

Bowel Care Competency Day

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Manager



Bowel Care Competency Day

Session

09:00 – 09:30

Registration

09:30 – 10:00

Introduction & Housekeeping
Goal Setting Activity
Cost of Constipation

10:00 – 11:00

Review of Anatomy and Physiology
Bowel Assessment

11:00 – 11:30

Coffee

11:30 – 12:30

Bowel Treatment
Case Study Workshop

12:30 – 13:30

Lunch and Networking

13:30 – 14:30

Knowledge Bazaar – DRE/ TAI Resources / Bowel Portfolio
Case study workshop

14:30 – 15:00

15:00 – 15:15

Coffee

15:15 – 16:00

NICE
Pathway Development and Service Improvement

16:00 – 16:30

Final Thoughts, Review of goals, Certificates and Close

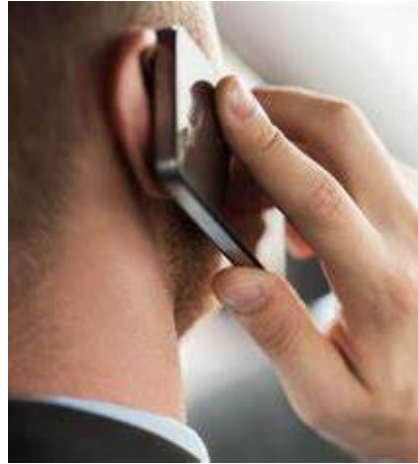


Housekeeping



Fire alarm

There are no fire alarms planned for today. In the event of the fire alarm sounding please exit via the nearest fire exit



Mobile phones

Please ensure that all mobiles are on silent. If you need to take a call please step outside the room to take it



Safe place

This session is a safe area to discuss clinical care and any worries or concerns you may have



Time keeping

We will always try and keep to the breaks in the agenda. Please return promptly following any break



Toilets

Location

Introducing

Your Education Team for today

Mentimeter QR Code

Cost of Poor Bowel Management

Emma Russell

Coloplast Professional Education Manager

Cost of bowel dysfunction to our patient's mental health

Mental health burden

40%

Patients with constipation experienced **anxiety** disorder¹



38%

Patients experienced **depression**¹



97%

HCPs believe incontinence impacts **mental health**¹



Impact of everyday life

49%

Missed appointments or social engagements¹



33%

Had their personal **relationships harmed**¹



34%

Missed work or school¹

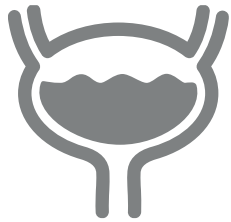


There is a tendency...to accept the restrictions of their condition as normal²

1. Coloplast, Market Study, The impact of bowel dysfunction of patients and HCPs. 2017. Data on file [W-0196644]. (UTIs specific to NBD)
2. Dibley L et al. "It's just horrible": a qualitative study of patients' and carers' experiences of bowel dysfunction in multiple sclerosis. J Neurol. 2017 Jul;264 (7): 1354-1361.

Cost of constipation to our patient's physical health

What affects bladder usually affects bowel in cases of neurological damage



75%

MS patients will experience bladder dysfunction symptoms¹



50-75%

MS patients may experience symptoms of bowel dysfunction²

Build-up of stool puts pressure on the bladder



Increased UTI risk

Can be caused by urine retention & bacterial growth^{3,4}



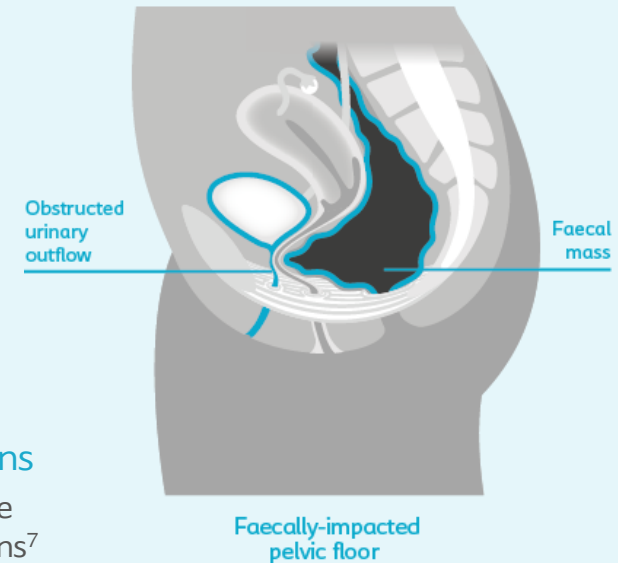
Tract dilatation

(Upper urinary) can be caused by impeded emptying^{5,6},



Other complications

Incl. urine leakage due to bladder contractions⁷ & pelvic floor damage



Evidence exists that improved BM in NBD patients leads to UTI reduction^{3,4}

1. DasGupta R, Fowler CJ. Bladder, bowel and sexual dysfunction in multiple sclerosis. Management strategies. *Drugs* 2003; 63 (2) :153-166. 2. Nortvedt MW et al. *Mult Scler* 2007 13: 106. 3. Christensen P. et al. A Randomized, Controlled Trial of transanal Irrigation Versus Conservative Bowel Management in Spinal Cord-Injured Patients. *Gastroenterology* 2006;131:738-747. 4. Passananti V et al. Long-term efficacy and safety of transanal irrigation in multiple sclerosis. *Neurogastroenterol Motil* (2016) doi: 10.1111/nmo.1283 5. Norton C, Chelvanayagam S., *Bowel Continence Nursing*. Beaconsfield Publishers, 2004, page 142; *Bowel Care in old age*. 6. Averbek MA, Madersbacher H., Constipation and LUTS - How do They Affect Each Other? *International Braz J Urol* Vol. 37 (1): 16-28, January - February, 2011. 7. Coyne KS, Cash B, Kopp Z et al. The prevalence of chronic constipation and faecal incontinence among men and women with symptoms of overactive bladder. *BJU Int* 2011; 107: 254-61

Cost of constipation to the NHS



1 in 7

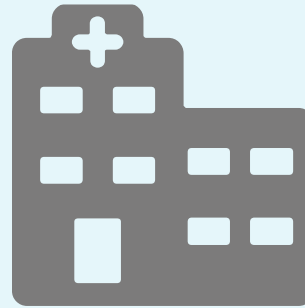
adults affected by
constipation¹



1 in 3

children affected by
constipation¹

**Constipation unplanned
A&E admissions cost**



£168m¹

Total cost to hospitals in England
due to constipation

**Prescription cost of
laxative medication**



£87m¹

Constipation is a significant burden on the NHS



1. Bowel Interest Group, 2019. Cost of Constipation Report. Available here: <https://bowelinterestgroup.co.uk/wp-content/uploads/2020/07/Cost-of-Constipation-2020.pdf> (Accessed: 16/06/2022).

Cost of constipation to our patient's treatment efficacy

A slow path to the right treatment¹



Month 1-11



Average
5.6 years



4.6 years

Self medication

OTC medication, digital stimulation,
natural remedies and diet

First-line Treatment

After the first HCP visit, 4.6 years
average is spent trying laxatives,
suppositories, enemas, diet,
exercise...

Progressive treatments

5.6 years on from first symptoms other
treatments are explored. **For some,**
that is Peristeen® Plus

Unclear pathways make it difficult to access an effective solution

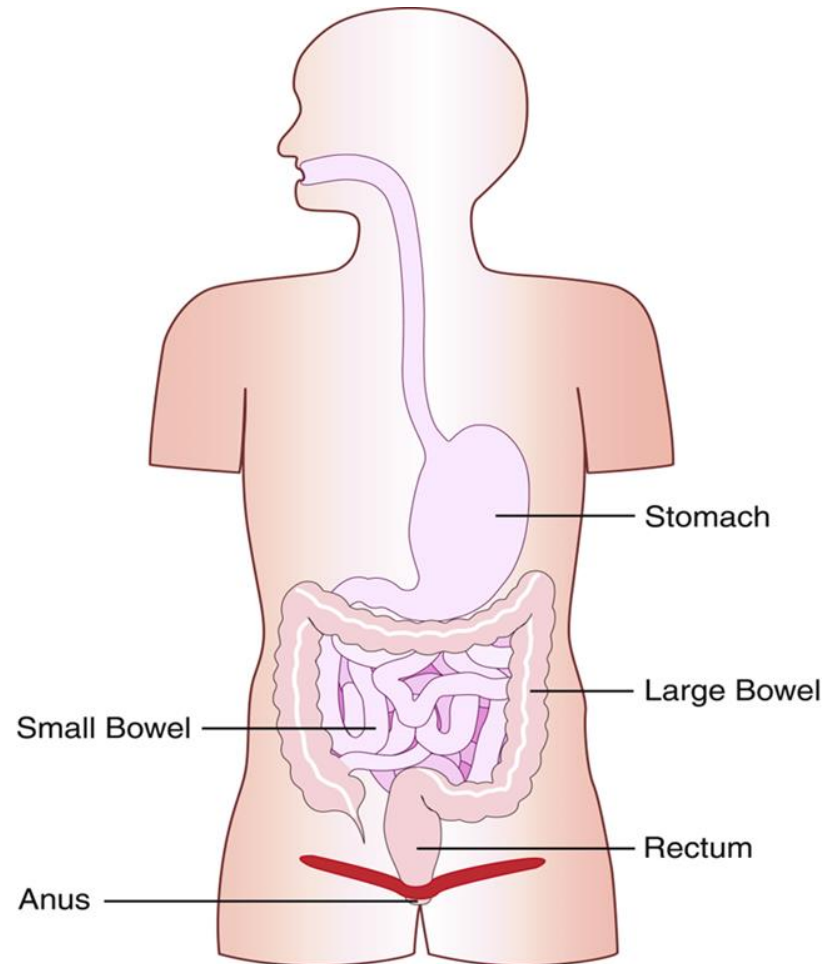
1. Coloplast, Market Study, The impact of bowel dysfunction of patients and HCPs. 2017. Data on file [W-0196644]. (UTIs specific to NBD)

