Bowel Care Competency Day

Polly Weston- Coloplast Professional Medical Expert

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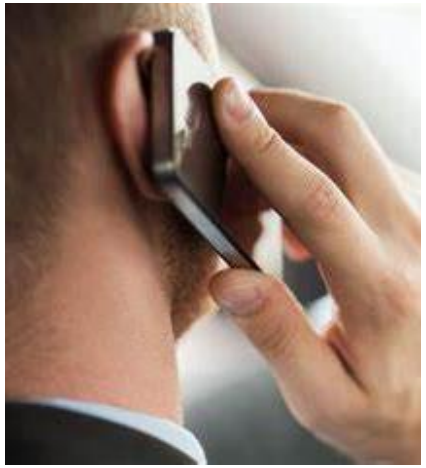
Bowel Care Competency Day

	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
14:30 – 15:00	Case study workshop
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

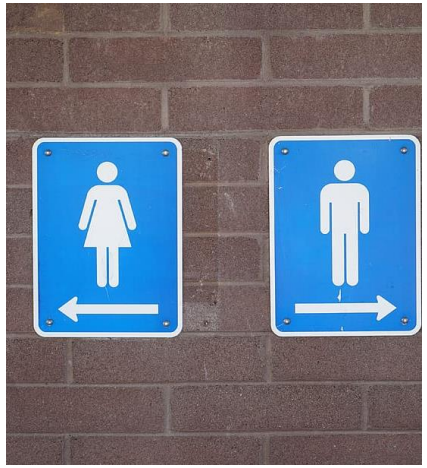
Please ensure that all mobiles are on silent. If you need to take a call please step outside the room to take it

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

Coloplast | Professional

Cost of bowel dysfunction to our patient's mental health

Mental health burden

40%

Patients with constipation experienced **anxiety** disorder[1]

38%

Patients experienced **depression**[1]

97%

HCPs believe incontinence impacts **mental health**[1]

Impact of everyday life

49%

Missed appointments or social engagements[1]

33%

Had their personal **relationships harmed**[1]

34%

Missed work or school[1]

There is a tendency…to accept the restrictions of their condition as normal[2]

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 symptoms[1]

50-75%

MS patients may experience symptoms of bowel dysfunction[2]

Build-up of stool puts pressure on the bladder

Increased UTI risk

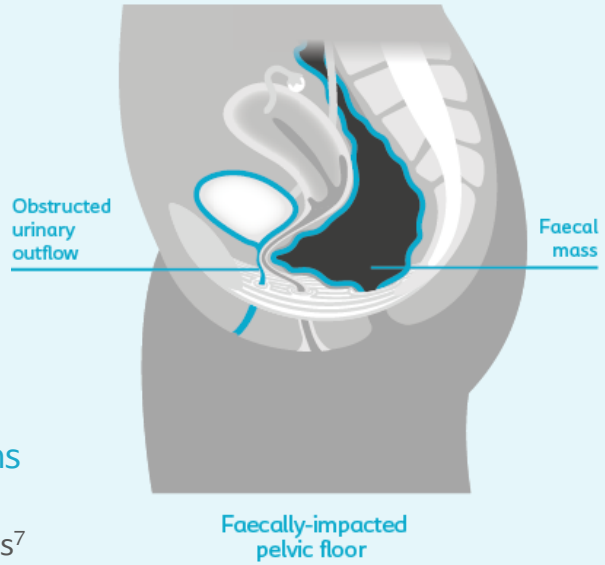
Can be caused by urine retention & bacterial growth[3,4]

Tract dilatation

(Upper urinary) can be caused by impeded emptying[5,6,]

Other complications

Incl. urine leakage due to bladder contractions[7] & pelvic floor damage



Evidence exists that improved BM in NBD patients leads to UTI reduction[3,4]

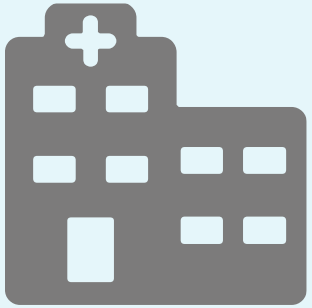
1. DasGupta R, Fowler CJ. Bladder, bowel and sexual dysfunction in multiple sclerosis. Management strategies. Drugs 2003; 63 (2) :153-166. 2. Nortvedt MW et al. Mult Scler 2007 13: 106. 3. Christensen P. et al. A Randomized, Controlled Trial of transanal Irrigation Versus Conservative Bowel Management 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. Neurogastroentrol 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. Averbeck 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 constipation[1]

1 in 3
children affected by constipation[1]

Constipation unplanned A&E admissions cost



£168m[1]

Total cost to hospitals in England due to constipation

Prescription cost of laxative medication

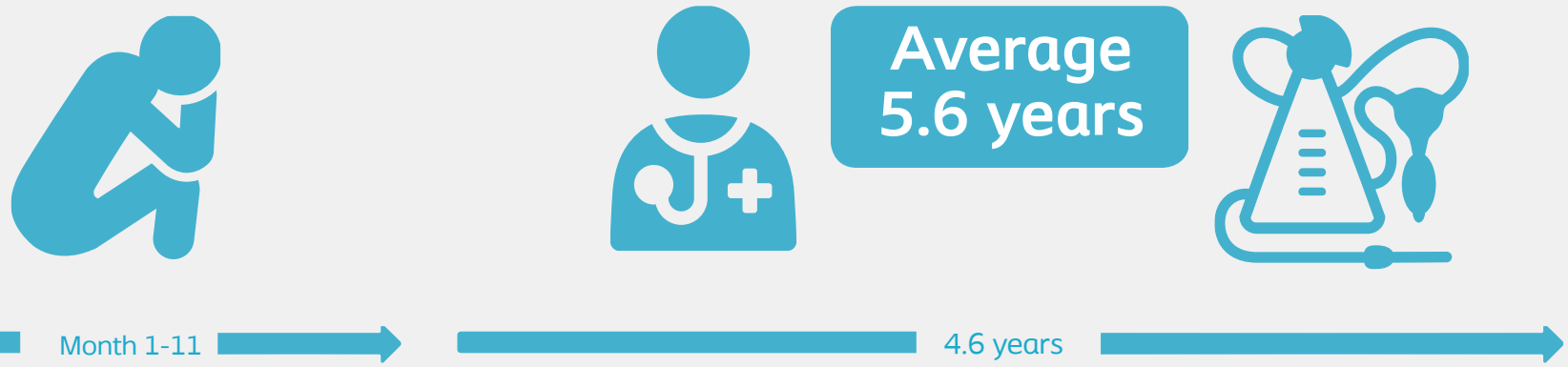
£87m[1]

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 treatment[1]



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

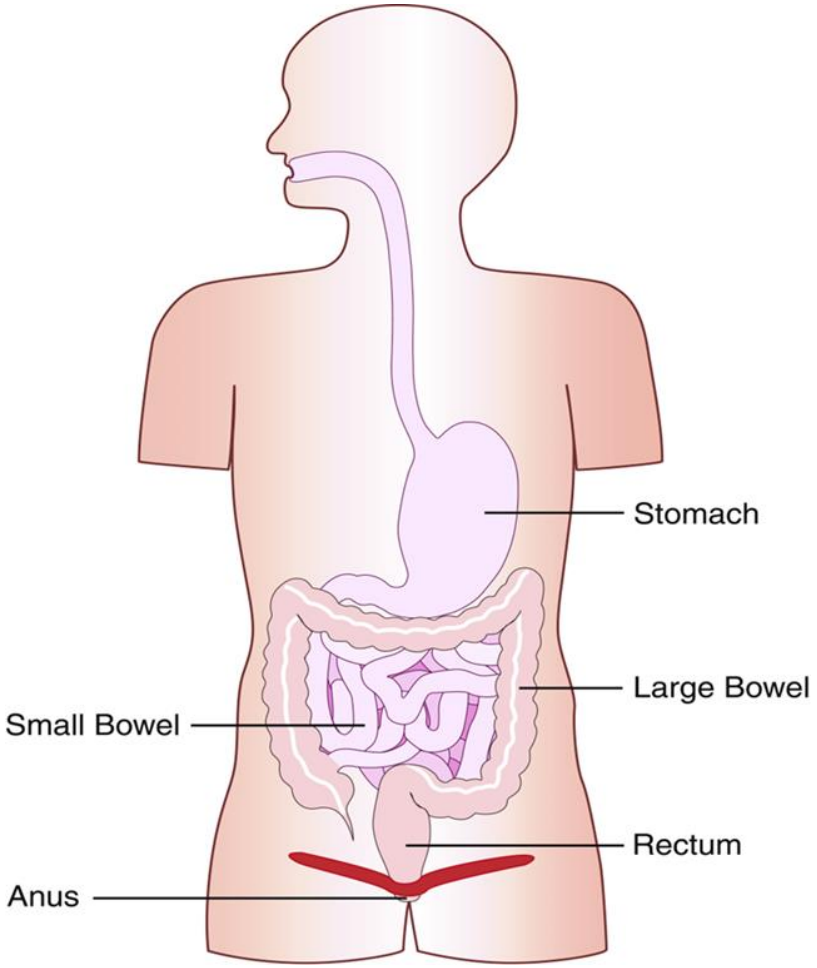
1. Coloplast, Market Study, The impact of bowel dysfunction of patients and HCPs. 2017. Data on file [W-0196644]. (UTIs specific to NBD)

