Lincolnshire
Area Prescribing Committee

Transanal/Rectal Irrigation (TAI) System is recommended for use for the treatment of Neurogenic Bowel Dysfunction and Non-Neurogenic Bowel Dysfunction including chronic constipation and chronic faecal incontinence.

National guidance provide some evidence to show that transanal irrigation can reduce the severity of constipation and incontinence, improve quality of life and promote dignity and independence. Rectal irrigation will usually only be tried if other less invasive methods of bowel management have failed to adequately control constipation and/or faecal incontinence. Depending on each individual's assessed symptoms and need this will often include; dietary measures, adjusting fluid intake, bowel habit, ensuring toilet access, evacuation techniques, medication and pelvic floor muscle training.

Transanal irrigation should always be undertaken with care. Bowel perforation is an extremely rare but serious and potentially lethal complication of this treatment. If perforation occurs it will require immediate admission to hospital, it may require major bowel surgery.

Go to hospital immediately if during or after transanal irrigation you experience any of the following:

1. Severe or sustained abdominal pain or back pain, especially if combined with fever
2. Severe or sustained rectal bleeding

.....

 Consent:

I have been informed of the benefits and risks associated with transanal irrigation. I would like to proceed with this treatment.

I understand how to use this equipment and have been informed how much water to use (maximum 1000mls per irrigation)

Patient Signature:	
Date:	
Specialist Nurse Signature	
Date:	

Please tick as appropriate and date:

Patient Copy	
Copy to Patient Record	

Referral Form



Northern Lincolnshire
Area Prescribing Committee

FROM _____
TO _____
Date _____

REASON FOR REFERRAL _____

Name
Address

Date of birth
NHS number
Telephone Number

Current bowel symptoms

--

Bowel medication/products used

--

Relevant investigations

--

Any further information

--

SIGNED: _____ PRINTED: _____

DESIGNATION: _____ DATE: _____

Trans-Anal Irrigation Questionnaire

Northern Lincolnshire
Area Prescribing Committee

Affix Patient Label

Name:

Date of Birth:

NHS Number:

During the past 4 weeks how many occurrences of faecal incontinence have you experienced approximately?

Please circle the answer that comes closest to your current situation (Wexner Faecal Incontinence score)

How often do you have leakage of liquid stools?	Never	Less than once a month	Less than once a week	Less than once a day	More than once a day
How often do you have leakage of solid stools?	Never	Less than once a month	Less than once a week	Less than once a day	More than once a day
How often do you have leakage of wind?	Never	Less than once a month	Less than once a week	Less than once a day	More than once a day
How often do you wear pads?	Never	Less than once a month	Less than once a week	Less than once a day	More than once a day
How often do you feel that your bowel restricts your lifestyle?	Never	Less than once a month	Less than once a week	Less than once a day	More than once a day

In general, would you say your health is:

Please circle one number

Excellent	5
Very Good	4
Good	3
Fair	2
Poor	1

On the following page, please indicate how much of the time the issue is a concern for you due to **accidental bowel leakage** (If it is a concern for you for reasons other than accidental bowel leakage then please tick the 'Not applicable' N/A box).
(Rockwood Quality of Life)

Trans-Anal Irrigation Questionnaire

Page 2 of 3

Name:	DOB:	NHS No:
-------	------	---------

Due to accidental bowel leakage:	Most of the time	Some of the time	A little of the time	None of the time	N/A
I am afraid to go out	1	2	3	4	
I avoid visiting friends	1	2	3	4	
I avoid staying overnight away from home	1	2	3	4	
It is difficult for me to get out and do things e.g. cinema, church	1	2	3	4	
I cut down on how much I eat before I go out	1	2	3	4	
Whenever I am away from home I try to stay near a toilet as much as possible	1	2	3	4	
It is important to plan my daily activities around my bowel pattern	1	2	3	4	
I avoid travelling	1	2	3	4	
I worry about not getting to the toilet in time	1	2	3	4	
I feel I have no control over my bowels	1	2	3	4	
I can't hold my bowel movement long enough to get to the toilet	1	2	3	4	
I leak stool without even knowing it	1	2	3	4	
I try to avoid bowel accidents by staying very near a bathroom	1	2	3	4	

Trans-Anal Irrigation Questionnaire

Page 3 of 3

Name:	DOB:	NHS No:
-------	------	---------

Due to **accidental bowel leakage** please indicate the extent to which you AGREE or DISAGREE with each of the following statements. (If it is a concern for you for reasons other than accidental bowel leakage then please tick the 'Not applicable' N/A box).

