

Transanal Irrigation (TAI) adult pathway



Hertfordshire and
West Essex
Integrated Care Board

House bound or bed bound patients

Managed by community nursing teams with specialist Bladder & Bowel support and product company advisors for teaching in home to carers / nursing staff / relative.

All appropriate investigations for RED flag symptoms have been completed

Patient has completed conservative treatment pathway including specialist dietary assessment and management, completed laxative pathway, review of fluid intake/morning routine/toilet position. Bowel retraining and anal sphincter/pelvic floor exercises have all been unsuccessful. Neuromuscular Electrical Stimulation and/or biofeedback not effective or inappropriate and has verbally consented to TAI.

RED flag symptoms

Change in bowel habits	Rectal bleeding
Weight loss	Lethargy
Abdominal mass	Anaemia

see appendix 1.

Step 1: Assessment to:

- Confirm the reason for initiation, e.g. failure of conservative therapy, unpredictability of bowel function
- Help to ascertain the optimal TAI system for a patient
- Identify any criteria that would contraindicate the use of TAI (see box 1)
- Identify if any medications contributing to constipation
- Provide advice on continued use of laxatives or anti-diarrhoeals if required when initiating TAI and their reduction once regime established
- Ensure uptake of Bowel Screening if over the age of 55 years.

Assessment to include digital rectal examination prior to commencing TAI preferably within 48hours of the first irrigation so the procedure can be performed safely.

Relative contraindications: an MDT should discuss and document all cases of initiation and continued use in patients with relative contraindications and review decision 6-monthly or more frequently as appropriate.

Absolute contraindications

Known anal or rectal stenosis
Active inflammatory bowel disease or acute diverticulitis
Colorectal cancer pre-surgical removal
Within 3months of anal or rectal surgery or within 4 weeks after endoscopic polypectomy
Ischaemic colitis

Relative contraindications

Pregnancy or planned pregnancy or breast feeding.
Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis).
Active perianal sepsis (fistula or abscess).
Rectal or colonic surgery within the past 6 months.
Diarrhoea of unknown aetiology.
Faecal impaction/rectal constipation.
Severe autonomic dysreflexia.
Severe diverticulosis or diverticular abscess.
Abdominal or pelvic radiotherapy.
Known diverticular disease.
Long term steroid therapy.
Anti-coagulant therapy.
Low blood sodium.
Pelvic malignancy.
Colonic biopsy within the past 3 months.

Box 1.

Step 2: Equipment:

- Consider the type of equipment for specific symptoms of bowel dysfunction

See appendix 2.

Step 3: Recommended regime:

See appendix 3.

- To get the patient acclimatised to the treatment, low volumes should be used initially as per the appropriate regime (see appendix 3). Over subsequent days, the volume can be increased up to an amount which gives adequate evacuation.
- Daily use of irrigation in the first 2-3months is recommended to get the patient used to the procedure and get into a routine that suits the individual. Patients can be encouraged to try different times of day with a frequency of no more than once a day and maximum of 800mls of water.
- Once settled into a routine an alternative day approach may be possible since there may be large volumes cleared and hence less need to irrigate often. This is based on individual assessment.

Step 4: Teaching the patient

See appendix 4.

- Patient information and training is beneficial to successful initiation and long-term adherence of TAI. Teaching aids for the use of TAI can complement the one-to-one training with the patient and this may include:
 - Diagrams
 - Chosen equipment literature
 - Step by step guide
 - Practical teaching with a plastic rectum

Step 5. At initiation specialist will:

See appendix 5.

- Write to GP to invite them to prescribe, providing details of product, quantities, frequency of review by specialist team and contact details if GP had concerns (see appendix 5. For template letter)
- Telephone review at 1-2 weeks and 4 weeks including areas in box 2.
- Clinic review 6-8 weeks after commencing TAI including areas in box 2.
- 12 weeks in clinic review, box 2. if symptoms controlled continue and if symptoms continued STOP irrigation and consider alternative treatment.

Box 2.

Review regime/routine (ensure daily, is mornings convenient, should this be changed to evenings?)
Volumes and results (is volume of water enough or too much?)
Compliance (ensure continuing to find optimal routine)
Technique (check technique, assembly of system, address any problems)
Supplies (is the patient getting regular supplies and on time)
Adjust and encourage to persevere

Step 6. After successful completion of 12-week trial:

- Patient will be transferred to a product caseload with a Patient Initiated Follow Up (PIFU) in place alongside a 12-month Patient reassessment

Appendix 1.

ASSESSMENT FOR INITIATION OF TRANSANAL IRRIGATION in Adults

Patient Name	Click or tap here to enter text.	Healthcare Professional	Click or tap here to enter text.
DOB	Click or tap here to enter text.	Community	Click or tap here to enter text.
NHS/Unit No.	Click or tap here to enter text.	Date	Click or tap here to enter text.