02

Review of Anatomy and Physiology

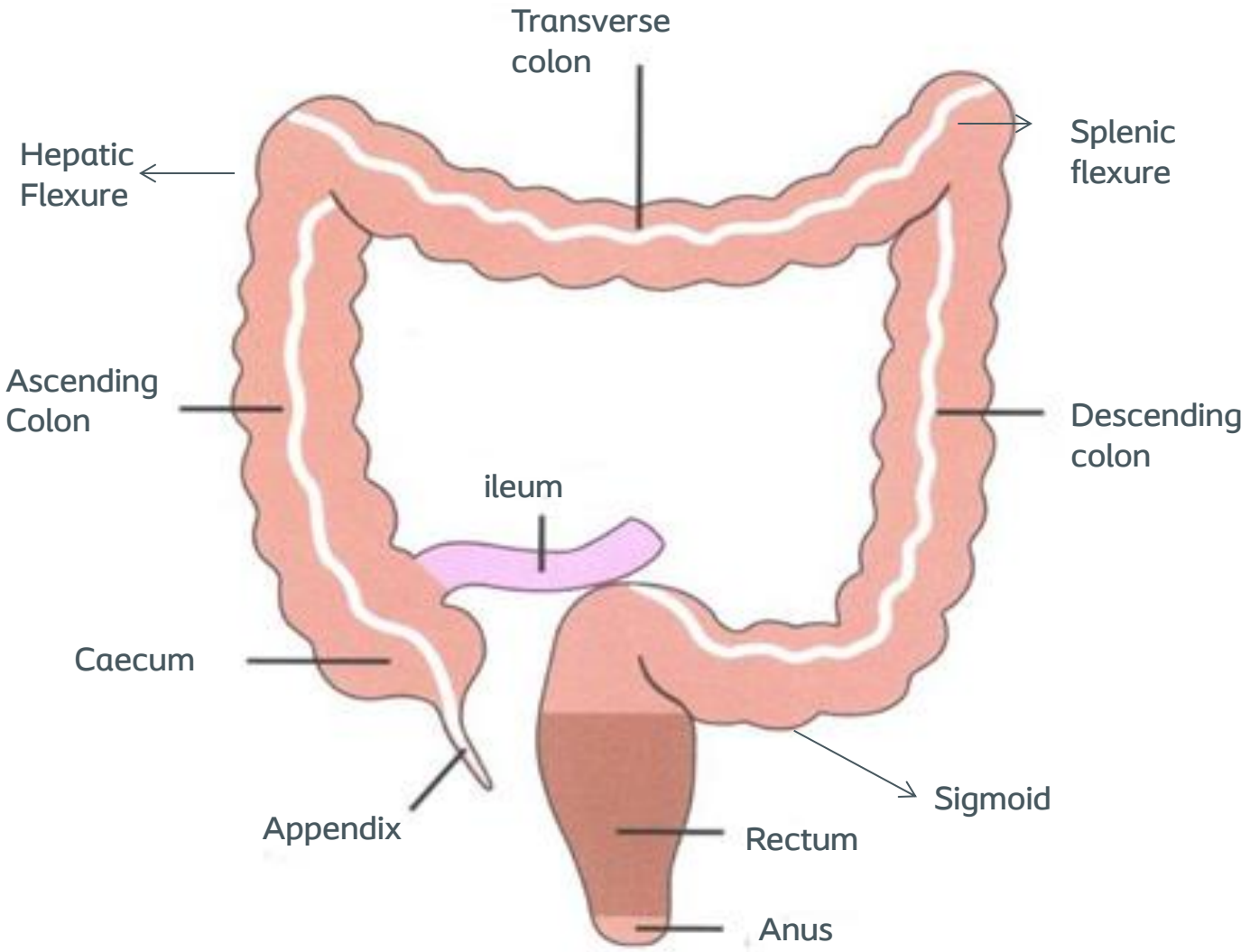
Polly Weston- Coloplast Professional Medical Expert

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)



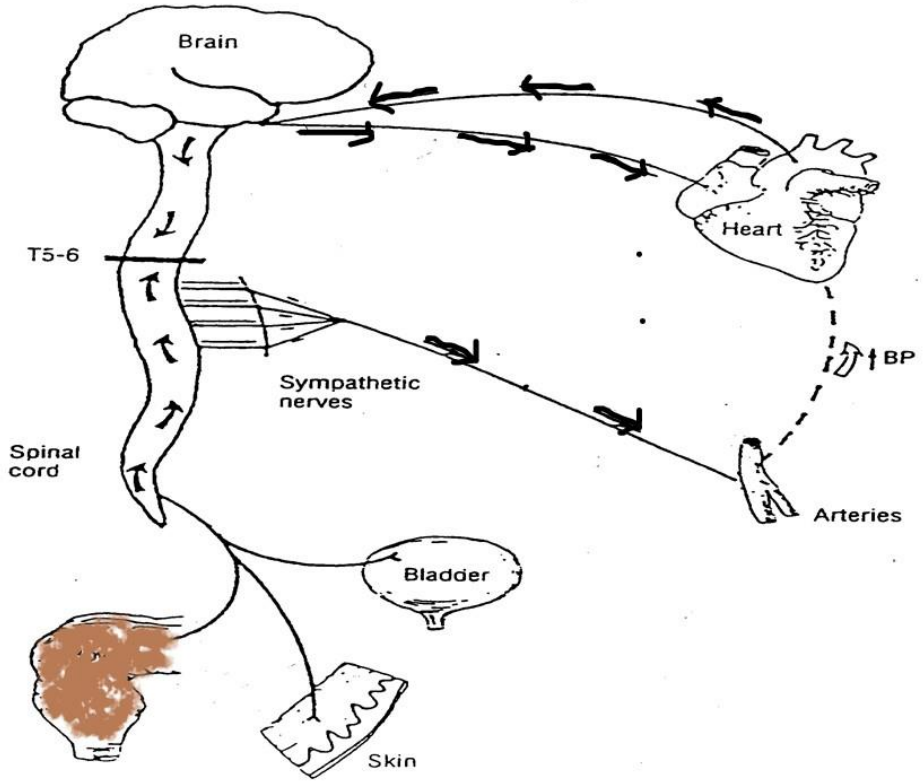
References
Connell,A.M., Hilton,C., Irvine,G., Lennard-Jones,J.E. and Misiewicz,J.J. (1965) Variation in bowel habit in two population samples. British Medical Journal ii, 1095-1099.
Heaton,K.W., Radvan,J., Cripps,H., Mountford,R.A., Braddon,F.E.M. and Hughes,A.O. (1992) Defaecation frequency and timing, 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, stoke 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

Blood pressure needs to be bought down quickly

Assess, find and remove stimulus, quickly

Elevate head, to promote venous pooling

Sublingual GTN spray or Nifedipine capsule

Observe and monitor – repeat blood pressure

Manage pain - plan ahead

CAUTIONS

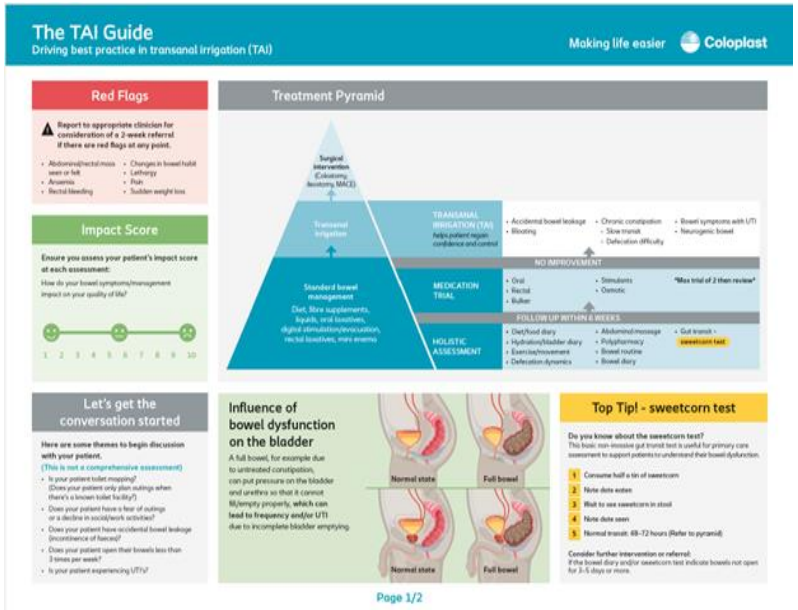
Autonomic dysreflexia (AD) can be fatal if guidance is not followed

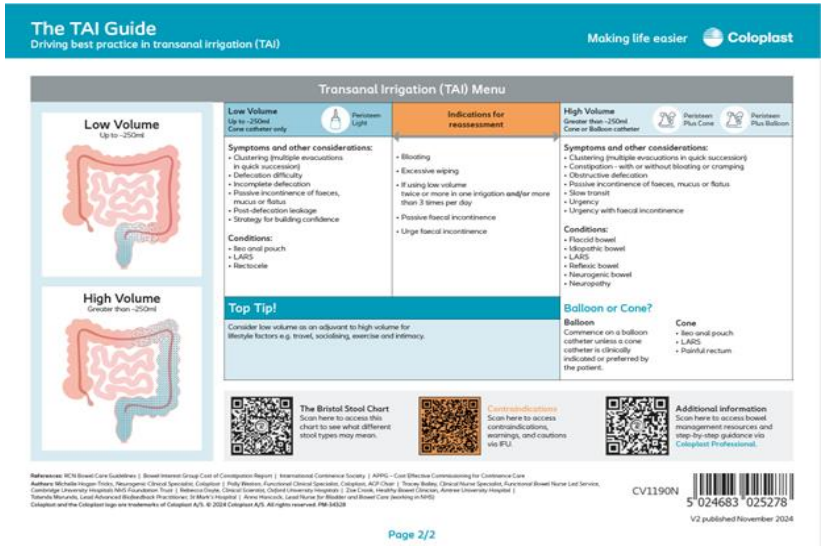
- Communicate clearly on Patient Records and share as needed
- Maintain regular bowel care on patients at risk of AD
- If patient is admitted to hospital; ensure communication of bowel management
- GTN spray or Nifedipine Check care plan/meds exp date
- Baseline blood pressure check 3 monthly
- Education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

