

Colostomy Irrigation

A tried-and-true method of output

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Persons living with a colostomy who practice irrigation experience many quality-of-life benefits. The main one is being able to control the evacuation of stool. It's common to go 24 to 48 hours without any stoma output and to see a reduction in gas formation. Despite such a dramatic benefit, a recent survey of ostomy nurses found that over half do not teach irrigation to their patients. One reason is that not all ostomy patients are candidates for irrigation. Patients with descending or sigmoid colostomies are possible candidates. Another reason is that ostomy nurses mostly care for patients right after surgery – a time when patients are overwhelmed with just having to learn the basics about their new care procedures.

Irrigation involves introducing lukewarm tap water through the stoma, which stimulates peristalsis and contractions of the colon and leads to the evacuation of stool. It is similar to an enema, and helps to regulate and manage bowel elimination. It is considered a safe and effective method for bowel control that may result in fecal continence and reduced pouch usage.

Note: Individuals considering irrigation should seek advice from a medical professional prior to starting irrigation. Medical professionals can assist in determining if irrigation is right for the patient and the amount of water that the patient should use.

History

In a 1985 survey of colostomates at the Mayo Clinic, all had been taught irrigation prior to discharge. Sixty percent were continent with irrigation, 22% were incontinent with irrigation and 18% discontinued irrigation for various reasons. A 2014 survey of ostomy nurses

found that the education of ostomates has drastically changed. Of the 981 respondents, only 18.4% routinely teach irrigation; 19.6% do so only if the patient requests instruction; 9.4% do so only if a physician orders it; and 47.4% do not routinely teach irrigation. However, more than half (59%) believe irrigation has tangible benefits for patients.

Not all ostomy nurse-teaching programs provide hands-on training or even mention irrigation in their curriculum. Some reasons may include: (1) the improved adherence and odor-proof qualities of current systems; (2) patients' fear of placing a cone into their stomas to introduce water; (3) patients' fear of experiencing cramps, which generally occur when the water is introduced; and (4) a misguided fear that patients can become dependent on irrigation.

Candidates

Appropriate ostomates for irrigation are those who have a left-sided descending or sigmoid colostomy who had regular bowel habits before having an ostomy.

Individuals who should probably not irrigate include those (1) with stomal prolapse, stomal stenosis or parastomal hernia; (2) undergoing chemotherapy and/or radiation treatments to the abdominal/pelvic area; (3) with Crohn's disease; and (4) taking diarrhea-causing medications. If you develop a parastomal hernia you should also discontinue irrigation. Children are not appropriate for this procedure except for prescribed diagnostic procedures.

The ability to perform irrigation requires good manual dexterity and an ability to maneuver around your bathroom easily and safely. Time spent irrigating, often considered a disadvantage, generally requires about one hour to perform at the same time of day every one to two days. Individuals who work varying schedules might not have the time to dedicate to this practice.

The willingness to perform the

Advantages

- Not wearing a pouch
- Emptying a pouch less frequently
- Control of stoma output
- Self-Confidence
- Cleanliness
- Reduced odor

Disadvantages

- Time commitment
- Scheduling commitment
- Manual dexterity required
- Cramping

Contraindications

- Poor vision
- Poor manual dexterity
- Lack of motivation
- Irritable bowel syndrome
- Peristomal hernia
- Radiation damage to the bowel
- Diverticulitis
- Crohn's disease
- Serious heart or kidney disease

hour-long ritual daily at the same time is important for training the bowels. The individual must also be comfortable with his or her stoma, be able to touch it, and have the dexterity to insert the irrigation cone and then instill the water. Some people are quite squeamish about this procedure. Colostomy irrigation is a personal choice that only the colostomate can make.

Irrigation is particularly good for spinal cord-injured individuals or disabled persons who have limited ability to empty or change their ostomy pouching system. It's easy for caretakers to irrigate their patients, which can also improve a caregiver's quality of life. If the individual is bedbound, position the head of the bed to at least 45 degrees and follow the steps below, emptying the contents into a basin. If wheelchair-bound, pull up next to a toilet or other receptacle to empty contents. This method is also excellent for managing bowel continence in paraplegics and quadriplegics.

The Equipment

1. A two-liter irrigation bag with measurements and attached tubing
2. Tubing with flow regulator
3. One malleable, soft cone
4. Water-soluble lubricant to apply to the cone
5. An irrigation drain sleeve
6. Ostomy bag clamp or a binder clip
7. Ostomy belt, depending on the system selected
8. Clean, warm tap water and working plumbing
9. A clothes' hanger or hook for the irrigation bag
10. Towels to place on the floor around the area where you are sitting in case of an accident
11. Gloves
12. Toilet paper
13. Other possible amenities: a padded toilet seat or a towel on top of the toilet seat, a washcloth, a small table or chair, air freshener and a radio

Preparation

First, you must have permission from your physician before attempting this procedure. Your physician will give you a prescription for the supplies. Secondly, it is highly recommended to have an ostomy nurse teach you how to perform irrigation. Individuals can learn to successfully irrigate anytime they are willing and have their doctor's permission.

Colostomy irrigation kit.



Occasionally, with the initial irrigation, some ostomates will experience a feeling of lightheadedness, sweating and even fainting – a vasovagal response. The sight of the irrigation cone being inserted into the stoma or simple nervousness can cause these feelings. These reactions are usually harmless and do not require any treatment other than lying down and letting the blood flow back to your brain.