02

Review of Anatomy and Physiology

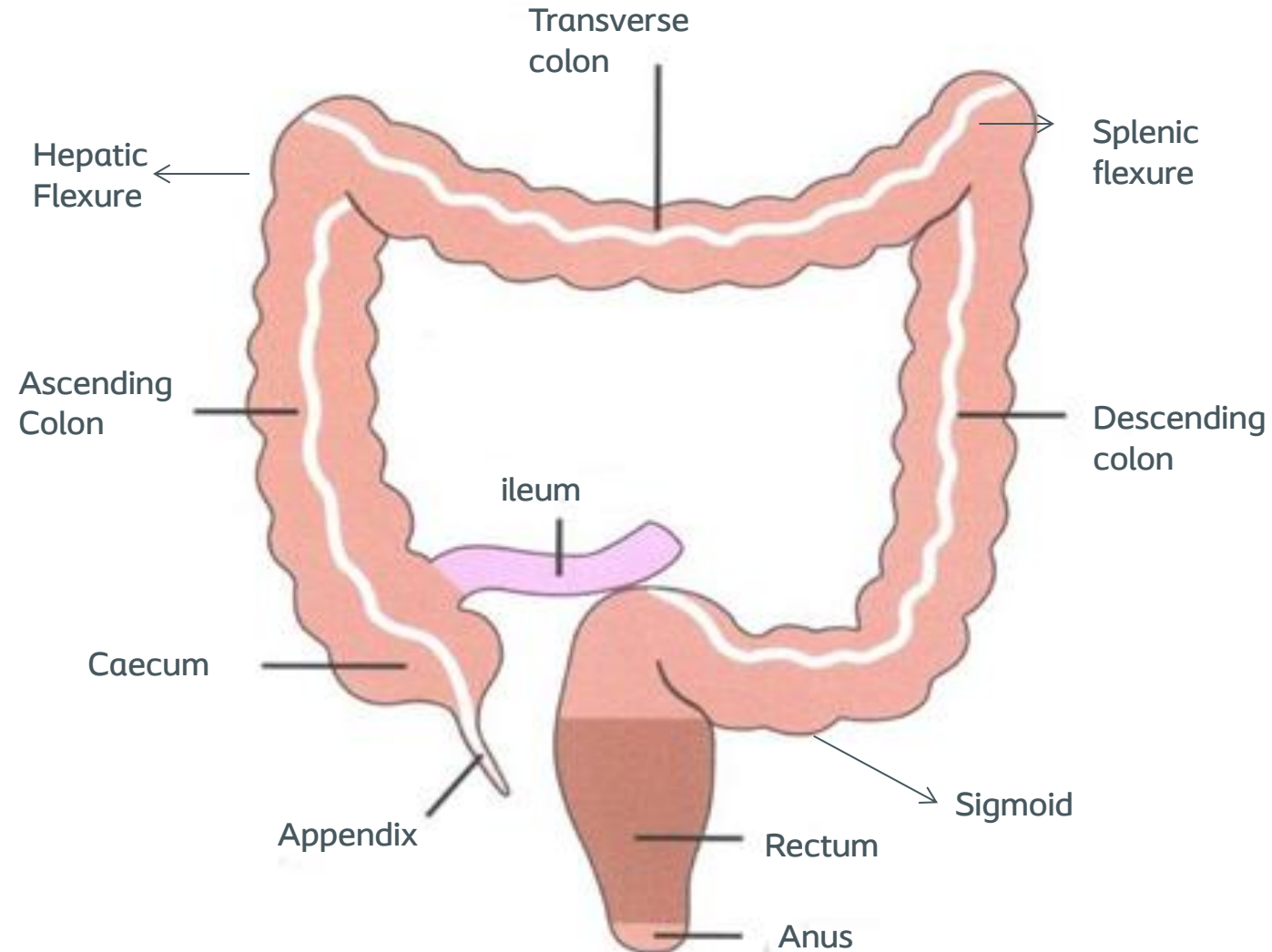
Polly Weston- Coloplast Professional Medical Expert

Review of Anatomy and Physiology



- Understanding of normal anatomy and physiology, assists understanding of dysfunction
- What we take in orally and when – fluids, food, medication and laxatives impact defaecation pattern, amount and stool consistency
- Intake and movement support triggers of gastric colic reflex which in turn creates mass movement.
- Disease in small and large bowel (colon) influence the above

Large Colon (bowel and intestine)



References

Connell,A.M., Hilton,C., Irvine,G., Lennard-Jones,J.E. and Misiewicz,J.J. (1965) Variation in bowel habit in two population samples. *British Medical Journal* ii, 1095-1099.
Heaton,K.W., Radvan,J., Cripps,H., Mountford,R.A., Braddon,F.E.M. and Hughes,A.O. (1992) Defaecation frequency and timing, and stool form in the general population: a prospective study. *Gut* 33, 818-824

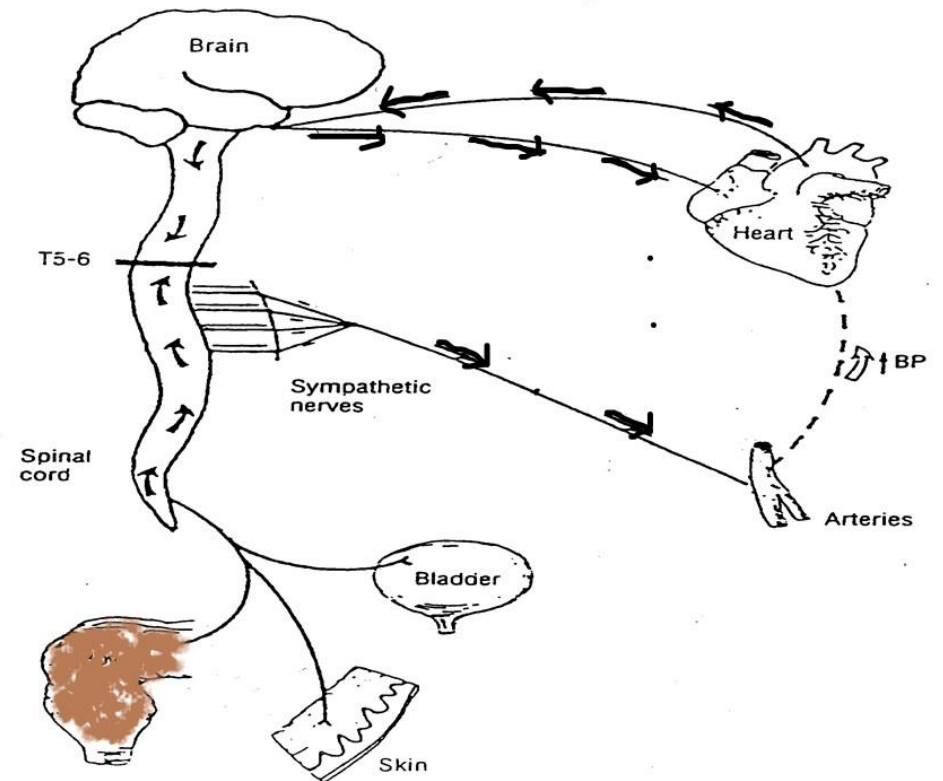
Summary of normal bowel function to avoid constipation/incontinence

- Continual contraction of the internal sphincter
- Contraction of the puborectalis muscle and external sphincter
- Contraction of the puborectalis muscle and external sphincter
- Angle between the rectum and anal canal
- Mucosal cushions in the anal canal
- Compliant rectum
- If there is distension of the rectum the internal sphincter will remain open
- Stool consistency



Autonomic Dysreflexia AD-T6 or above

- Is usually caused when a painful irritation (noxious stimuli) occurs below the level of the spinal injury, in this case a loaded rectum, or could be impaction higher
- Only occurs if you have a spinal cord lesion of T6 and or above
- It is a medical emergency as it can be a life-threatening condition
- If not addressed immediately, it can lead to seizure, stroke or death
- It can present with a variety of signs and symptoms which vary from mild to severe discomfort



Signs and symptoms

Pounding
headache

Blurring vision

Sensation of
precordial
pressure

Cutis anserina
(goose bumps)

Shivering

Flushing

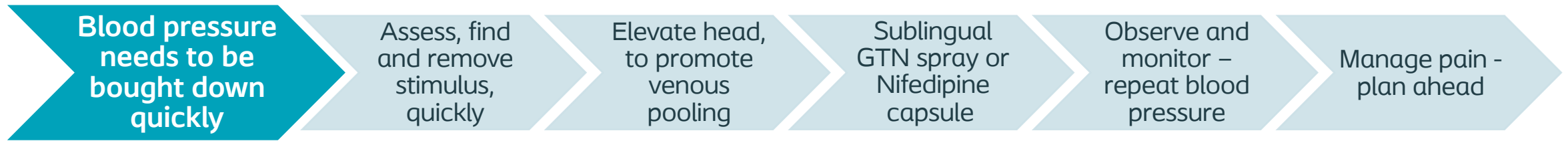
Sweating
above injury

Nausea

Nasal
obstruction

Blotchy skin

How to treat



CAUTIONS



Autonomic dysreflexia (AD) can be fatal if guidance is not followed

- Communicate clearly on Patient Records and share as needed
- Maintain regular bowel care on patients at risk of AD
- If patient is admitted to hospital; ensure communication of bowel management
- GTN spray or Nifedipine Check care plan/meds exp date
- Baseline blood pressure check 3 monthly
- Education
- Audit

03

Bowel Assessment

The TAI Guide

The TAI Guide

Driving best practice in transanal irrigation (TAI)

Making life easier

Coloplast

Red Flags

Report to appropriate clinician for consideration of a 2-week referral if there are red flags at any point.

- Abdominal/pelvic mass
- Changes in bowel habit
- Unintended weight loss
- Rectal bleeding
- Changes in stool
- Flatulence
- Stomach pain
- Sudden weight loss

Impact Score

Ensure you assess your patient's impact score at each assessment.

How do your bowel symptoms/management impact on your quality of life?

1 2 3 4 5 6 7 8 9 10

Let's get the conversation started

Here are some themes to begin discussion with your patient.

(This is not a comprehensive assessment)

- Is your patient toilet training?
- Does your patient only defecate when there's a bowel toilet to try?
- Does your patient have a fear of soiling or a decline in social/work activities?
- Does your patient have accidental bowel leakage (incontinence of faeces)?
- Does your patient open their bowels less than 3 times per week?
- Is your patient experiencing UTIs?

Treatment Pyramid

Target intervention (Education, training, MACE)

Transanal Irrigation (TAI)

Standard bowel management

Medication Trial

Isolative Assessment

Accidental bowel leakage

Bleeding

Chronic constipation

Slow transit

Neurogenic bowel

Bowel symptoms with UTI

Defecation difficulty

Stooliness

Stomach

Max trial of 2 then review

Follow up within 6 weeks

Defecated diary

Hydration/food diary

Exercising movements

Defecation frequency

Get words

Assessment test

Influence of bowel dysfunction on the bladder

A full bowel, for example due to untreated constipation, can put pressure on the bladder and ureters so that it cannot empty properly, which can lead to frequency and/or UTI due to incomplete bladder emptying.