SUMMARY OF BOWEL DYSFUNCTION AND OTHER TREATMENTS TRIED:

Inadequate response to conservative treatment and/or lifestyle changes OR is unable to initiate these due to medical condition

DIAGNOSIS OF (check box)

- Constipation (slow transit, opioid, IBS-C, idiopathic)
- Faecal incontinence (urge/urgency, passive, post defaecation)
- Low anterior resection syndrome (LARS)
- Evacuation difficulties (obstructed defaecation)
- Neurological (SCI, MS, Parkinson’s, spina bifida, cauda equina)

POINTS FOR ASSESSMENT (check box)

- Toilet position/evacuation technique
- Stability on toilet/good balance
- Manual function/dexterity/strength/wrist flexibility
- Body habitus/buttock contour/size
- Skin integrity
- Psychological function – cognitive, language, visual
- Examination features/perianal sensation/anal tone
- Medical/surgical history
- Home environment
- Availability of care provision (if carers are required to assist)

ASSESSMENT FOR IRRIGATION:

Click or tap here to enter text.

RESULTS OF DRE:

Dates of DRE	Click or tap here to enter text.
Who completed	Click or tap here to enter text.
Results	Click or tap here to enter text.
Full/empty rectum	
Hard/soft stool	

FOLLOWING ASSESSMENT DISCUSS:

How TAI works	Choose an item.
Risks (including perforation)	Choose an item.
Benefits of TAI	Choose an item.

CONTRAINDICATIONS:

Irrigation should not be used under the following circumstances (absolute contraindications):

- Known anal or colorectal stenosis.
- Colorectal cancer pre surgical removal.
- Acute inflammatory bowel disease.
- Acute diverticulitis.
- Within 3 months of anal or colorectal surgery.
- Within 4 weeks of endoscopic polypectomy.
- Ischaemic colitis.

Since the list is not exhaustive a healthcare professional should always consider individual patient factors as well.

Use rectal irrigation only after careful discussion with relevant medical practitioner under the following circumstances (relative contraindications):

- Pregnancy or planned pregnancy or breast feeding.
- Inflammatory bowel disease (e.g. Crohn’s disease or ulcerative colitis).
- Active perianal sepsis (fistula or abscess).
- Rectal or colonic surgery within the past 6 months.
- Diarrhoea of unknown aetiology.
- Faecal impaction/rectal constipation.
- Severe autonomic dysreflexia.
- Severe diverticulosis or diverticular abscess.
- Abdominal or pelvic radiotherapy.
- Known diverticular disease.
- Long term steroid therapy.
- Anti-coagulant therapy.
- Low blood sodium.
- Pelvic malignancy.
- Colonic biopsy within the past 3 months.
- Use of rectal medications for other diseases which may be diluted by irrigation.
- Congestive cardiac failure.

PROMS TO BE COMPLETED AS PER CONDITION: (before 1st irrigation and at 3 months)

PAC-SYM score		ICIQ-B score		NBD score		LARS score		Other score	
Before:	After:								
Click or tap here to enter text.									