03

Bowel Assessment

The TAI Guide



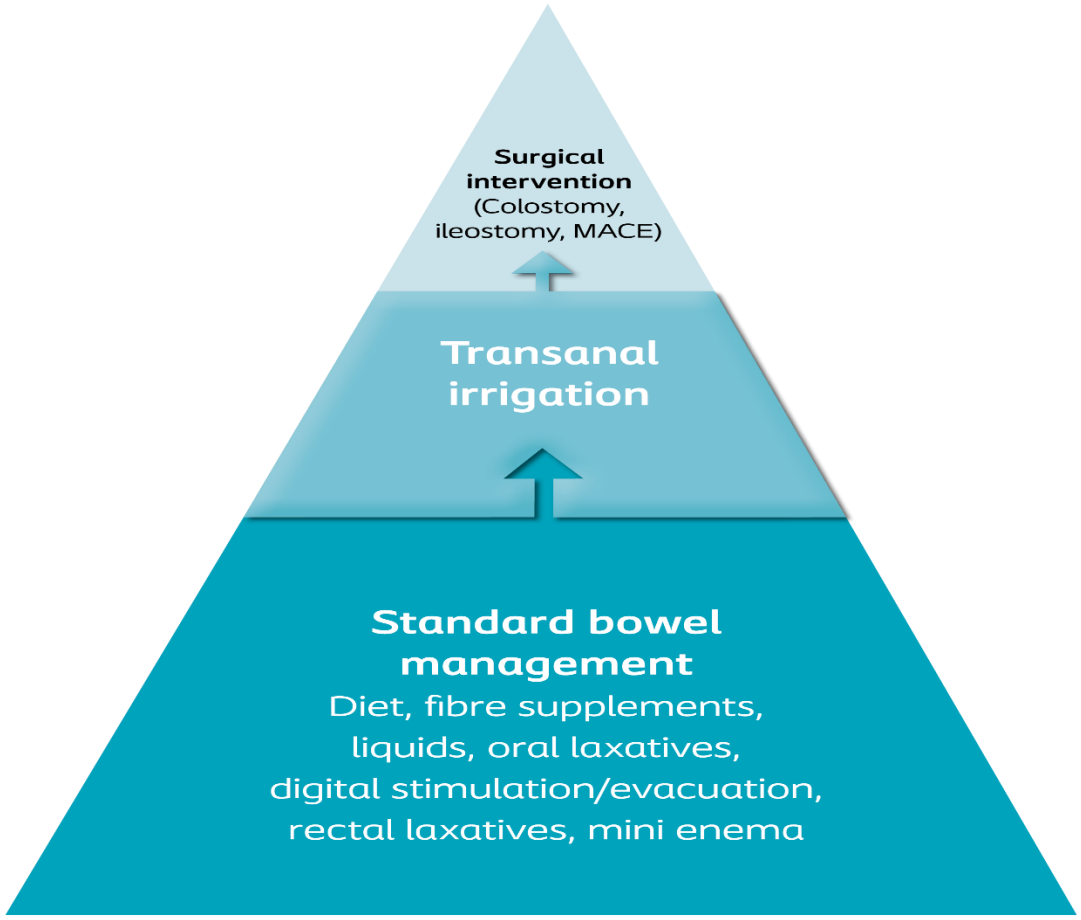


Bowel Assessment and Treatment

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.

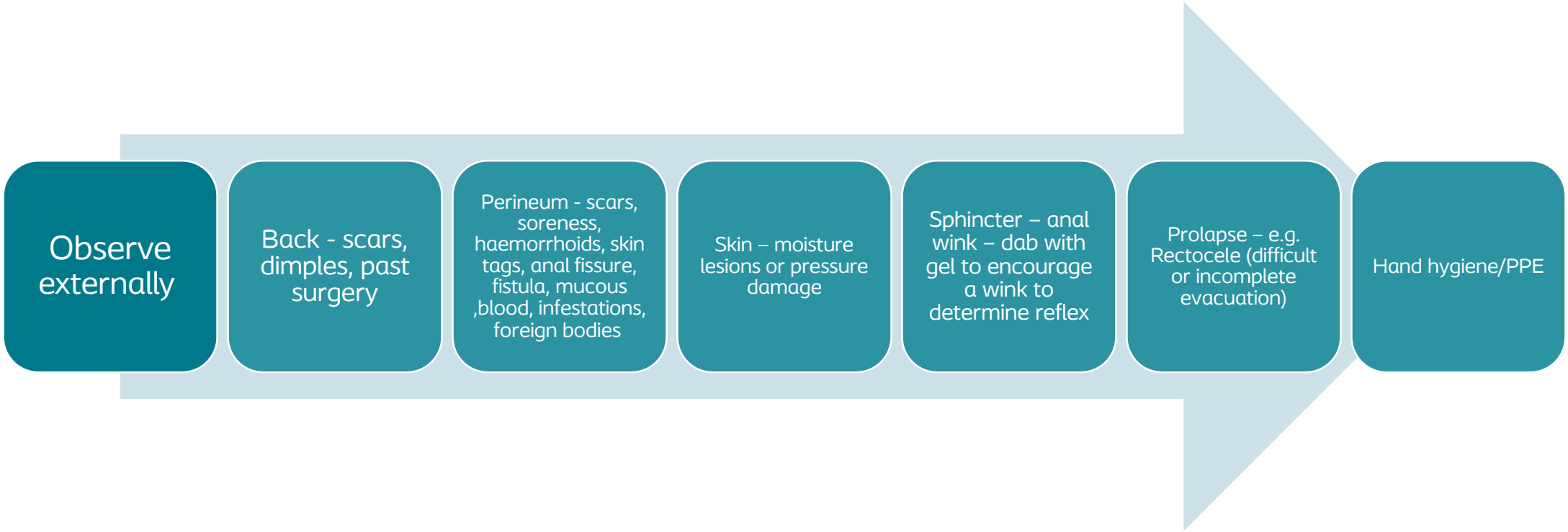
Consent can be;

Implied
Verbal
Written
Documented
Withdrawn

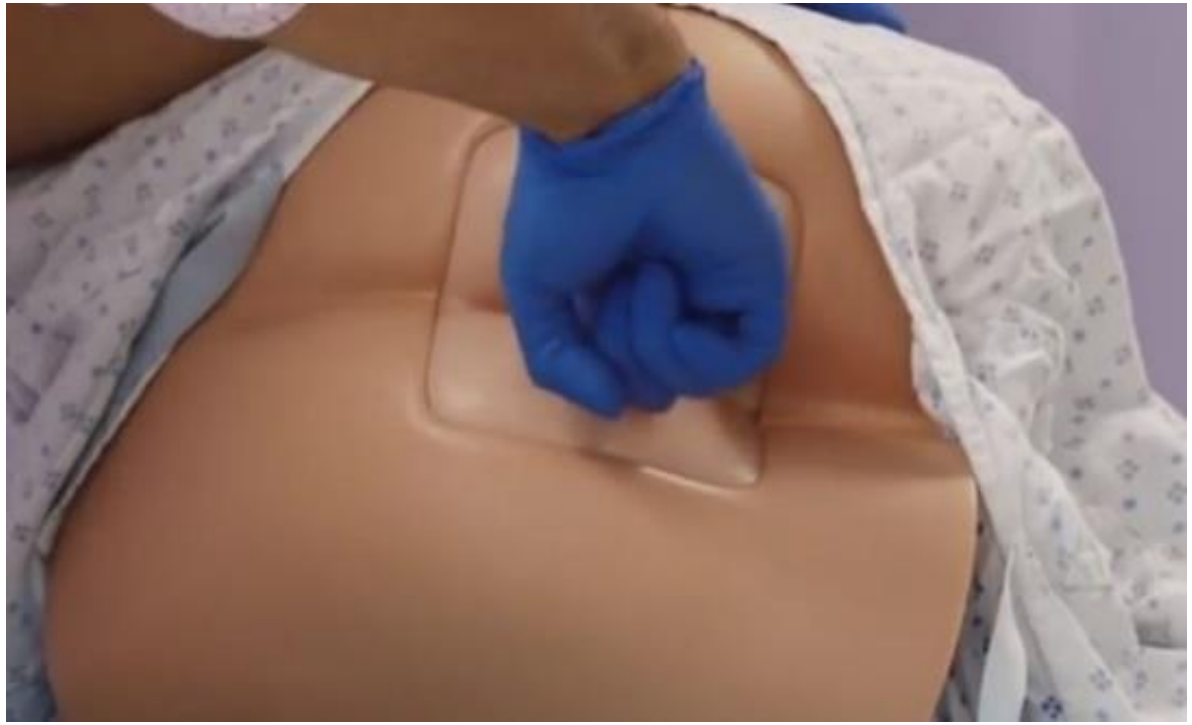
If it is not written down...

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 (asses 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)

Pad of finger against the stool and slowly rotate

If stool is hard, impacted or difficult to remove other approaches should be employed

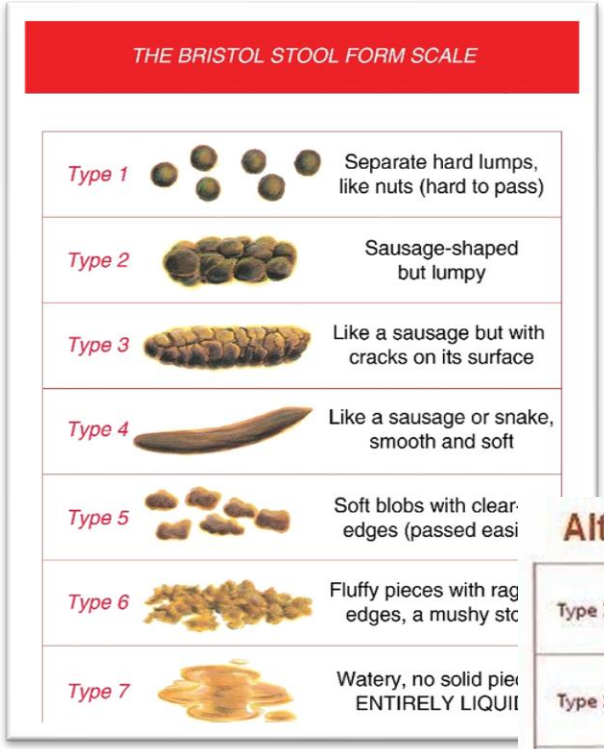
If stool is separated in hard lumps- remove one at a time

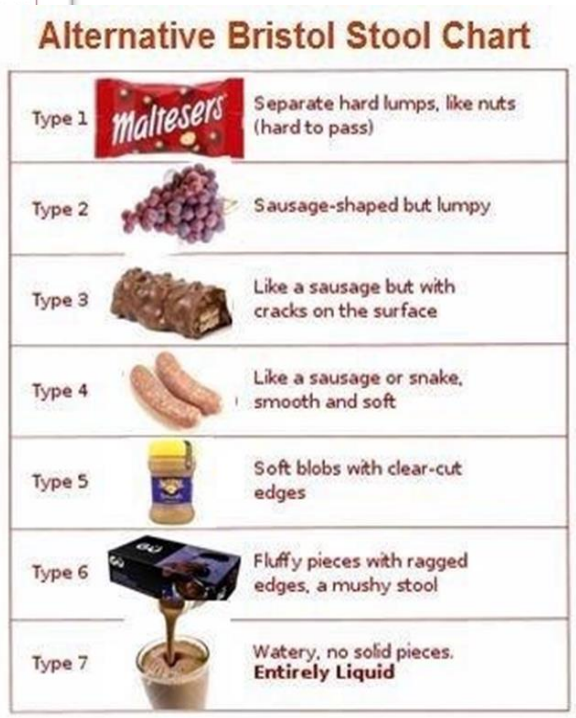
Do not hook finger (this might over stretch the sphincter muscle and damage the mucosa)

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





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	
STONE	KG
6	38
7	45
8	51
9	57
10	64
11	70
12	76
13	83
14	89
15	95
16	102

SUGGESTED INTAKE OVER 24 HOURS			
ML	FLUID OZ	PINTS	MUGS
1,190	42	2.1	4
1,275	49	2.5	5
1,446	56	2.75	5-6
1,786	63	3.1	6
1,981	70	3.5	7
2,179	77	3.75	7-8
2,377	84	4.2	8
2,575	91	4.5	9
2,773	98	4.9	10
2,971	105	5.25	10-11
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: supple 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