Normal state

Full bowel

Normal state

Full bowel

Top Tip! - sweetcorn test

Do you know about the sweetcorn test?

The basic, non-invasive gut transit test is useful for primary care assessment to support patients to understand their bowel dysfunction.

- Consume half a tin of sweetcorn
- Note date eaten
- Wait to see symptoms in stool
- Note date seen
- Normal transit: 48-72 hours (Refer to pyramid)

Consider further intervention or referral if the bowel diary and/or sweetcorn test indicate bowels not open for 3-5 days or more.

The TAI Guide

Driving best practice in transanal irrigation (TAI)

Making life easier

Coloplast

Transanal Irrigation (TAI) Menu

Low Volume Up to ~250ml Cone catheter only

High Volume Greater than ~250ml Cone or Balloon catheter

Indications for reassessment

Symptoms and other considerations:

- Clustering (multiple evacuations in quick succession)
- Defecation difficulty
- Incomplete defecation
- Passive incontinence of faeces, mucus or flatus
- Post-defecation leakage
- Struggle for building confidence

Conditions:

- Recto anal pouch
- LAOS
- Rectocolic

Top Tip!

Consider low volume as an adjunct to high volume for lifestyle factors e.g. travel, socialising, exercise and intimacy.

Balloon or Cone?

Balloon

Cone

Additional information

Scan here to access bowel management resources and enjoy the step guidance via Coloplast Professional.

References: NICE Bowel Care Guidelines | Bowel Incontinence Group of the International Continence Society | APSC - Core Effective Commissioning for Continence Care

Authors: Dr Helen Rogers, Tracy, Neurogenic Bowel Specialist, Coloplast | Dr Helen Rogers, Clinical Specialist, Coloplast A&P Dept | Tracy Rogers, Clinical Nurse Specialist, Neurogenic Bowel Nurse Lead Service, Cambridge University Hospitals NHS Foundation Trust | Rebecca Jones, Clinical Specialist, Oxford University Hospitals | Dr Chris, Healthy Bowel Clinician, Anglia University Hospital | Nicola Reynolds, Lead Advanced EndoBlock the evidence | Helen Rogers | Anna Reynolds, Lead Nurse for Bowel and Breast Care, Anglia University Hospital

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Coloplast | Professional

Bowel Assessment and Treatment

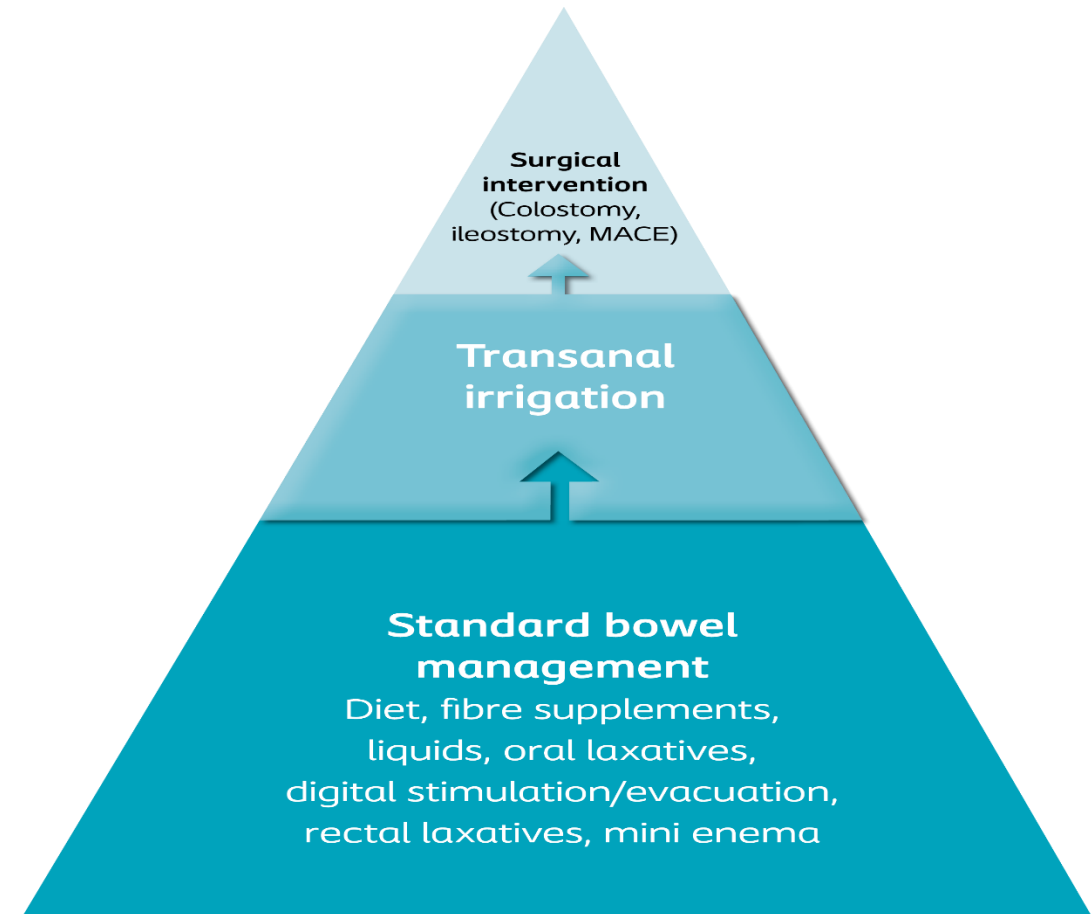
Surgical Intervention

Trans Anal irrigation

Establishing a routine
Long term support

Lifestyle

Diet
Fluids
Morning routine
Toilet position
Use of Laxatives
Administration of enemas and suppositories
Digital removal of faeces
Digital stimulation



Neurogenic bowel

Will present differently, not one bowel management pathway will suit all

- Mixed picture – Constipation/faecal incontinence and bloating
- Changes with time
- Time
- Knowledge to empower and allow the patient to lead their care



Bowel assessment includes DRE

- Always set plan of care that patient consents to
- Discuss with patient allow them to set time frame
- Consent
- Once plan is set arrange a review of that plan
- At review – reassess what's working what's not, include supporting with bowel management at that review, timely for completing further Digital rectal examination
- Any concerns or red flags
- Adjust plan

Always Document



Informed Consent

When gaining consent from a patient to perform bowel assessment, the following must be covered:

- Rational
- Duration of treatment
- Risks and benefits
- Red flags
- Follow-up and review periods

It is **YOUR** professional responsibility to give the right information to the individual to ensure shared, and informed decision to be made (NMC). Informed consent should **ALWAYS** be documented.

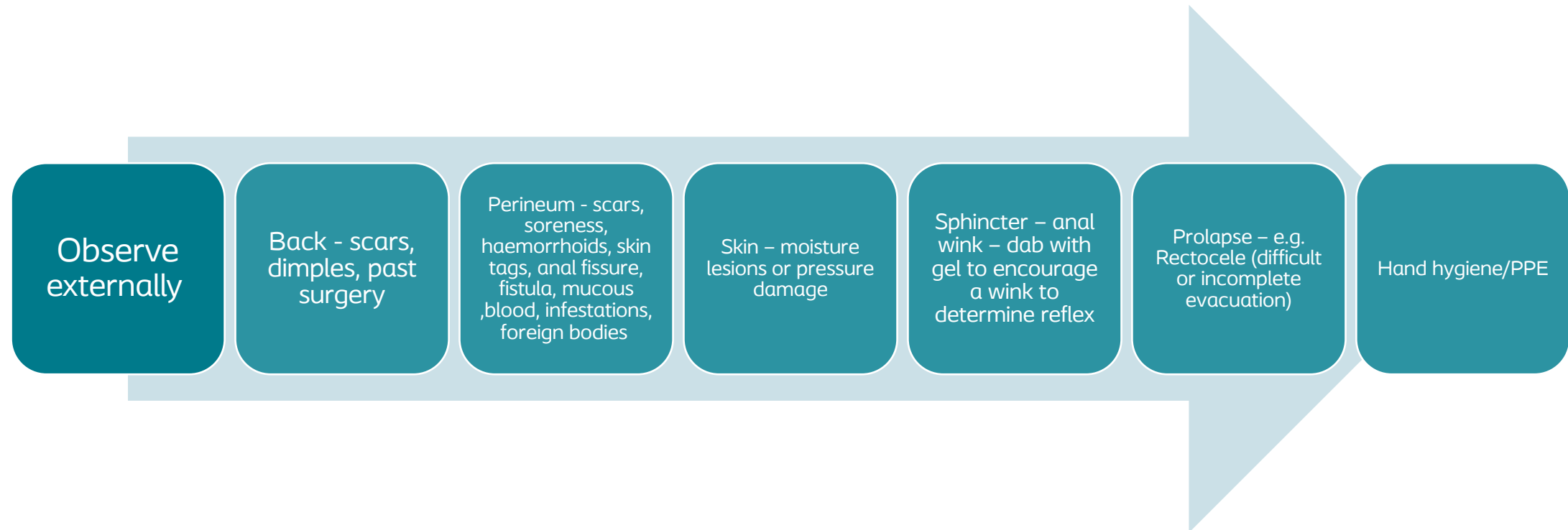
If it is not written down...

Consent can be;

Implied
Verbal
Written
Documented
Withdrawn

Digital Rectal Examination (DRE)

RCN guidelines -What do you want to find out from DRE?



Digital Rectal Examination (DRE)



- Position-left lateral
- Observe
- Anal wink (assess involuntary contraction)
- Observe for voluntary anal tone/ contraction
- Offer withdrawal of consent
- Insert slowly finger into anus
- Assess anal tone /contraction
- Lumps or bump in anus or rectum?
- Pain inserting finger?
- Anus tight or lax?
- Can patient feel “ can you feel my finger in there?”
- Palpate anal canal 360 degrees
- Presence/absence of stool
- Stool Type
- Can you sense stool above your finger
- Document findings

Digital Rectal Stimulation DRS

Why use DRS?

It helps to relax the sphincter and stimulates rectum contraction to aide defecation.