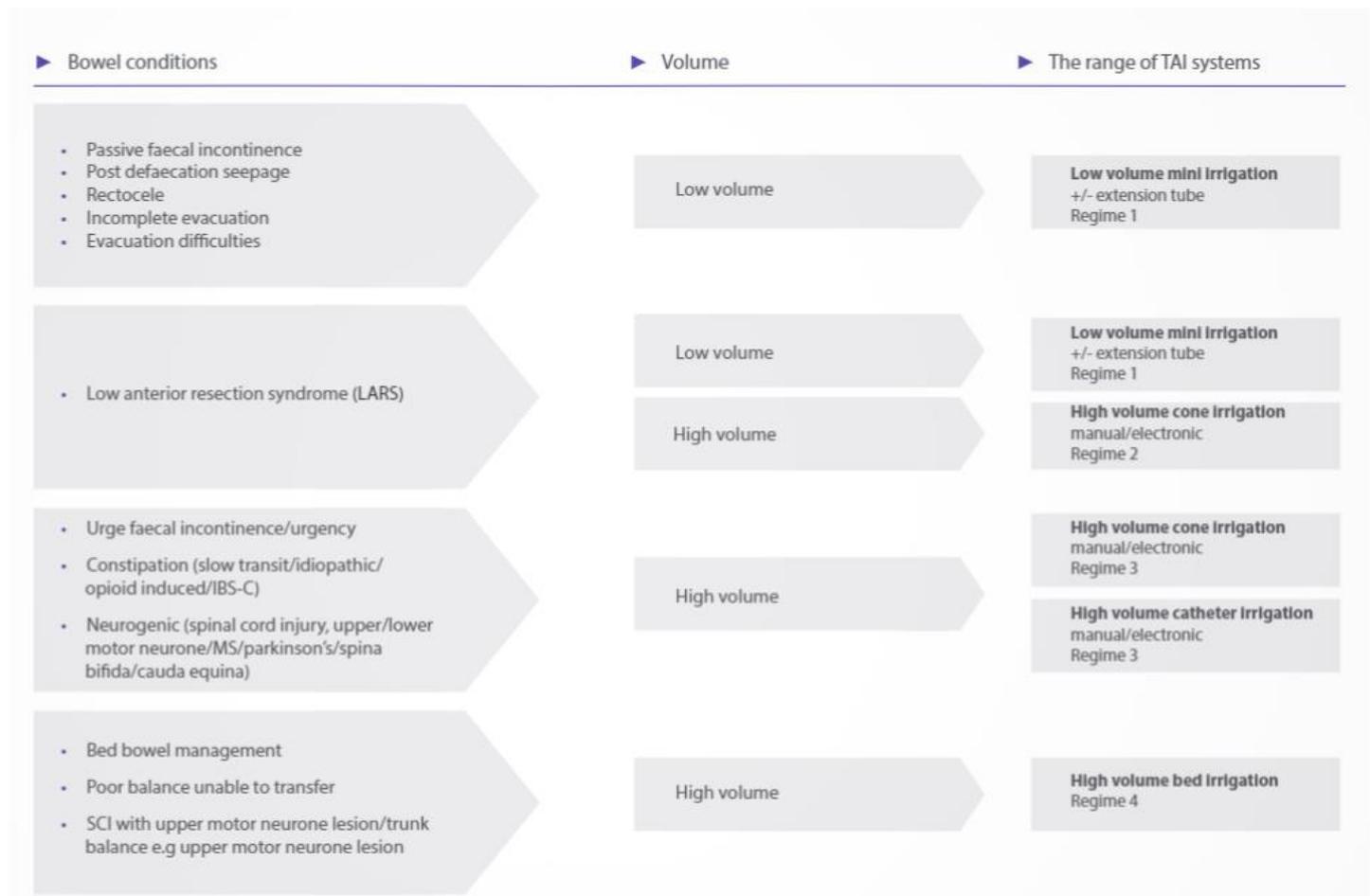
Complete assessment proforma for initiation and follow-up of Transanal irrigation in adults - for use by specialists only



TAI

Assessment-proforma

Appendix 2.



CHOOSING EQUIPMENT:

Volume	Product	Monthly Avg. Cost	Annual cost if used every day	Annual cost if used every other day
High	Peristeen® Plus Cone	£ 155.47	£ 3,731.28	£ 1,865.64
High	Peristeen® Plus Catheter	£ 154.87	£ 3,716.88	£ 1,858.40
High	Qufora® IrriSedo Klick	£ 153.85	£ 3,692.40	£ 1,846.16
High	Navina® Smart Catheter	£ 153.41	£ 3,681.84	£ 1,840.92
High	Navina® Classic Catheter	£ 152.25	£ 3,654.00	£ 1,827.02
High	Qufora® IrriSedo Flow	£ 135.71	£ 3,257.04	£ 1,628.52
High	Navina® Smart Cone	£ 135.18	£ 3,244.32	£ 1,622.10
High	Qufora® IrriSedo Balloon	£ 134.69	£ 3,232.56	£ 1,616.22
High	Navina® Classic Cone	£ 134.02	£ 3,216.48	£ 1,608.20
Low	Qufora® IrriSedo MiniGo Flex	£ 230.00	£ 2,766.38	£ 1,380.00
High	Qufora® IrriSedo Cone	£ 108.09	£ 2,594.16	£ 1,297.08
Low	Qufora® IrriSedo MiniGo	£ 199.00	£ 2,388.00	£ 1,194.00
Low	Navina® Mini	£ 174.50	£ 2,766.38	£ 1,047.00
Low	Qufora® IrriSedo Mini	£ 125.47	£ 1,505.64	£ 752.82
Low	Aquaflush® Compact	£ 121.04	£ 1,452.48	£ 726.24

Those devices with an annual cost of >£2,800 if used daily are restricted for those patients that have failed the lower cost devices or the lower cost devices do not meet their clinical needs. The rationale for using a device with an annual cost >£2,800 if used daily should be documented in the clinical notes for auditing purposes.

If the patient were to start on alternate day usage, then those devices with an annual cost of >£1,400 if used on alternate days are restricted for those patients that have failed the lower cost devices or the lower cost devices do not meet their clinical needs. The rationale for using a device with an annual cost >£1,400 if used alternate days should be documented in the clinical notes for auditing purposes.

Appendix 3.