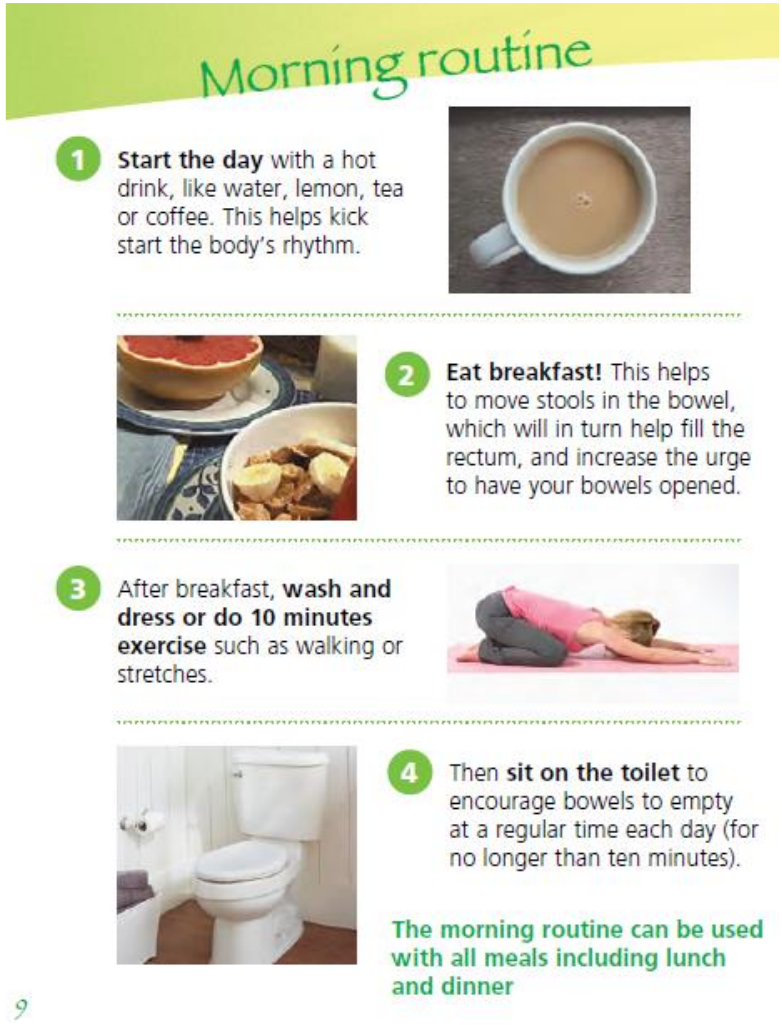
Exercise and movement

- 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

9

Defecation dynamics

Position

- On bed - profiling
- Over toilet – shower chair

Time

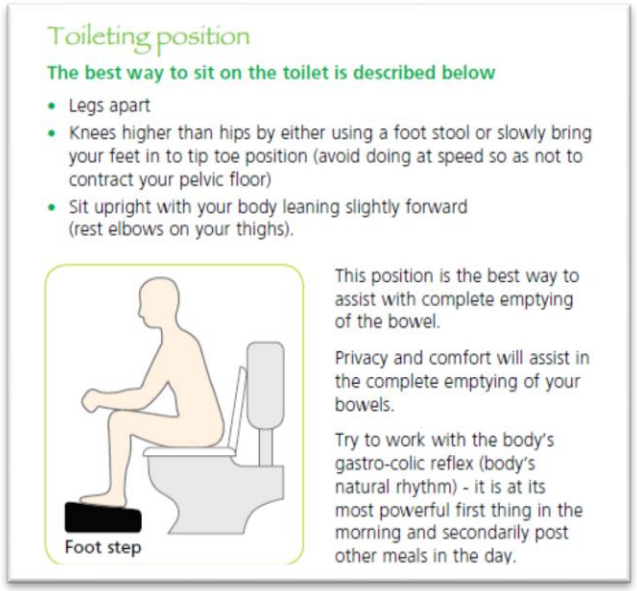
- Best time of day in relationship to food intake and carer visits

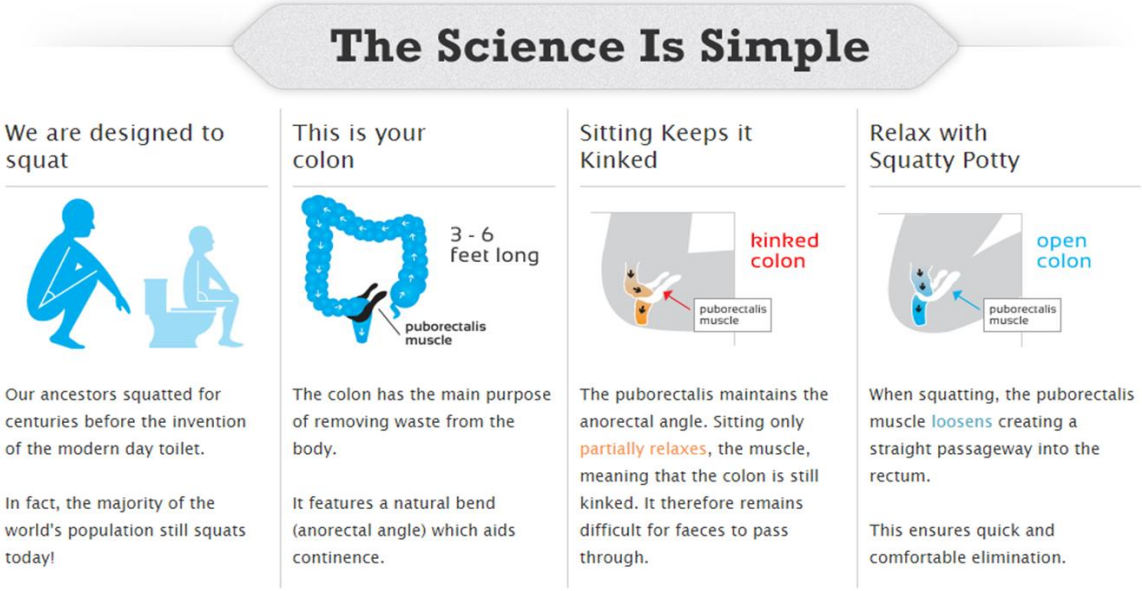
Privacy

Environment

- Lighting
- Space

Is OT assessment needed?





Abdominal massage

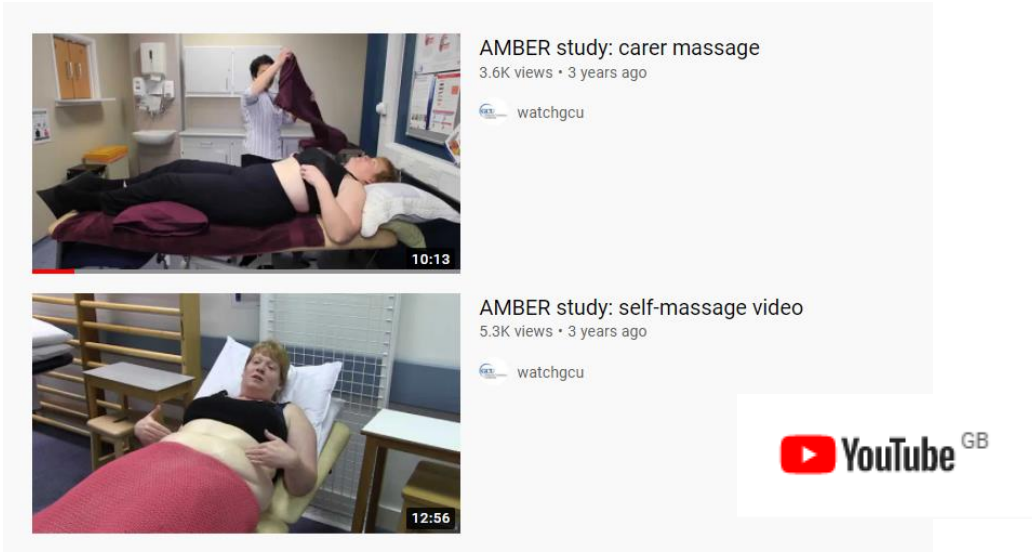
A therapeutic massage, clockwise around the presumed course of the large intestine.

Suitable for:

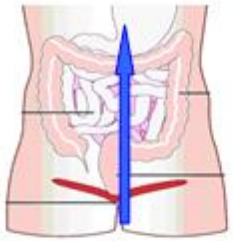
- Secondary constipation
  e.g. slow gastrointestinal transit, immobility
- No red flag pathology
- Neurological conditions

Objective measures:

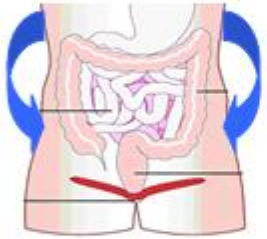
- increased stool frequency
- improved stool consistency
- withdrawal from laxative use
- Subjective measurements:
- softer abdomen on palpation
- general well-being



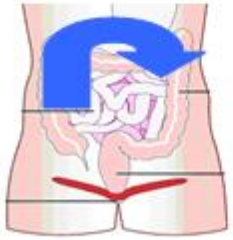
STEP 1 Stroke upwards to relax



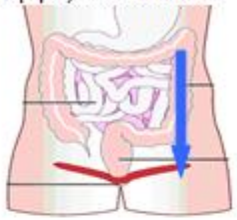
STEP 2 Stroke from lumbar, to stimulate vagus nerve (x10)



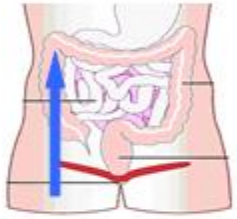
STEP 3 Effleurage (toothpaste stoke) for 2 minutes



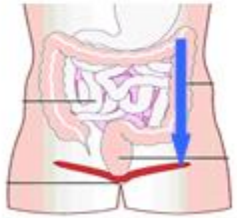
STEP 4 Palmar Kneading, Descending colon (down pipe) for 2 minutes



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

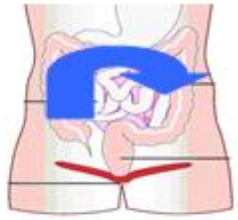


STEP 6 Repeat steps 4 (down pipe) for 2 minutes

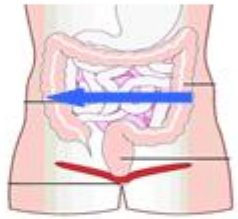


Abdominal Massage
Quick reference guide

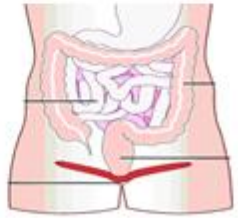
STEP 7 Repeat step 3 for further 2 minutes.