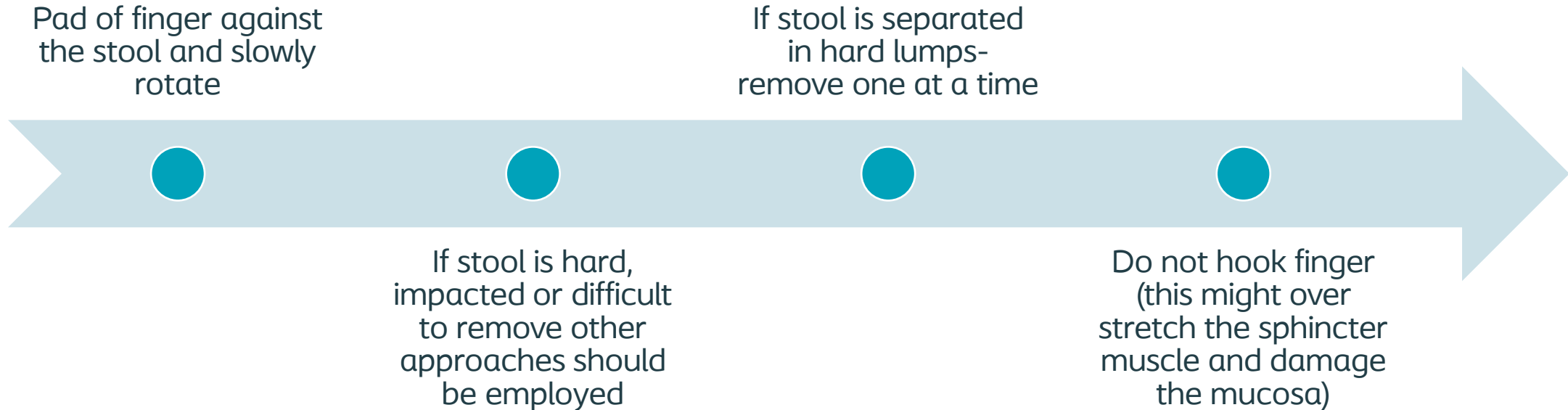
Keep pad of finger in contact with bowel wall

• Maintain contact with rectal mucosa

Slowly rotate finger in circular movements clockwise for 10 seconds

Wait 5 minutes and repeat maximum of 3 times or a max of 30 seconds








Digital Removal of Faeces (DRF)








Bowel Habit Diary

Can give clues as to pathology or helps understand if bowel management is working

- Loose stool more difficult to control
- Hard stool suggests evacuation difficulty
- Must ask about bleeding
- **Do not assume bleeding is piles or difficult defaecation**
- Stool weight should be >150g
- Do they feel empty, any pain, any straining
- Wiping

THE BRISTOL STOOL FORM SCALE		
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. ENTIRELY LIQUID

Alternative Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Gut transit

- Sweetcorn Test
- Half a tin of sweetcorn
- Note date **eaten**
- Wait to see sweetcorn in stool
- Note date **seen**



**Time for
coffee**



04

Bowel Treatment

Optimal Hydration

Fluid volume is an important aspect of assessment

- Is intake correct for body size?
- Type of fluid?

Let's Consider...

- What fluids are irritants?
- Why are they an irritant?

FLUID INTAKE MATRIX CHART

PATIENTS WEIGHT		SUGGESTED INTAKE OVER 24 HOURS			
STONE	KG	ML	FLUID OZ	PINTS	MUGS
6	38	1,190	42	2.1	4
7	45	1,275	49	2.5	5
8	51	1,446	56	2.75	5-6
9	57	1,786	63	3.1	6
10	64	1,981	70	3.5	7
11	70	2,179	77	3.75	7-8
12	76	2,377	84	4.2	8
13	83	2,575	91	4.5	9
14	89	2,773	98	4.9	10
15	95	2,971	105	5.25	10-11
16	102	3,136	112	5.5	11

NB: This matrix is to be used as a guideline and it is broadly suggested that the patients fall within a margin of error of about 10%

Ref: Abrams, P; Klevmark, B (1996) Frequency volume charts: An indispensable part of lower urinary tract assessment. Scandinavian Journal of Urology and Nephrology: suppl 179: 47-53



Optimal Nutrition

Food diary

Fibre softens stools and speeds transit

- Advice on fibre moderation if stool loose or increase if hard e.g. porridge soluble great bulker, prunes good stimulant
- Magnesium rich food
- Ask patient they may know their stimulant of choice
- Probiotics

Caffeine stimulates the gut

- Gradual caffeine reduction
- Can help in the morning routine

Artificial sweeteners can cause loose stools

Look for sensitivities in diet - FODMAP



Exercise and movement

- What can the patient manage?
- Consider further assessment by OT and or Physiotherapist
- If movement increase is unlikely
- Consider and assess for abdominal massage







Gastro-colic reflex & mass movement

Morning routine supports rectal loading, therefore leading to regular and full defaecation

- Morning routine
- Can be used on all meals
- Be part of care plan prior to bowel care

Morning routine

- 1 Start the day** with a hot drink, like water, lemon, tea or coffee. This helps kick start the body's rhythm.
- 2 Eat breakfast!** This helps to move stools in the bowel, which will in turn help fill the rectum, and increase the urge to have your bowels opened.
- 3 After breakfast, wash and dress or do 10 minutes exercise** such as walking or stretches.
- 4 Then sit on the toilet** to encourage bowels to empty at a regular time each day (for no longer than ten minutes).

The morning routine can be used with all meals including lunch and dinner

Defecation dynamics

Position

- On bed - profiling
- Over toilet – shower chair

Time

- Best time of day in relationship to food intake and carer visits

Privacy

Environment

- Lighting
- Space

Is OT assessment needed?

Toileting position
The best way to sit on the toilet is described below

- Legs apart
- Knees higher than hips by either using a foot stool or slowly bring your feet in to tip toe position (avoid doing at speed so as not to contract your pelvic floor)
- Sit upright with your body leaning slightly forward (rest elbows on your thighs).



Foot step

This position is the best way to assist with complete emptying of the bowel.

Privacy and comfort will assist in the complete emptying of your bowels.

Try to work with the body's gastro-colic reflex (body's natural rhythm) - it is at its most powerful first thing in the morning and secondarily post other meals in the day.



The Science Is Simple

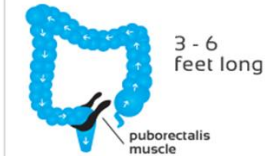
We are designed to squat



Our ancestors squatted for centuries before the invention of the modern day toilet.

In fact, the majority of the world's population still squats today!

This is your colon



The colon has the main purpose of removing waste from the body.

It features a natural bend (anorectal angle) which aids continence.

Sitting Keeps it Kinked



The puborectalis maintains the anorectal angle. Sitting only partially relaxes the muscle, meaning that the colon is still kinked. It therefore remains difficult for faeces to pass through.

Relax with Squatty Potty



When squatting, the puborectalis muscle loosens creating a straight passageway into the rectum.

This ensures quick and comfortable elimination.

Abdominal massage

A therapeutic massage, clockwise around the presumed course of the large intestine.

Suitable for:

- Secondary constipation
e.g. slow gastrointestinal transit,
immobility
- No red flag pathology
- Neurological conditions

Objective measures:

- increased stool frequency
- improved stool consistency
- withdrawal from laxative use
- Subjective measurements:
- softer abdomen on palpation
- general well-being



AMBER study: carer massage
3.6K views • 3 years ago

watchgcu

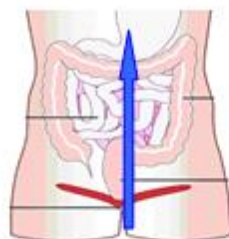


AMBER study: self-massage video
5.3K views • 3 years ago

watchgcu



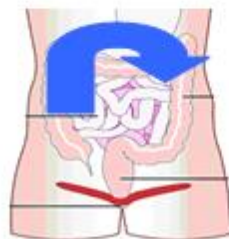
STEP 1 Stroke upwards to relax



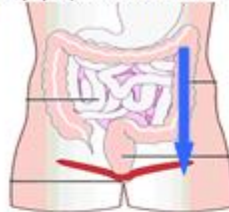
STEP 2 Stroke from lumbar, to stimulate vagus nerve (x10)



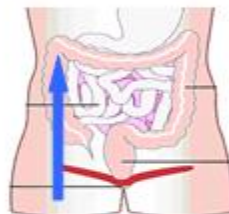
STEP 3 Effleurage (toothpaste stroke) for 2 minutes



STEP 4 Palmar Kneading, Descending colon (down pipe) for 2 minutes



STEP 5 Palmar kneading, up ascending colon (up pipe) for 2 minutes

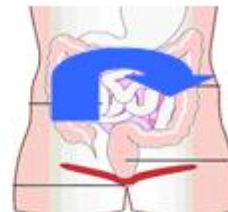


STEP 6 Repeat steps 4 (down pipe) for 2 minutes

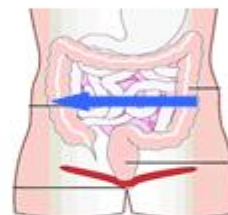


**Abdominal Massage
Quick reference guide**

STEP 7 Repeat step 3 for further 2 minutes.



STEP 8 Stroking to relax (x10)



STEP 9 Vibrations over umbilicus (x4)



Holistic Care

Other health problems can be a secondary factor to either faecal incontinence or constipation

- Neurological conditions e.g. MS, Spinal lesion, Parkinson's, CVA, Dementia
- Diabetes
- Conditions that reduce mobility
- Palliative
- Past bowel surgery.
- Other bowel conditions – crohn's colitis upper GI problems
- Rare there is no underlying cause
- Obesity or weight loss