The volume of solution used to irrigate the colostomy has not been standardized. Volumes varying from 250 ml to 1500 ml have been recommended, but studies have not been conducted to determine the optimal volume of fluid required. Nevertheless, several studies reported frequent passage of stool between irrigations when 250 ml was used to irrigate a colostomy. Two authors recommend 750 ml as the optimal volume needed to achieve complete bowel evacuation and absence of stool passage from the colostomy for a period of one to two days.

Note: It is recommended that you seek advice from your medical professional on the amount of water you should use. Some people are able to use 500 ml of water, while others are able to use as much as 1000 ml of water.

First-time Procedures

If you are irrigating for the first time, many medical professionals recommend a step referred to as “stoma dilation.” Stoma dilation involves inserting a gloved, lubricated finger into the stoma to determine the path of the colon. Determining the direction of the colon will help you to insert the cone in the right direction. When you insert the cone in the right direction, the water flows easily from the irrigation bag into the stoma. This procedure generally only needs to be performed once. Below is a description of the steps to perform stoma dilation:

1. Put on a glove and lubricate your smallest gloved finger with a water-soluble jelly or stoma lubricant.
2. Gently insert your smallest finger into the stoma using a rotating, massaging motion.
3. Gently insert your next two larger fingers, also using a rotating, massaging motion. Stoma dilation stretches and relaxes the stomal sphincter and allows

you to determine the direction of your colon before you irrigate the first time.

Ongoing Procedures

After you have performed stoma dilation, the routine procedures that ostomates follow are described below:

1. Prepare/organize your equipment.
2. Fill the irrigation bag with 1000 ml of warm water.
3. Place the irrigation bag at shoulder height when seated.
4. Open the flow regulator attached to the tubing to release a little water, which removes the air. Close the flow regulator.
5. Remove your colostomy pouch. If it's a two-piece pouch, leave the barrier in place.
6. Place the irrigation sleeve over your stoma or attach it to the barrier. An ostomy belt is optional.
7. Sit on the toilet or on a chair next to the toilet, and let the narrow end of the sleeve hang into the toilet.
8. Apply a small amount of water-soluble lubricant on the stoma cone. Then from the top of the sleeve, gently insert the cone into the stoma until it fits snugly.
9. While holding the cone in place with one hand, open the flow regulator and let 500 to 1000 ml of water flow slowly into the colon over 5 to 10 minutes. Use the flow regulator to determine how slowly or quickly the water enters your stoma.
10. If the water does not flow into your stoma, reposition the cone and take some deep breaths.
11. Once the amount of water is instilled and you feel your colon distending, close the flow regulator and hold the cone in place for about a minute. You can then remove the cone from your stoma.
12. Close the top of the irrigation sleeve and wait for the return to flow into the toilet. Most of the contents are expelled in the first 10 to 15 minutes, and the rest can take another 15 to 45 minutes. While you are waiting, you can fold up or clip the end of the irrigation sleeve with a binder clip, walk around or do other things.
13. Once the process is completed, remove the irrigation sleeve, clean your skin or shower, and apply a stoma cap or a pouch if using a two-piece pouching system.
14. Wash your equipment with mild dish soap or

vinegar and warm water, hang it to dry and store it in a clean container between uses. You do not need to sterilize the equipment.

15. Repeat daily at the same time and your bowels should start to become regulated and you will feel confident that there will be no activity between irrigations.

16. When you are confident in a 24-hour interval, you may want to try to increase the time between irrigations to 48 hours.

Irrigation Tips and Tricks

- The irrigation performance you experience is dependent on your diet, how much colon you still have, your fitness and the amount of exercise you do. No one can predict accurately what is possible for you, and you will have to experiment for yourself.

- If you are seeking to increase the time between irrigations, increase the quantity of water by 100 ml at a time, but do not use more than 1000 ml unless your doctor instructs otherwise. Make sure that the water you are using is actually entering the stoma and not leaking into the sleeve.

- If you need to be out promptly every morning, consider irrigating in the evening, but preferably do not keep changing between morning and evening irrigations.

Patient Experiences

Jim Murray, Past President of United Ostomy Association of America (UOAA), irrigates: *"I have been irrigating regularly since 2006. I am an active senior who travels quite a bit, visits friends and family, presents on behalf of UOAA, and occasionally performs on stage. Irrigation provides me the freedom to do all of my activities without having to cope with stool in my*

pouch. I simply plan when I will irrigate and go merrily about my business."

Susan Mueller, co-chair of UOAA's Advocacy Committee, reports the following about her irrigation experience: *"I started irrigating my first year living with an ostomy about 18 years ago. This option was pivotal in my acceptance of life as a colostomate. All colostomates who fit the criteria for irrigation should learn about this option. The time and energy used is an easy trade-off for the predictability and freedom irrigation gives me."*

Conclusion

Bowel continence is so important to our self-esteem and social life. Those who do not have a colostomy, or before you were an ostomate, probably took pooping for granted. If an ostomate can regain control over his or her bowels, it can have a major impact on the quality of life. *"Colostomy irrigation may not be easy at first,"* says ostomate Brian McKeown of New Zealand, *"but you get so much freedom in your life when you do, no more leaky bags or accidents when out in society, and far less passing wind."* Much of the success will depend upon your dedication to learn and practice this ritual.

This article is not intended to provide medical guidance or replace the education of your ostomy nurse. 🍷