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

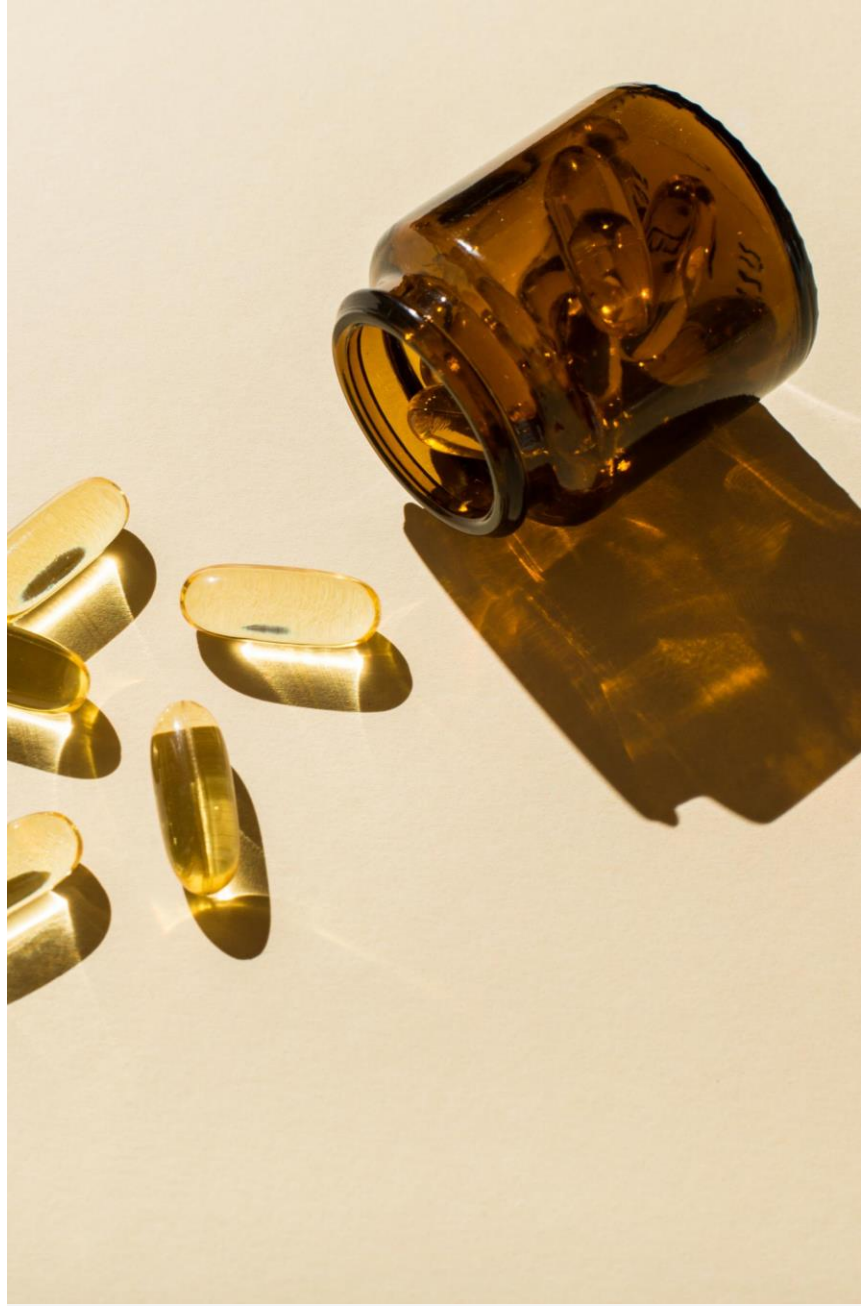
- Transit times (Opioids slow, Metformin speeds up)
- Stool consistency (ferrous sulphate, Loperamide)
- Nerve messages (anticholinergics)
- Smooth muscle (Ventolin)
- Poly pharmacy

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 Simulant leads to tolerance and reduced effectiveness Dantron 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

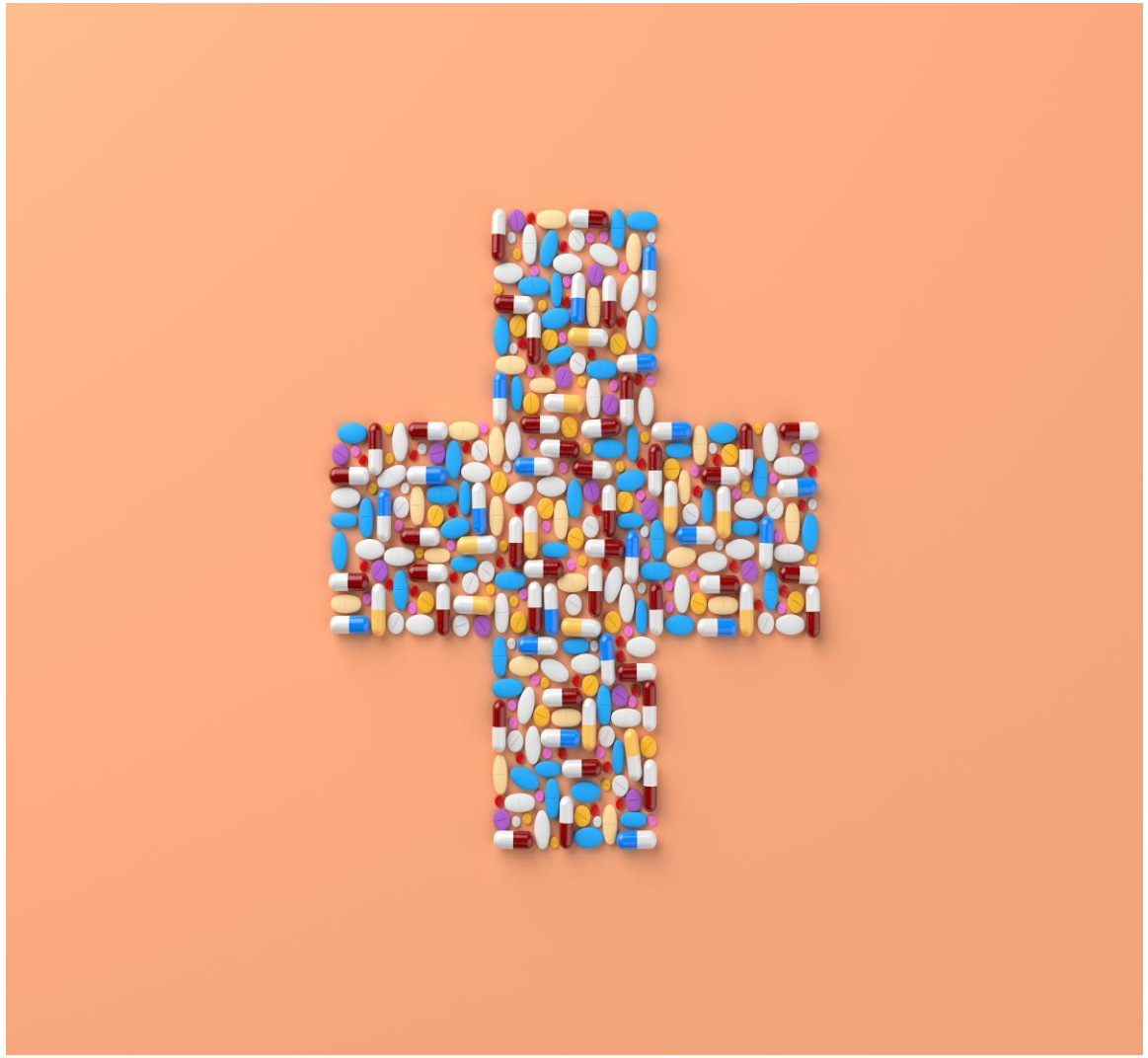
  A selective serotonin 5HT4-receptor agonist with prokinetic properties