Due to accidental bowel leakage:	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
I feel ashamed	1	2	3	4	
I cannot do many things I want to do	1	2	3	4	
I worry about bowel accidents	1	2	3	4	
I feel depressed	1	2	3	4	
I worry about others smelling stool on me	1	2	3	4	
I feel like I am not a healthy person	1	2	3	4	
I enjoy life less	1	2	3	4	
I have sex less often than I would like	1	2	3	4	
I feel different from other people	1	2	3	4	
The possibility of bowel accidents is always on my mind	1	2	3	4	
I am afraid to have sex	1	2	3	4	
I avoid travelling by plane or train	1	2	3	4	
I avoid going out to eat	1	2	3	4	
Whenever I go somewhere new, I specifically locate where the bathrooms are	1	2	3	4	

During the past 4 weeks, have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?

Please circle one number

- | | |
|---|---|
| Extremely so – to the point that I have just given up | 1 |
| Very much so | 2 |
| Quite a bit | 3 |
| Some – enough to bother me | 4 |
| A little bit | 5 |
| Not at all | 6 |

Thank you for taking the time to complete this questionnaire

If you wish to add any further information that you feel is relevant please write overleaf

Affix Patient Label

Name:

Date of Birth:

NHS Number:

Please circle the answer that comes closest to your current situation (Cleveland Clinic Constipation score)

Frequency of bowel movements	1-2 times per 1-2 days	2 times per week	Once per week	Less than once per week	Less than once per month
Painful evacuation effort	Never	Rarely	Sometimes	Usually	Always
Feeling incomplete evacuation	Never	Rarely	Sometimes	Usually	Always
Abdominal pain	Never	Rarely	Sometimes	Usually	Always
Minutes in lavatory per attempt	Less than 5	5-10	10-20	20-30	More than 30
Type of assistance	Without assistance	Stimulant Laxatives	Digital assistance or enema		
Unsuccessful attempts for evacuation per 24 hours	Never	1-3	3-6	6-9	More than 9
Duration of constipation (yr)	0	1-5	5-10	10-20	More than 20

In general, would you say your health is:

Please circle one number

Excellent	5
Very Good	4
Good	3
Fair	2
Poor	1

On the following page, please indicate how much of the time the issue is a concern for you due to **bowel problems** (Rockwood Quality of life)

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Trans-Anal Irrigation Questionnaire

Page 2 of 3

Name:	DOB:	NHS No:
-------	------	---------

Due to bowel problems:	Most of the time	Some of the time	A little of the time	None of the time	N/A
I am afraid to go out	1	2	3	4	
I avoid visiting friends	1	2	3	4	
I avoid staying overnight away from home	1	2	3	4	
It is difficult for me to get out and do things e.g. cinema, church	1	2	3	4	
I cut down on how much I eat before I go out	1	2	3	4	
Whenever I am away from home I try to stay near a toilet as much as possible	1	2	3	4	
It is important to plan my daily activities around my bowel pattern	1	2	3	4	
I avoid travelling	1	2	3	4	
I worry about not getting to the toilet in time	1	2	3	4	
I feel I have no control over my bowels	1	2	3	4	
I can't hold my bowel movement long enough to get to the toilet	1	2	3	4	
I leak stool without even knowing it	1	2	3	4	
I try to avoid bowel accidents by staying very near a bathroom	1	2	3	4	

On the following page due to bowel problems please indicate the extent to which you AGREE or DISAGREE with each of the following statements.

Trans-Anal Irrigation Questionnaire

Page 3 of 3

Name:	DOB:	NHS No:
-------	------	---------

Due to bowel problems:	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
I feel ashamed	1	2	3	4	
I cannot do many things I want to do	1	2	3	4	
I worry about bowel accidents	1	2	3	4	
I feel depressed	1	2	3	4	
I worry about others smelling stool on me	1	2	3	4	
I feel like I am not a healthy person	1	2	3	4	
I enjoy life less	1	2	3	4	
I have sex less often than I would like	1	2	3	4	
I feel different from other people	1	2	3	4	
The possibility of bowel accidents is always on my mind	1	2	3	4	
I am afraid to have sex	1	2	3	4	
I avoid travelling by plane or train	1	2	3	4	
I avoid going out to eat	1	2	3	4	
Whenever I go somewhere new, I specifically locate where the bathrooms are	1	2	3	4	

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Please circle one number

- | | |
|---|---|
| Extremely so – to the point that I have just given up | 1 |
| Very much so | 2 |
| Quite a bit | 3 |
| Some – enough to bother me | 4 |
| A little bit | 5 |
| Not at all | 6 |

Thank you for taking the time to complete this questionnaire

If you wish to add any further information that you feel is relevant please write overleaf