Remember asking about bowel habit is an integral part of holistic care



Medication

Medications can affect

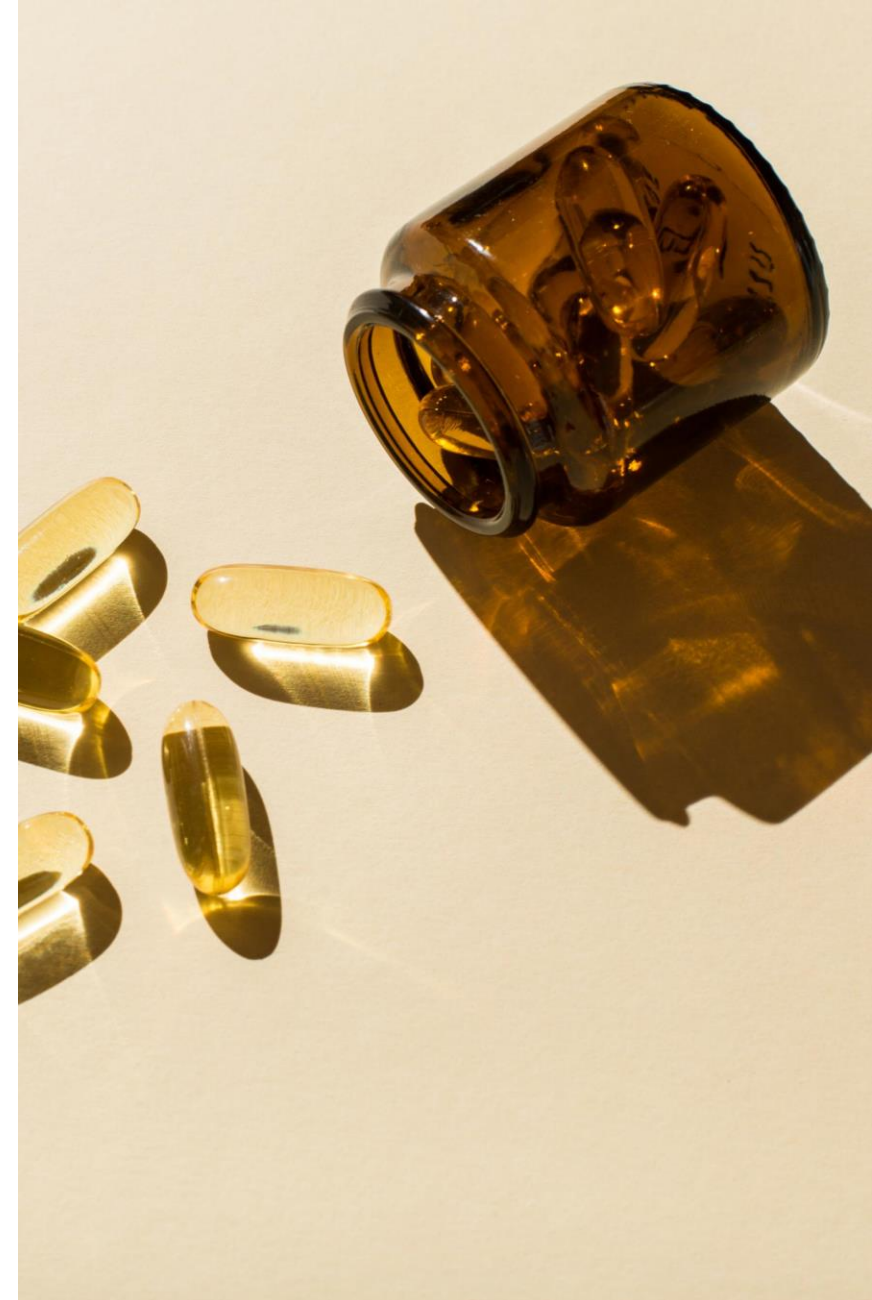
- Transit times (Opioids slow, Metformin speeds up)
- Stool consistency (ferrous sulphate, Loperamide)
- Nerve messages (anticholinergics)
 - Smooth muscle (Ventolin)
- Poly pharmacy



Medication use - oral or rectal

Questions

- Are you taking laxatives prescribed?
- What are they taking?
- When are they taking?
- Side-effects
- Self-purchased over counter laxatives
- Record in conjunction with bowel diary
- Always help patient understand when bowel care is started, it may take time to first resolve constipation, they may have loose stool to start with



Laxatives, Load rectum, support food and fluids

Laxative Group	Function	Example
Bulk-forming agents	Help retain water in the stool and increase bulk Essential to maintain a fluid intake or symptom of constipation may worsen Can be used to give bulk to loose stools Not to be taken immediately prior to bed	Fybogel or Normacol
Stimulants	Induce a bowel movement within 8-12 hours by increasing colonic motility (peristalsis) Not to be taken if risk of intestinal obstruction Effective short term for acute constipation Long term use of Stimulant leads to tolerance and reduced effectiveness Danthron limited license for terminally ill patients due to carcinogenic properties	Senna, Bisacodyl, Danthron, Sodium docusate
Osmotic	Retain fluid in the bowel by osmosis May take 2-3 days for effect, therefore not suitable for rapid relief of constipation Should be given with plenty of water Avoid where gut motility is impaired	Lactulose
Macrogols	Water retained in the colon via an osmotic action achieving increase in faecal bulk, triggering receptor stimulation leading to increased colonic peristalsis Increase in stool volume promotes defaecation Licensed to treat faecal impaction	Movicol, Laxido, Cosmocol

Pro-kinetic and others

- Prucalopride

A selective serotonin 5HT₄-receptor agonist with prokinetic properties

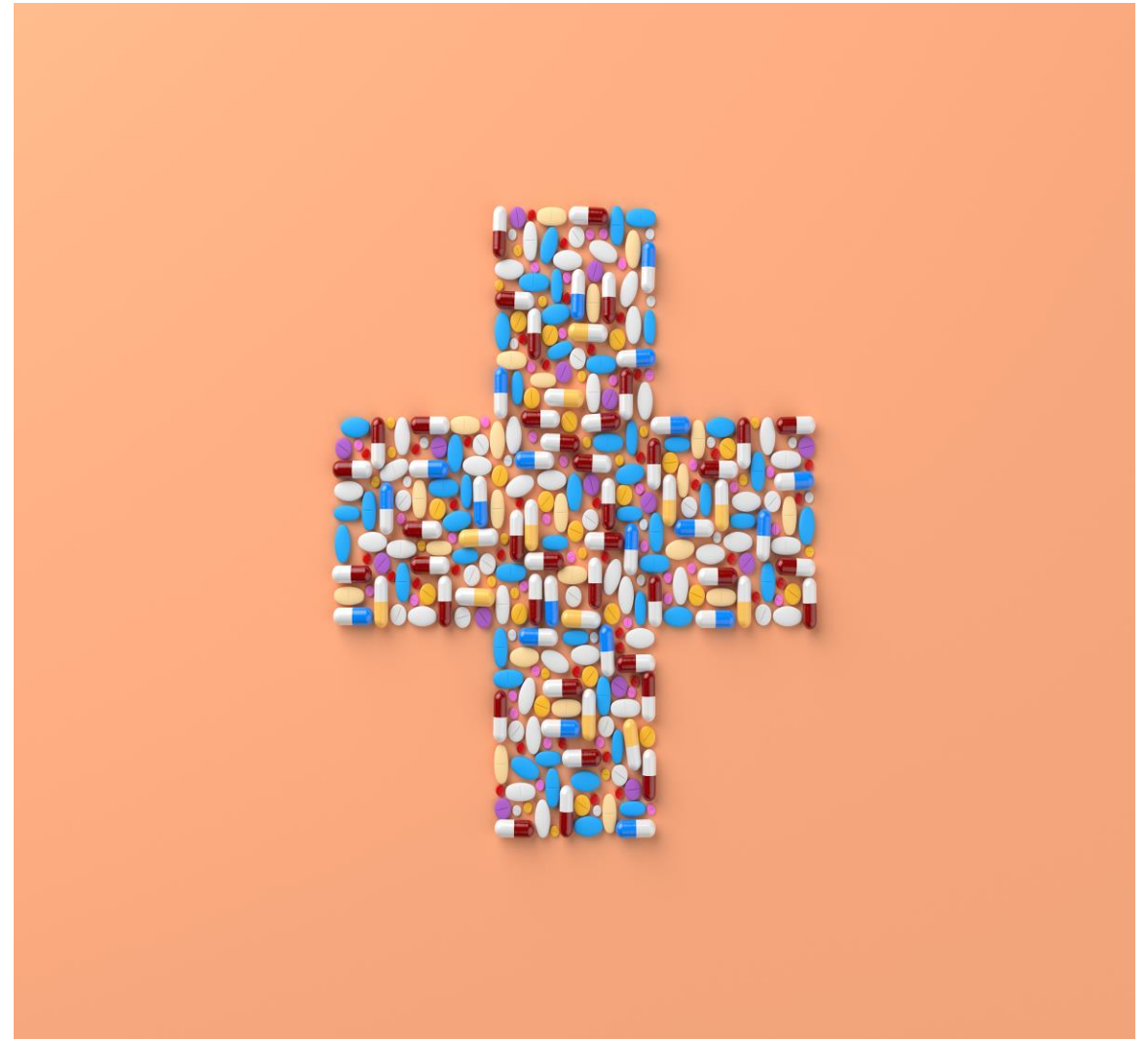
- Linaclotide

Moderate to severe irritable bowel syndrome with constipation



Consider...

- 2 or more laxatives - why?
- 2 from the same group – why?
- Rational for decision
- Review food and bowel diary
- Is the problem to load rectum? – oral
- Is the problem to empty rectum? – rectal
- What is the patient buying over the counter?
- **Document and Review**



Phosphate enemas, micro-enemas and suppositories

- Fast acting
- Useful for bowel clearance, which we have made use of in rehabilitation care
- Lack of evidence to support the use of in the long- term management of constipation
- Rehabilitation used over last 40 years to reduce constipation and or faecal incontinence



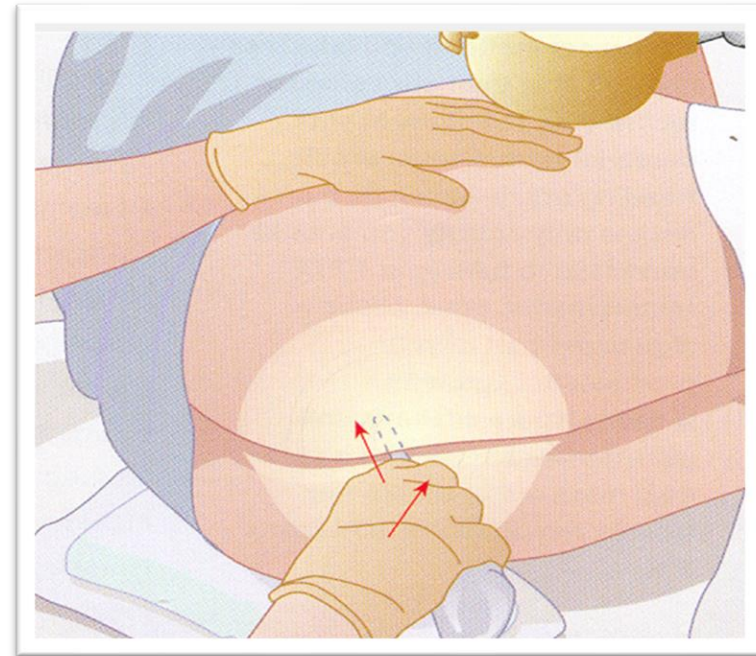
Phosphate enemas

Enemas can have a mechanical action

Sodium phosphate solution is hypertonic, draws water into the intestinal lumen via an osmotic gradient, leading to peristalsis and bowel evacuation

- Use at room temperature (warm in jug of warm water – air removed)
- Use gravity to administer water based enemas, force may cause spasm
- Long tube enemas are for self administration not for nurses to insert higher up the colon
- Lubricate full length of enema with water soluble jelly

Aim enema tip in a posterior direction after initial insertion to avoid injury to the anterior rectal wall



Risks and rare complications of phosphate enemas

- Trauma to anal / rectal mucosa with nozzle
Phosphate can have a corrosive effect on mucus membrane and local tissue
- Localised irritation, proctitis

Adverse events include:

- Renal failure,
- hypocalcemia
- hypokalemia
- hypernatremia

Contra-indications:

- known inflammatory bowel conditions
- following anal/rectal surgery or trauma
- Renal failure
- Bowel motility problems

Caution needed:

- older people
- debilitated people
- sacral pressure sores
- Chronic renal failure



Consider licence for long term use of phosphate enemas

Anti-diarrheal

Loperamide most commonly used

- Increases water absorption, slows transit
- Regular treatment or used as required
- Introduce at low dose, increase until desired stool consistency
- Consider liquid for doses less than 2mg
- Take half hour before meals
- Codeine could be considered, but addictive
- **Be careful check for overflow constipation, educate patient on risks of constipation and action to take**

Trans Anal Irrigation

A complete system for managing bowel dysfunction, proven reduction of faecal incontinence and constipation and reduces risk of AD

Low v High Volume / Catheter or Cone?