- 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

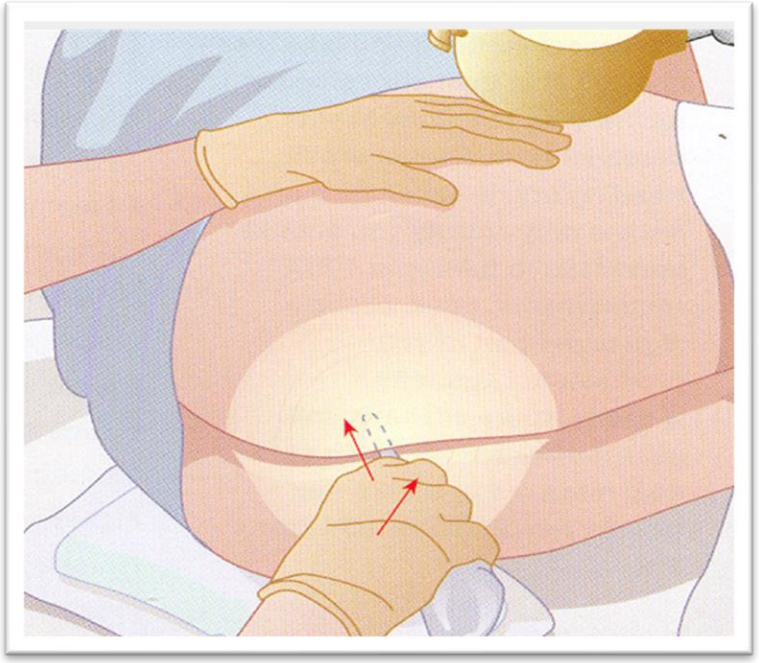
Phosphate enemas

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

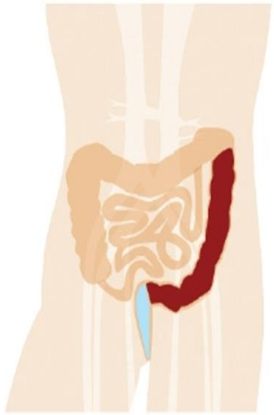


Figure 1:
Conservative bowel management

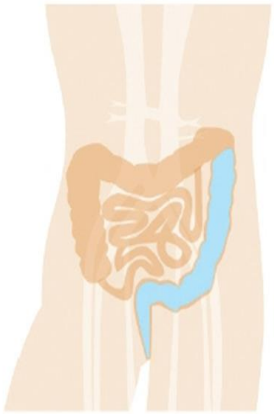


Figure 2:
Trans-anal irrigation

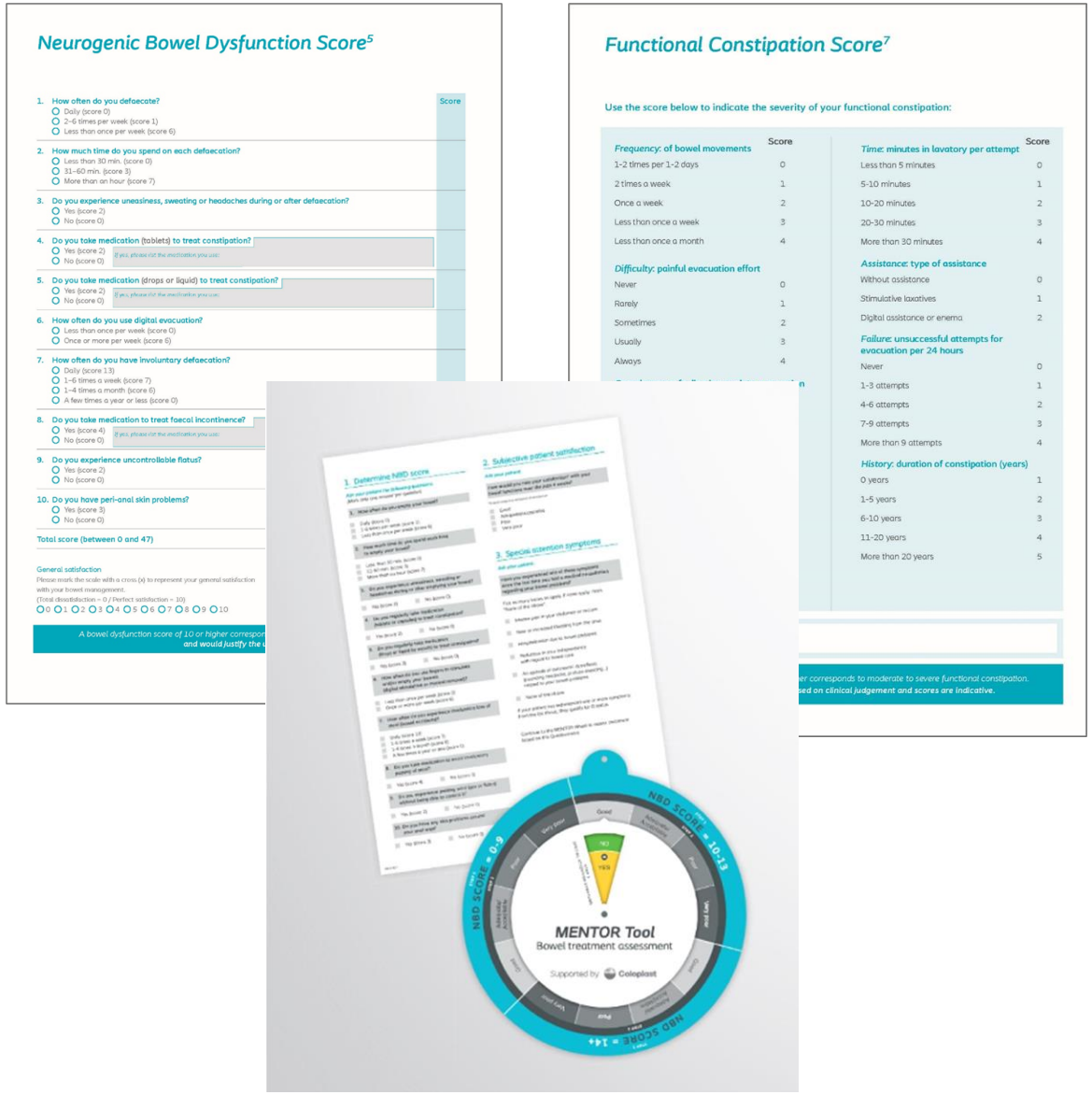
Control
Effective and predictable prevention of faecal incontinence and constipation