DAILY IRRIGATION IN THE ASSESSMENT PERIOD

<p>▶ REGIME 1: Irrigate daily</p> <p>Commence with one irrigation each day +/- extension tube. This can be increased to twice each day if required</p> <p>Use only for a maximum of 2 irrigations each day</p> <p>If needing to use more often go to higher volume system</p>	<p>▶ REGIME 2: For LARS - Irrigate daily</p> <p>Commence with 200mls daily</p> <p>Increase to 300-400mls (if bowel symptoms continue)</p> <p>Increase to a maximum of 500mls (if bowel symptoms continue)</p>
<p>▶ REGIME 3: Irrigate daily</p> <p>Commence with up to 500mls daily (if starting with a lower volume, increase over a few days until 500mls is used)</p> <p>Continue with 500mls daily. If continuing to experience bowel symptoms increase to 800mls (may want to increase this over a few days)</p>	<p>▶ REGIME 4: Irrigate daily</p> <p>Commence with 200mls for initial irrigation. Allow water to flow into bag, replace stopper and repeat irrigation with 300mls (or lower if not tolerated), giving a maximum of 500mls</p> <p>Continue with 500mls (this may be in 1-3 irrigations. If required, increase volume of water to a maximum of 800mls (this may be in 1-3 irrigations)</p>

CHOOSING REGIME: (check box)

Irrigation regime to be used at home	Regime 1	<input type="checkbox"/>	Regime 2	<input type="checkbox"/>	Regime 3	<input type="checkbox"/>	Regime 4	<input type="checkbox"/>
--------------------------------------	----------	--------------------------	----------	--------------------------	----------	--------------------------	----------	--------------------------

Appendix 4.

TEACHING PATIENT: (check contraindications for chosen product)

1. Show product in packaging	Choose an item.
2. Demonstrate how to assemble equipment	Choose an item.
3. Once assembled: <ul style="list-style-type: none"> ➤ Demonstrate filling of water bag ➤ Demonstrate how to prime the system (run water through the system) 	Choose an item.
4. Using the plastic rectum show insertion of cone/catheter system <ul style="list-style-type: none"> ➤ How to hold cone in rectum ➤ Inflation of balloon (if using catheter system) as per manufacturers guidance 	Choose an item.
5. Once in place: <ul style="list-style-type: none"> ➤ Demonstrate how to instil water 	Choose an item.
6. Demonstrate: <ul style="list-style-type: none"> ➤ Removal of cone ➤ Deflation of balloon ➤ Emptying of water 	Choose an item.
7. Show how to dispose of single use equipment	Choose an item.
8. Demonstrate cleaning and storing of the equipment	Choose an item.
9. Has the patient demonstrated use of equipment?	Choose an item.
10. The patient has completed first irrigation in clinic/home?	Choose an item.
11. Ordering information given to the patient?	Choose an item.

Version	1.0
Developed by	West Essex Bladder and Bowel Programme Group with support from Herts Community Trust and Central London Community Healthcare
Approved by	Clinical Priorities Group
Date approved/updated	December 2023
Review date:	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	n/a

Appendix 5.

Contact details
Phone
Email

Dear Dr

RE: Patient name DoB NHS no.

Thank you for referring patient name, for bowel management advice.

Bowel medical history

Test results

I am recommending the use of transanal irrigation (TAI) systemname of system for this patient.

Non-invasive treatment options such as lifestyle modifications, medication, changes to diet, physiotherapy, NMES and biofeedback have failed or are not appropriate therefore TAI is the next treatment option in line with the locally agreed pathway (see link)

Your patient has been counselled on the risks and benefits of TAI, assessed for suitability of the chosen device, and has undertaken training in its use.

The patient will complete an initial 3-month trial period with reviews as follows:

- Telephone review at 1-2 weeks and 4 weeks
- Clinic review 6-8 weeks after commencing TAI
- At 12 weeks:
 - if there has been a demonstrable improvement in validated measures of bowel function such as the Patient Assessment of Constipation-Symptoms (PAC-SYM) or neurogenic bowel dysfunction score the patient will be transferred to a product caseload with a Patient Initiated Follow Up (PIFU) in place alongside an annual patient review
 - if symptoms continued irrigation will be STOPPED and alternative options considered

Please can you supply the **FIRST** prescription as detailed below:

Product description	Product code	Frequency of use	Quantity
Example: XX Starter set	Xxx123		1
: XX Catheters	Xxx456	Daily	3

I shall write to you providing details of the next prescriptions following the 1-2 week review.

Please seek advice from specialist team if there are any requests to amend these items or frequency of use by contacting: xxxxxxxx

Please contact me if you have any queries, your patient has my contact details and knows to contact me should they have any concerns with their treatment.

Yours sincerely

xxxxxxx