Consider QoL/ opportunity to promote self-care

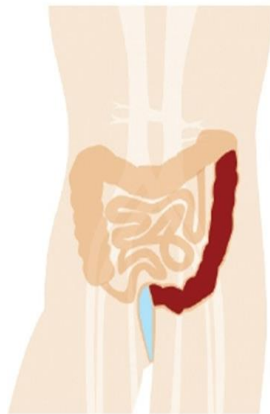


Figure 1:
Conservative bowel
management



Figure 2:
Trans-anal irrigation

Control

Effective and predictable prevention of faecal incontinence and constipation

Independence

Flexible placement of the pressurised water bag

Dignity

Self-supported inflatable rectal catheter

Supporting evidence

Using tools available

Neurogenic Bowel Dysfunction Score⁵

Question	Score
1. How often do you defecate? <input type="radio"/> Daily (score 0) <input type="radio"/> 2-6 times per week (score 1) <input type="radio"/> Less than once per week (score 6)	
2. How much time do you spend on each defecation? <input type="radio"/> Less than 30 min. (score 0) <input type="radio"/> 31-60 min. (score 3) <input type="radio"/> More than an hour (score 7)	
3. Do you experience uneasiness, sweating or headaches during or after defecation? <input type="radio"/> Yes (score 2) <input type="radio"/> No (score 0)	
4. Do you take medication (tablets) to treat constipation? <input type="radio"/> Yes (score 2) <input type="radio"/> No (score 0)	
5. Do you take medication (drops or liquid) to treat constipation? <input type="radio"/> Yes (score 2) <input type="radio"/> No (score 0)	
6. How often do you use digital evacuation? <input type="radio"/> Less than once per week (score 0) <input type="radio"/> Once or more per week (score 6)	
7. How often do you have involuntary defecation? <input type="radio"/> Daily (score 13) <input type="radio"/> 1-6 times a week (score 7) <input type="radio"/> 1-4 times a month (score 6) <input type="radio"/> A few times a year or less (score 0)	
8. Do you take medication to treat faecal incontinence? <input type="radio"/> Yes (score 4) <input type="radio"/> No (score 0)	
9. Do you experience uncontrollable flatus? <input type="radio"/> Yes (score 2) <input type="radio"/> No (score 0)	
10. Do you have perianal skin problems? <input type="radio"/> Yes (score 3) <input type="radio"/> No (score 0)	
Total score (between 0 and 47)	

General satisfaction
 Please mark the scale with a cross (x) to represent your general satisfaction with your bowel management.
 (Total dissatisfaction = 0 / Perfect satisfaction = 10)
 0 1 2 3 4 5 6 7 8 9 10

A bowel dysfunction score of 10 or higher corresponds to moderate to severe functional constipation and would justify the use of a laxative.

Functional Constipation Score⁷

Use the score below to indicate the severity of your functional constipation:

Frequency of bowel movements	Score	Time: minutes in lavatory per attempt	Score
1-2 times per 1-2 days	0	Less than 5 minutes	0
2 times a week	1	5-10 minutes	1
Once a week	2	10-20 minutes	2
Less than once a week	3	20-30 minutes	3
Less than once a month	4	More than 30 minutes	4

Difficulty: painful evacuation effort	Score	Assistance: type of assistance	Score
Never	0	Without assistance	0
Rarely	1	Stimulative laxatives	1
Sometimes	2	Digital assistance or enema	2
Usually	3		
Always	4		

Failure: unsuccessful attempts for evacuation per 24 hours

Failure: unsuccessful attempts for evacuation per 24 hours	Score
Never	0
1-3 attempts	1
4-6 attempts	2
7-9 attempts	3
More than 9 attempts	4

History: duration of constipation (years)

History: duration of constipation (years)	Score
0 years	1
1-5 years	2
6-10 years	3
11-20 years	4
More than 20 years	5

Any score of 3 or higher corresponds to moderate to severe functional constipation. Based on clinical judgement and scores are indicative.



Long term management

Coaching technique

- Give patients time to commit
- Give information

Set review dates

- Agree time frame for review with patient

Discharge

- Patient initiated Follow up
- Patient knows they can contact you

Coloplast Charter care programme

- Patient support



HOLISTIC CARE- The TAI Guide

Improve quality of life

Reduce risk of harm



05

Case Studies

Case Study 1- Debbie



Case Study 2- James



3 Case Studies

Consider diagnosis, treatment options and individual considerations

Debbie 46yrs Female

Symptoms

- Defecatory disorder
- Faecal incontinence
- Faecal urgency
- Incomplete emptying
- Vaginal bulge and heavy sensation sitting

Proctogram results

- Rectocele
- Intussusception

James 34 yrs Male

Symptoms

- Difficulty defecating
- Incomplete evacuation
- Straining
- Bloating
- Chronic constipation
- Recently, faecal leakage

Proctogram results

- Rectal wall prolapse
- Slow colonic transit

Jo 45 yrs Female

Symptoms

- Neurogenic bowel
- T8 SCI (walks with crutches)
- Defecates 3 times a week (T2-5)

Initial Treatment

- Laxido daily (titrated by stool type)
- DRF about once a month if stool type is too hard
- History of accidental bowel leakage

Lunch



06

Knowledge Bazaar

Knowledge Bazaar

- 3 Stations
- 3 groups
- 20mins per Station



The TAI Guide
Driving best practice in transanal irrigation (TAI)

Making life easier Coloplast

Red Flags

Report to appropriate clinician for consideration of a 2-week referral if there are red flags at any point.

- Abdominal/pelvic mass
- Changes in bowel habit (new or full)
- Leukorrhea
- Anorexia
- Stain
- Rectal bleeding
- Sudden weight loss

Impact Score

Ensure you assess your patient's impact score at each assessment.

How do your bowel symptoms/management impact on your quality of life?

1 2 3 4 5 6 7 8 9 10

Let's get the conversation started

Here are some themes to begin discussion with your patient. (This is not a comprehensive assessment)

- Is your patient taking enemas? (Does your patient only take enemas when there's a known toilet facility?)
- Does your patient have a fear of enemas or a decline in social/work activities?
- Does your patient have an accidental bowel leakage (incontinence of faeces)?
- Does your patient open their bowels less than 3 times per week?
- Is your patient experiencing UTIs?

Treatment Pyramid

Standard bowel management
Oral, fibre supplements, laxative, rectal laxatives, rectal irrigation, rectal enemas

TRANSANAL IRRIGATION (TAI)
Help patient regain confidence and control

MEDICATION TRIAL
Oral
Rectal
Enemas

HOLISTIC ASSESSMENT

NO IMPROVEMENT

- Accidental bowel leakage
- Bleeding
- Chronic constipation
- Slow transit
- Defecation difficulty
- Bowel symptoms with UTI
- Neurogenic bowel

FOLLOW UP WITHIN 6 WEEKS

- Diet
- Hydration
- Exercise
- Abdominal massage
- Polyp/pharmacy
- Bowel routine
- Bladder diary
- Stimulants
- Enemas
- "Max trial of 2 then review"
- Our transit = **sweetcorn test**

Influence of bowel dysfunction on the bladder

A full bowel, for example due to untreated constipation, can put pressure on the bladder and urethra so that it cannot fill/empty properly, which can lead to frequency and/or UTI due to incomplete bladder emptying.

Top Tip! - sweetcorn test

Do you know about the sweetcorn test?

This basic non-invasive gut transit test is useful for primary care assessment to support patients to understand their bowel dysfunction.

1. Consume half a tin of sweetcorn
2. Note date eaten
3. Wait to see sweetcorn in stool
4. Note date seen
5. Normal transit: 48-72 hours (refer to generalist)

Consider further intervention or referral if the bowel diary and/or sweetcorn test indicate bowels not open for 3-5 days or more.