Independence
Flexible placement of the pressurised water bag

Dignity
Self-supported inflatable rectal catheter

Supporting evidence

Using tools available



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

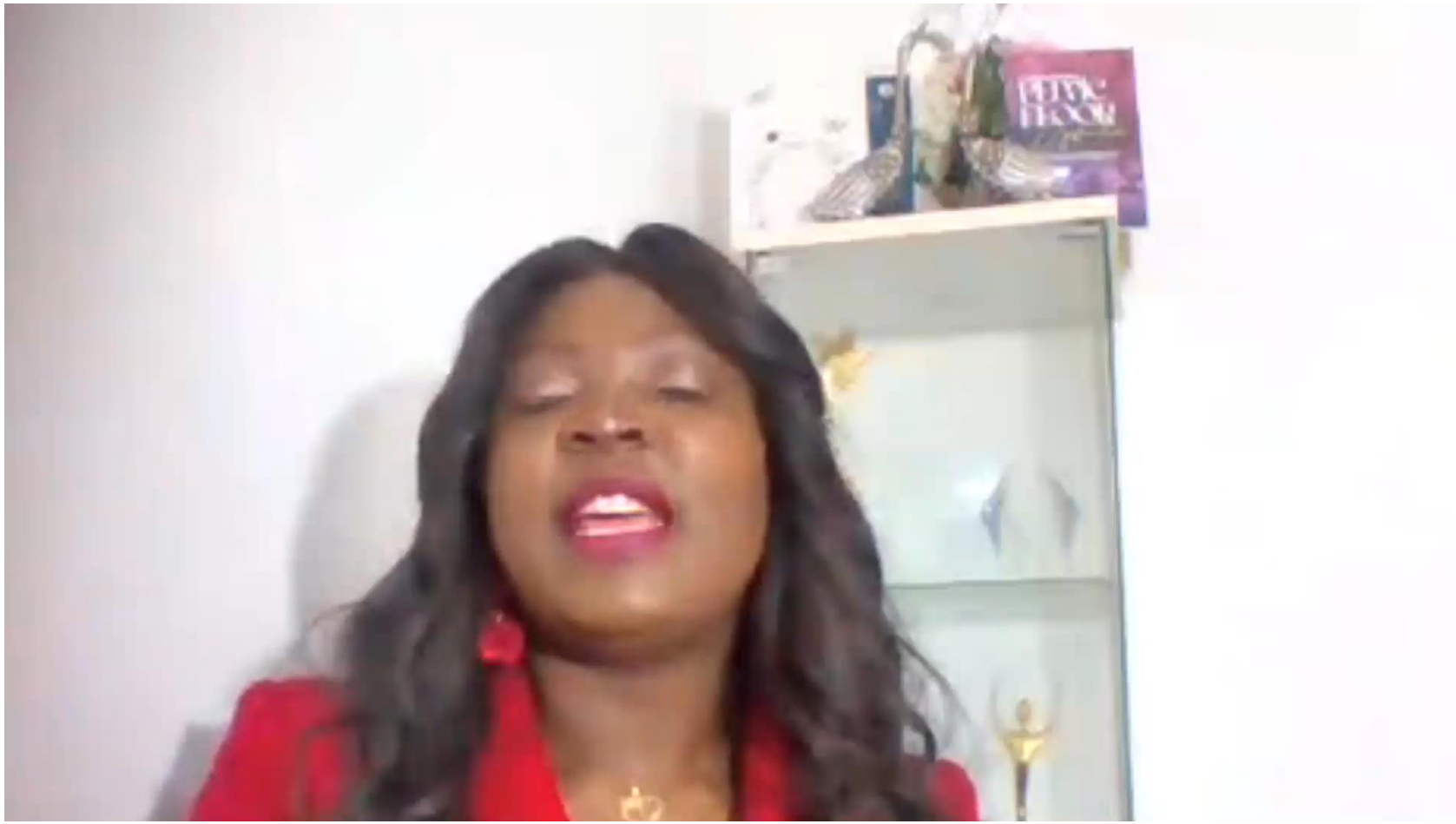
Improve quality of life

Reduce risk of harm

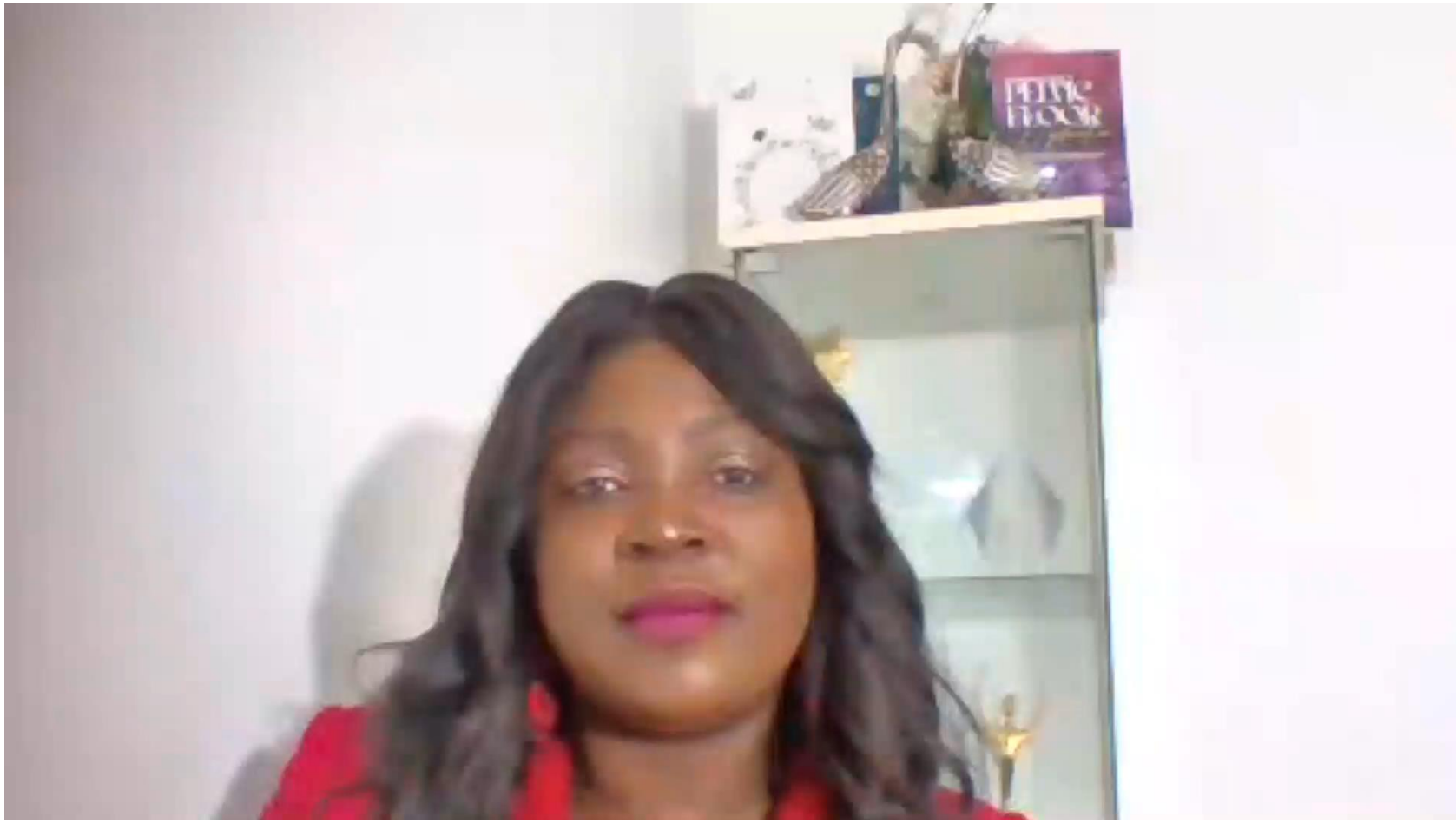
05

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 siting

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

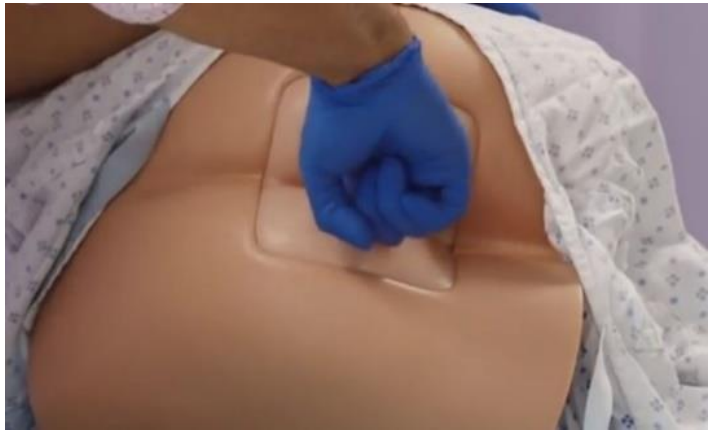

Lunch

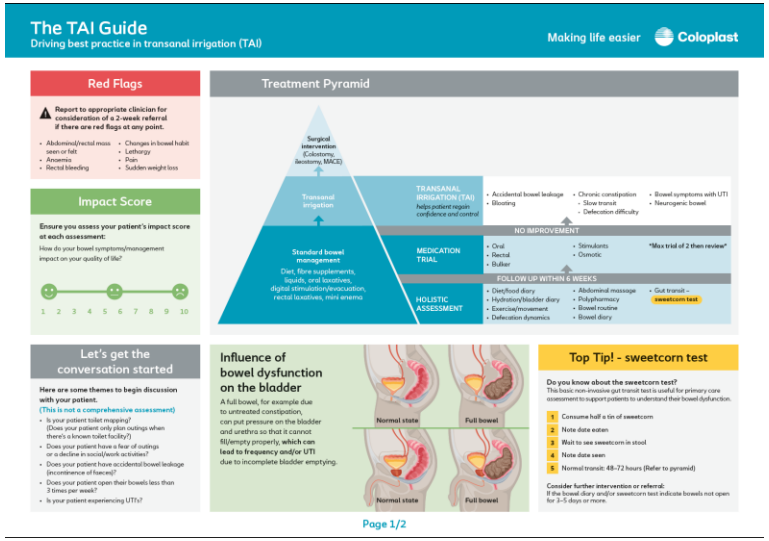
06

Knowledge Bazaar

Knowledge Bazaar

- 3 Stations
- 3 groups
- 20mins per Station





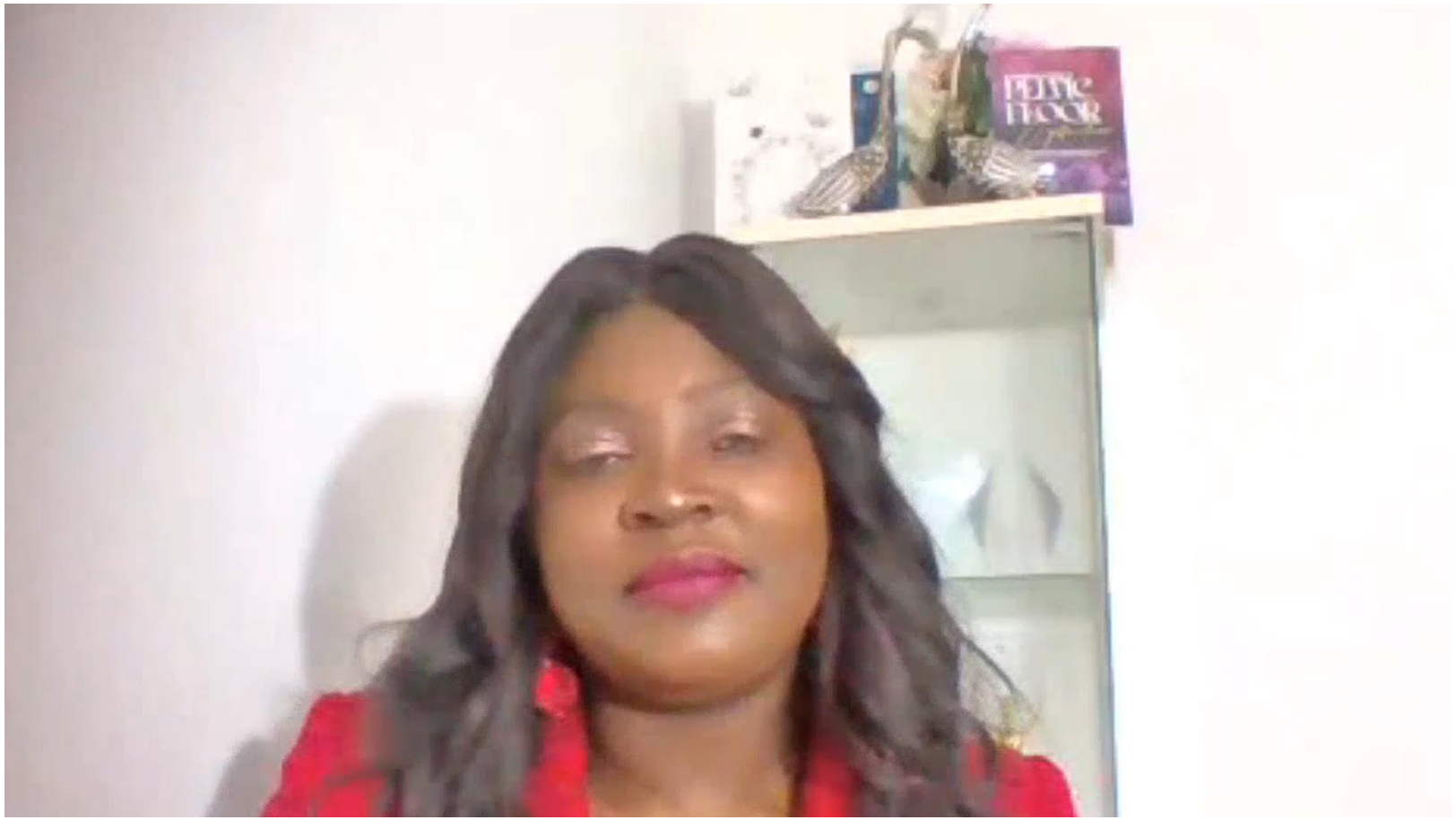
Coffee

07

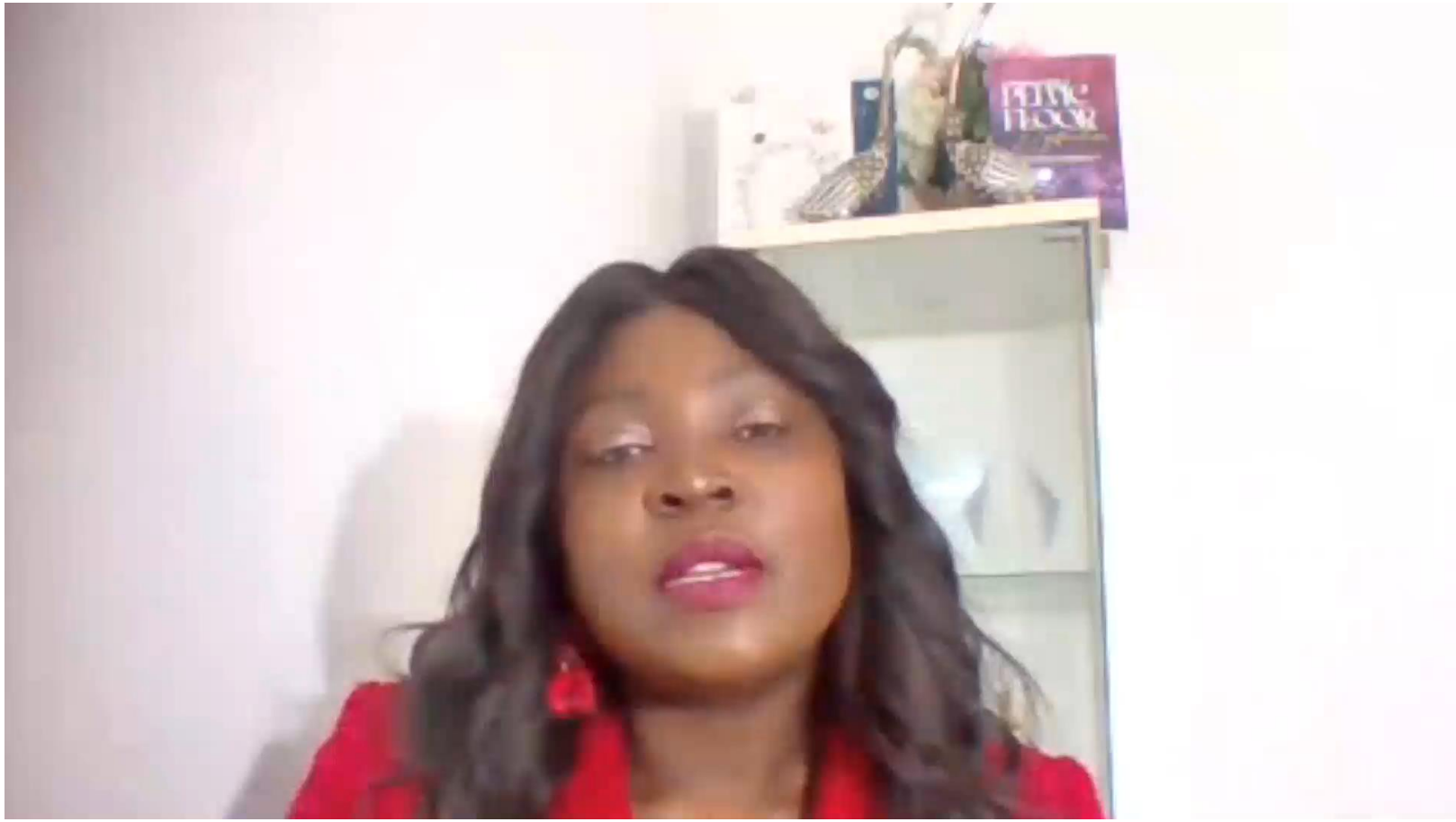
Case Studies

Lets review the treatment options

Case Study 1 Debbie



Case Study 2- James



Case Study 3

08

NICE

Clinical evidence & NICE

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

An introduction to the NICE device specific guidance

Peristeen Plus transanal irrigation system for managing bowel dysfunction

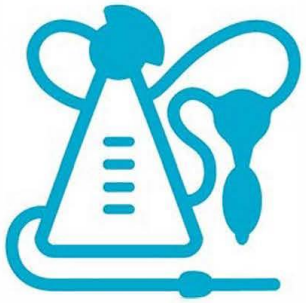
Medical technologies guidance [MTG36] Published: 23 February 2018 Last updated: 06 June 2022