Coffee



07

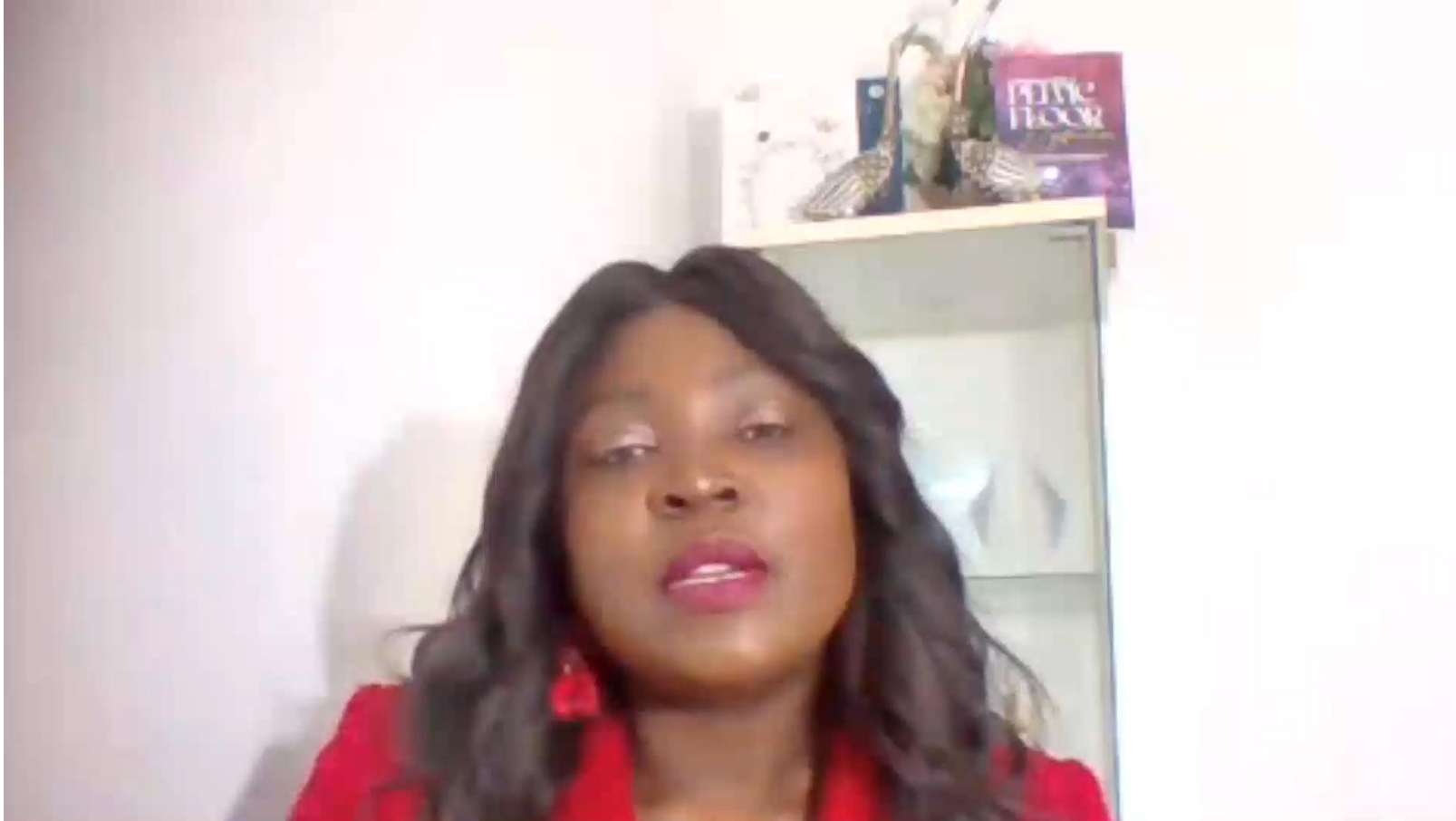
Case Studies

Lets review the treatment options

Case Study 1 Debbie



Case Study 2- James



Case Study 3

08

NICE

Clinical evidence & NICE



A close-up photograph of a doctor's hand in a white coat, holding a white pen. The hand is positioned over a desk. In the background, a stethoscope lies on the desk, and a laptop is partially visible. The scene is brightly lit, suggesting a clinical or office environment.

Peristeen® Plus transanal irrigation system for managing bowel dysfunction (MTG36)

An introduction to the NICE device specific guidance



Guidance ▼

Standards and
indicators ▼

Life
sciences ▼

British National
Formulary (BNF) ▼

British National Formulary
for Children (BNFC) ▼

Clinical Knowledge
Summaries (CKS) ▼

About ▼

Read about [our approach to COVID-19](#)

Home > NICE Guidance > Conditions and diseases > Digestive tract conditions > Constipation

Peristeen Plus transanal irrigation system for managing bowel dysfunction

Medical technologies guidance [MTG36] Published: 23 February 2018 Last updated: 06 June 2022

[Register as a stakeholder](#)

Guidance

Tools and resources

Information for the public

Evidence

History

Overview

1 Recommendations

Guidance

[Download guidance \(PDF\)](#)

High Quality Evidence with **Peristeen® Plus** : Demonstrating Clinical and System Benefits

25+ publications



Clinical benefits



Patient populations



- ✓ 3 RCT
- ✓ 5 retrospective studies
- ✓ 11 prospective studies
- ✓ 3 outcomes research
- ✓ 2 cost effectiveness studies
- ✓ 1 case control study
- ✓ 2 expert consensus reviews
- ✓ 1,500+ patients participated

- ✓ Reduction in episodes of FI
- ✓ Reduction in UTIs
- ✓ Reduction in carer dependence
- ✓ Reduction in time spent on bowel management
- ✓ Reduction in hospitalisations
- ✓ Reduction in surgical interventions
- ✓ Improved bowel scores
- ✓ Improved QoL (EQ-5D)

- ✓ Spinal Cord Injured
- ✓ Multiple Sclerosis
- ✓ Spina Bifida
- ✓ Cauda Equina
- ✓ Hirschsprungs disease
- ✓ Anorectal malformations
- ✓ Lower anterior resection syndrome (LARS)
- ✓ Functional constipation
- ✓ Obstructed defecation

Why is the NICE Medical Technology Evaluation Programme (MTEP) unique?

13 years

of evaluation and guidance
on innovative devices
and technologies



Only 69

other devices as of June 2022
have obtained this guidance



Peristeen Plus

is the only Transanal Irrigation
System that the Medical
Technologies Evaluation
Programme at NICE has
Reviewed (June 2022) ¹



1. National Institute for Health and Care Excellence (NICE), 2022. Medical Technologies Guidance (MTG) 36. Peristeen transanal irrigation system for managing bowel dysfunction. Published 6 June 2022. Available from: <https://www.nice.org.uk/guidance/mtg36> (Accessed: 16/06/2022). (Peristeen: the first and only Bowel Management device to receive NICE guidance at the time of print)

Peristeen® Plus Evidence: Adults

Peristeen Plus the world's most clinically proven
TAI device with NICE single technology appraisal



Efficacy



22-30% ↓

Reduction in symptoms
(constipation and FI)¹



55%

Were successfully using the
product after 40 months²



4.8 to 0.9 ↓

Fall in mean weekly
frequency of FI (p<0.005)²

Quality of Life



27 minutes

Per day saved not spent on
bowel management routines¹



29% ↑

Improvement in symptom-
related quality of life scores¹



93% ↑

Improvement in general
satisfaction vs. conservative¹

UTIs



54% ↓

Reduction of UTIs in MS patients²



**Peristeen Plus:
recommended by
NICE for adults
and children with
bowel dysfunction³**

After using Peristeen Plus, new faeces may take up to two days to reach the rectum⁴

1. Christensen P. et al. A Randomized, Controlled Trial of transanal Irrigation Versus Conservative Bowel Management in Spinal Cord-Injured Patients. *Gastroenterology* 2006;131:738-747

2. Passananti V, Wilton A, Preziosi G, Storrie J.B and Emmanuel A. Long-term efficacy and safety of transanal irrigation in multiple sclerosis. *Neurogastroenterol Motil.* 2016 Sep;28(9):1349-55. *mean of 40 months follow-up

3. National Institute for Health and Care Excellence (NICE), 2022. Medical Technologies Guidance (MTG) 36. Peristeen transanal irrigation system for managing bowel dysfunction. Published June 2022. Available from: <https://www.nice.org.uk/guidance/mtg36> (Accessed: 16/06/2022)
(Peristeen: the first and only Bowel Management device to receive NICE guidance at the time of print)

4. Krogh K, Mosdal C, Laurberg S. Gastrointestinal and segmental colonic transit times in patients with acute and chronic spinal cord lesions. *Spinal Cord* (2000) 38, 615-621

Peristeen® Plus Evidence: System Impact

Constipation unplanned A&E admissions cost (the NHS),
£168m (Primary diagnosis only)¹



Burden on Services



41%+ ↓
Reduction in the number
of hospitalisations^{2,3}



66% ↓
Reduction in GP visits⁴



35% ↓
Reduction in the need
for stoma surgeries⁴

Mental Health



29% ↑
Improvement in symptom-
related quality of life scores⁵



93% ↑
Improvement in
general satisfaction⁵

UTIs



62% ↓
Reduction in UTIs needing
antibiotics after Peristeen Plus⁵

NHS Improvement mandated a 50%
reduction of gram negative septicaemia
(commonly caused by UTIs) by 2020⁶

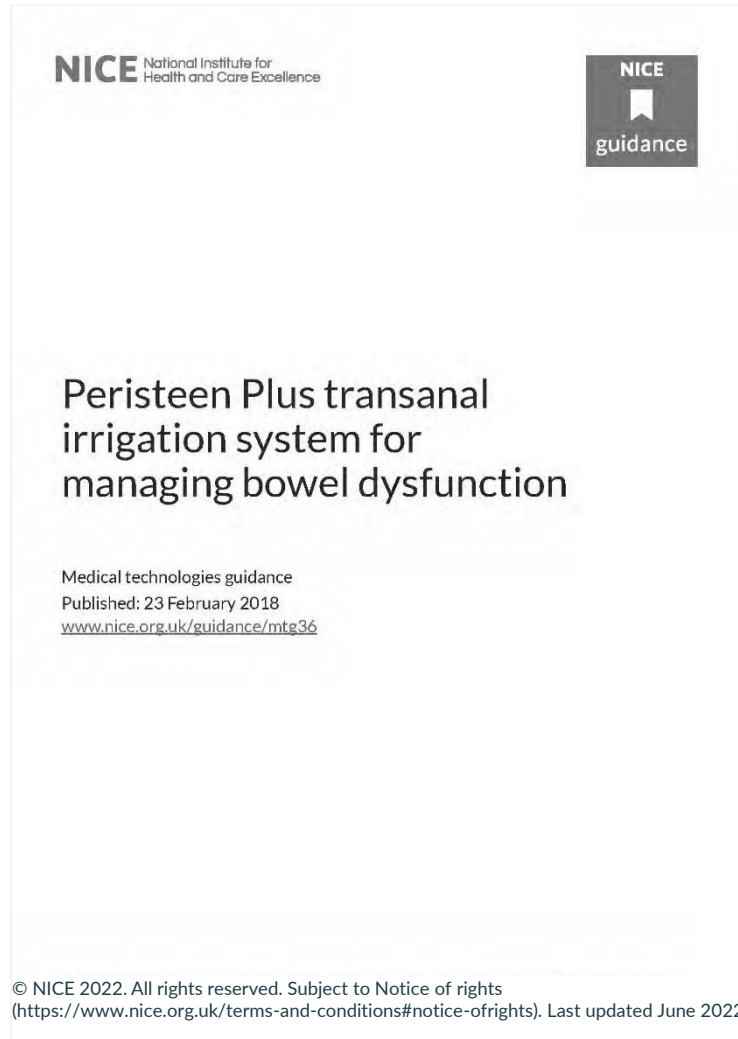
Peristeen Plus is the only device in the NICE pathways for Constipation, FI and Children⁷

1. Bowel Interest Group, 2020. Cost of Constipation Report. Available here: <https://bowelinterestgroup.co.uk/wp-content/uploads/2020/07/Cost-of-Constipation-2020.pdf>. (Accessed: 16/06/2022). 2. Passananti V, Wilton A, Preziosi G, Storrie JB and Emmanuel A. Long-term efficacy and safety of transanal irrigation in multiple sclerosis. Neurogastroenterol Motil. 2016 Sep;28(9):1349-55. *mean of 40 months follow-up. 3. Krogh K, Mosdal C, Laurberg S. Gastrointestinal and segmental colonic transit times in patients with acute and chronic spinal cord lesions. Spinal Cord (2000) 38, 615-621. 4. Emmanuel A, et al. (2016) Long-Term Cost-Effectiveness of transanal Irrigation in Patients with Neurogenic Bowel Dysfunction. PLoS ONE 11(8): e0159394. doi:10.1371/journal.pone.0159394. 5. Christensen P, et al. A Randomized, Controlled Trial of transanal Irrigation Versus Conservative Bowel Management in Spinal Cord-Injured Patients. Gastroenterology 2006;130:738-747. 6. NHS England 2018. EXCELLENCE in Continence Care. Practical guidance for commissioners, and leaders...Available from: <https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf> (Accessed: 03/08/2018). 7. National Institute for Health and Care Excellence (NICE), 2022. Medical Technology Guidance (MTEG) 36. Peristeen transanal irrigation system for managing bowel dysfunction. Published 06 June 2022. Available from: <https://www.nice.org.uk/guidance/mtg36> (Accessed: 16/06/2022). (Peristeen: the first and only Bowel Management device to receive NICE guidance at the time of print)

Guidance Extracts



What does the Guidance say?



The case for adopting **Peristeen Plus** for transanal irrigation in people with bowel dysfunction is supported by the evidence. **Peristeen Plus** can reduce the severity of constipation and incontinence, improve quality of life and promote dignity and independence. (1.1)



The committee considered that **Peristeen Plus** can provide important clinical benefits in most people with bowel dysfunction, including improving quality of life and promoting independence. It acknowledged that it may take several weeks before a person is comfortable with using **Peristeen Plus**, so the device is most effective when offered with specialist training and structured patient support. The committee concluded that although the cost modelling is uncertain, it is likely that using **Peristeen Plus** in people with bowel dysfunction does not cost any more than standard care. (4.18)



For the guidance review, the EAC revised the model to reflect 2021 costs. Costs were revised for **Peristeen Plus** with the balloon catheter, standard bowel care, third-line treatment and adverse events. Details of the parameter changes are in the costing update report. Base-case results for the 2021 revised model show the cost saving associated with **Peristeen Plus** was **£5,144 per person** (corrected original guidance value was £5,627) **over a 37-year time horizon**. The cost modelling published was not done for **Peristeen Plus** with cone catheters because of a lack of evidence on the cone catheter. [2022] (4.19)

09

Supporting services for Quality Improvement

Coloplast® Charter

Inspected and rated

Outstanding 



We are CQC OUTSTANDING

Inspected and rated

Outstanding ★



- *Coloplast Charter is a health care provider, whose Clinical Services team are here to support patients.*
- *Charter is also a discrete and speedy delivery service.*



*We are transparent and open
about the quality of service
we provide*



*We are accountable to an
external board for the delivery
of safe and effective services*



*We will always
do what is right
for our patients*

HCP Support

*A **dedicated team** to ensure you get the best service possible from our most experienced specialists.*

**Dedicated
support**



*Personalised
support*



Quick and easy registration and
resolution of queries



Bespoke call programme

Motivation and encouragement



Help with technique and useful tips



Support with their ongoing order and delivery needs



To help establish the routine advised by you, the HCP



Dedicated support resources

Tips and advice on topics such as:

- Diet
- Hydration
- Travel
- Back to work
- Intimacy



Offering patients easy access to a range of support resources, when they need it



Health Checks to ensure all is well

Regularly check in with your patients and provide well being advice. Taking pressure off your busy working schedule



Ensuring patients issues are identified early



Solve issues patients may be having

Identify issues and triage to CQC regulated specialists offering:



- Advice
- Appropriate product solutions
- Signpost to HCPs when clinical ceiling is reached

Promote self-care with dedicated resources

Confidence and peace of mind that we are looking after patients' safety and QoL

Best in Class Ordering & Delivery

We offer patients choice on how they can place their orders, stay informed of its progress and deliver discreet and recyclable parcels





Place orders online or by phone

Phone line answered
within 60 seconds

Online ordering
24/7



*Offering choice and
convenience for your patients*



Order status updates

Track your
order online

SMS and email
notifications



*Confidence orders are on their
way with no need to worry*



Discreet delivery

Delivery time after
order placed:

Next day	Up to 3 days	Up to 5 days
32%	68%	98%

Discreet, recyclable
packaging

*Discretion and peace of
mind for your patients*

Let's revisit your mentimeter results

Have your achievements
/ concerns for today
been met?



Revalidation – Supporting your registration

Title – Bowel Care Competency Day

Method – Course Attendance

What was the topic?

Areas covered

- Bowel Anatomy and Physiology review
- Bowel Assessment
- Bowel Treatment
- DRE Assessment
- Transanal irrigation training

Course Overview

This course provided the theoretic and practical knowledge required to treat Patients with bowel dysfunction, including patient assessment and Treatment options and TAI selection, through active discussions and review of case studies.

Purposes & success criteria

Hours

- Participatory – 7.5 CPD hours
- Total – 10 CPD hours

Link to Code

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Standards of Proficiency

- Being an accountable professional
- Promoting health and preventing ill health
- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care

Webinars

- [Introducing a new simplified guide for Transanal Irrigation](#)
- [Be Curious: Breaking Down Bowel Dysfunction and Its Treatment Options](#)
- [Be Curious: Exploring TAI Techniques for Effective Bowel Management](#)

Further Learning....

There is lots of material to support you with your further learning on the Coloplast Professional Website;

coloplastprofessional.co.uk

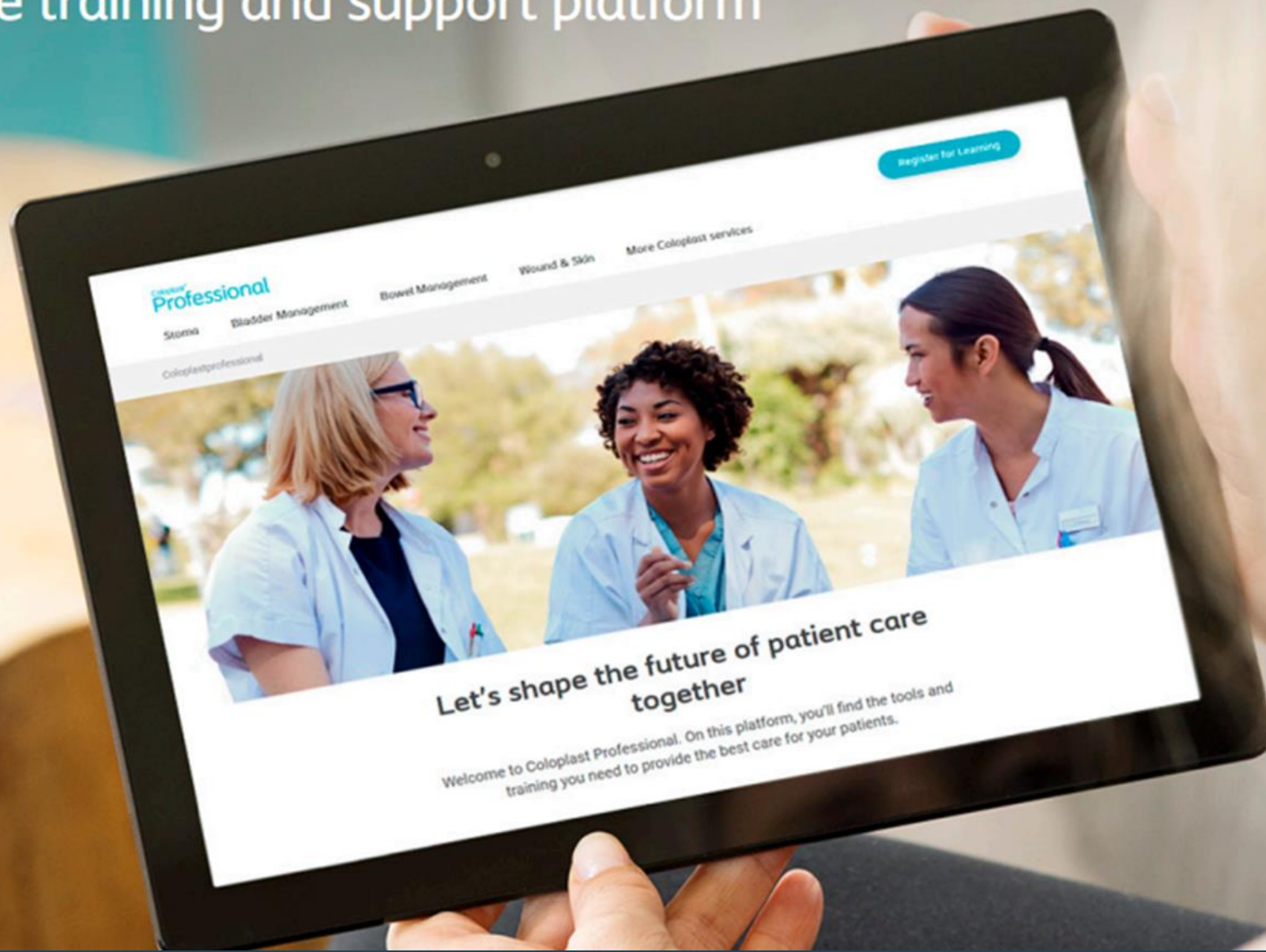
Don't forget all our education counts towards your revalidation hours.

This includes webinars and podcasts



Coloplast Professional

Online training and support platform



Scan to register





admin@acpcontinence.co.uk

For more information on the ACP Branches:

www.acpcontinence.co.uk/branches

With full, associate and student membership options available, the ACP welcomes you to join us and start taking advantage of some of our great offerings, including local branch support, free access to the e-Learning Platform, reduced conference fees, the quarterly newsletter, and much more!

We value your feedback