Register as a stakeholder

Guidance

Download guidance (PDF)

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



25+ publications	Clinical benefits	Patient populations
✔ 3 RCT	✔ Reduction in episodes of FI	✔ Spinal Cord Injured
✔ 5 retrospective studies	✔ Reduction in UTIs	✔ Multiple Sclerosis
✔ 11 prospective studies	✔ Reduction in carer dependence	✔ Spina Bifida
✔ 3 outcomes research	✔ Reduction in time spent on bowel management	✔ Cauda Equina
✔ 2 cost effectiveness studies	✔ Reduction in hospitalisations	✔ Hirschprungs disease
✔ 1 case control study	✔ Reduction in surgical interventions	✔ Anorectal malformations
✔ 2 expert consensus reviews	✔ Improved bowel scores	✔ Lower anterior resection syndrome (LARS)
✔ 1,500+ patients participated	✔ Improved QoL (EQ-5D)	✔ 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 months[2]

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 routines[1]

29% ⬆
Improvement in symptom-related quality of life scores[1]

93% ⬆
Improvement in general satisfaction vs. conservative[1]

UTIs

54% ⬇
Reduction of UTIs in MS patients[2]

Peristeen Plus: recommended by NICE for adults and children with bowel dysfunction[3]

After using Peristeen Plus, new faeces may take up to two days to reach the rectum[4]

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 visits[4]

35% ⬇
Reduction in the need for stoma surgeries[4]

Mental Health

29% ⬆
Improvement in symptom-related quality of life scores[5]

93% ⬆
Improvement in general satisfaction[5]

UTIs

62% ⬇
Reduction in UTIs needing antibiotics after Peristeen Plus[5]

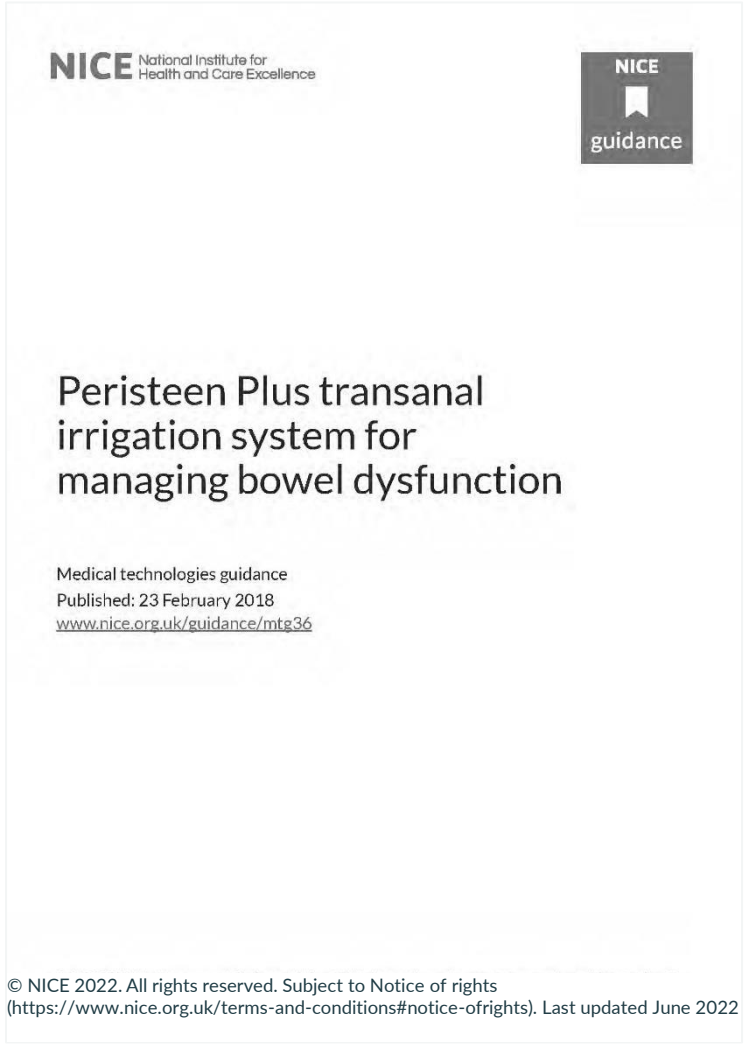
NHS Improvement mandated a 50% reduction of gram negative septicaemia (commonly caused by UTIs) by 2020[6]

Peristeen Plus is the only device in the NICE pathways for Constipation, FI and Children[7]

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 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. 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;130:738–744. 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 Technologies Guidance (MTG)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?


NICE National Institute for Health and Care Excellence

NICE guidance

Peristeen Plus transanal irrigation system for managing bowel dysfunction

Medical technologies guidance
Published: 23 February 2018
www.nice.org.uk/guidance/mtg36

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

Inspected and rated

Outstanding

Care Quality Commission

Coloplast® Charter

We are CQC OUTSTANDING

Inspected and rated Outstanding ☆ CareQuality Commission

- *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

Inspected and rated Outstanding ☆ CareQuality Commission

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:

Inspected and rated Outstanding ☆ CareQuality Commission

- 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

Delivery data correct as of 9th July 2020

Let’s revisit your mentimter 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;

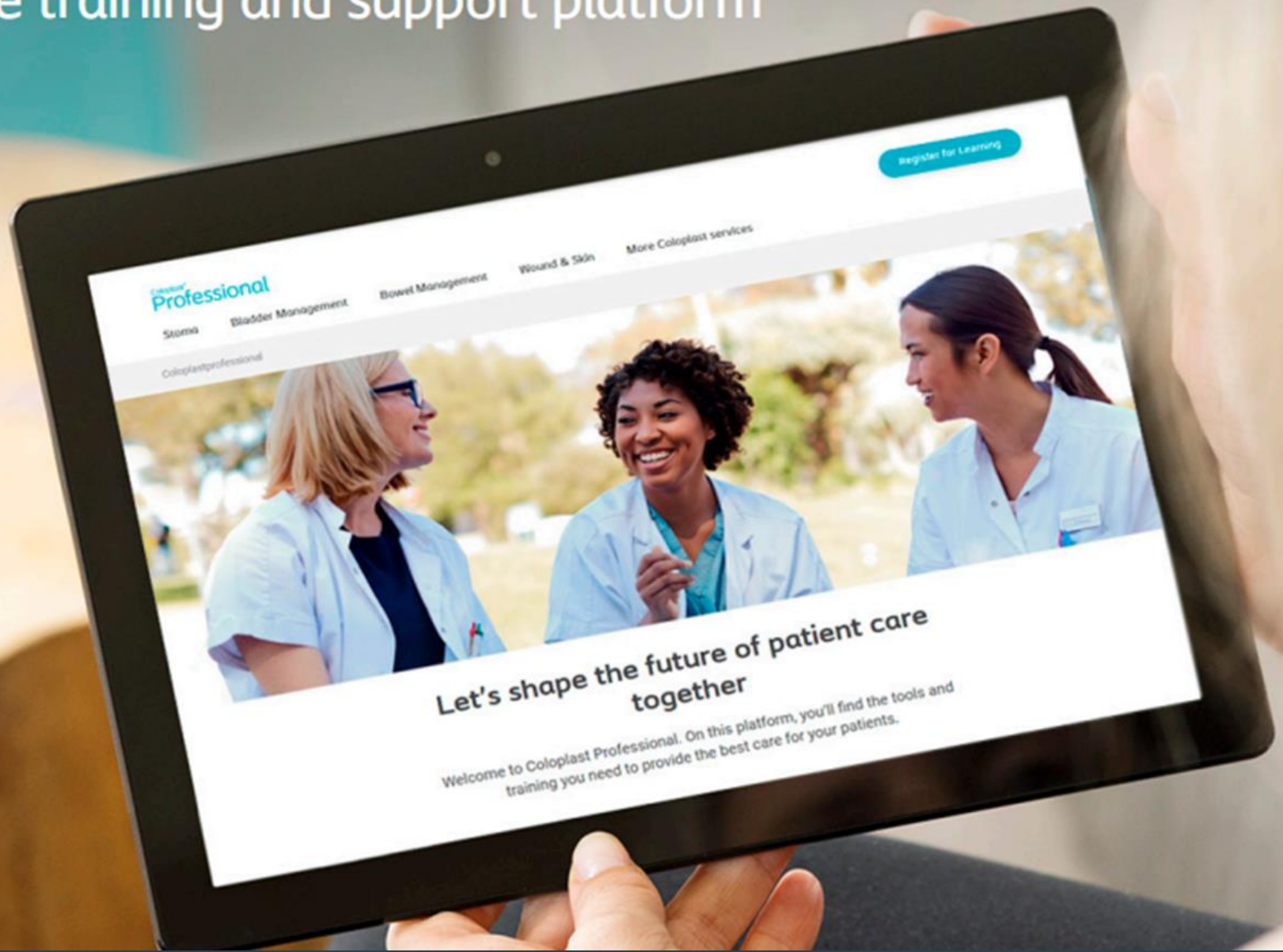
coloplastprofessional.co.uk

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

Coloplast

Association for Continence Professionals

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

Coloplast