Adult Trans-Anal Irrigation (TAI) Pathway

Patient referred for consideration of TAI (red flags excluded)

Indications for use: (note Appendix 1 may apply locally)
Following bowel assessment patient may be diagnosed with:
Chronic constipation (may be idiopathic, IBS-C, opioid induced, neurological or result from obstructive defaecation syndrome), which has had an:

- Inadequate response to at least 2 types of laxatives used at maximum tolerated dose
- Inadequate response to biofeedback therapy and /or lifestyle changes
- Inadequate response to specialist initiated drugs if indicated and available locally e.g. Prucalopride, Lubiprostone, Linaclotide, Naloxegol
- Symptoms present > 6 months

Chronic faecal incontinence (may be idiopathic, IBS-D, neurological or result from obstructive defaecation syndrome), which has had an:

- Inadequate response to biofeedback therapy and /or lifestyle changes
- Inadequate response to constipating medication
- Symptoms present >6 months

Absolute Contra-Indications	Cautions
Anal or colo-rectal stenosis	Severe diverticulosis (diffuse disease or dense sigmoid disease)
Active Inflammatory Bowel Disease (IBD)	Previous diverticulitis or diverticular abscess
Acute diverticulitis	Long term steroid therapy
Ischaemic colitis	Use of rectal medication
Colorectal cancer	Radiotherapy to the abdominal or pelvic region
Within 3 months of rectal / colo-rectal surgery	Previous anal, colo-rectal or pelvic surgery
Within 4 weeks of polypectomy	Faecal impaction
During chemotherapy	Painful anal conditions including fissure, fistula, haemorrhoids, solitary rectal ulcer syndrome
Within 12 months post radical prostatectomy	Prone to rectal bleeding or on anticoagulant therapy (not including aspirin or clopidogrel)
Pregnancy (even if an established user)	Severe autonomic dysreflexia
	During conception
	Cognitive impairment
	Unstable metabolic conditions (frail, renal or liver disease, consider use of saline, monitoring electrolytes)

↓

DISCUSS TAI - benefits, risks, procedure
Complete assessment form (**Appendix 2**)
Give supporting literature
Obtain consent from GP if appropriate

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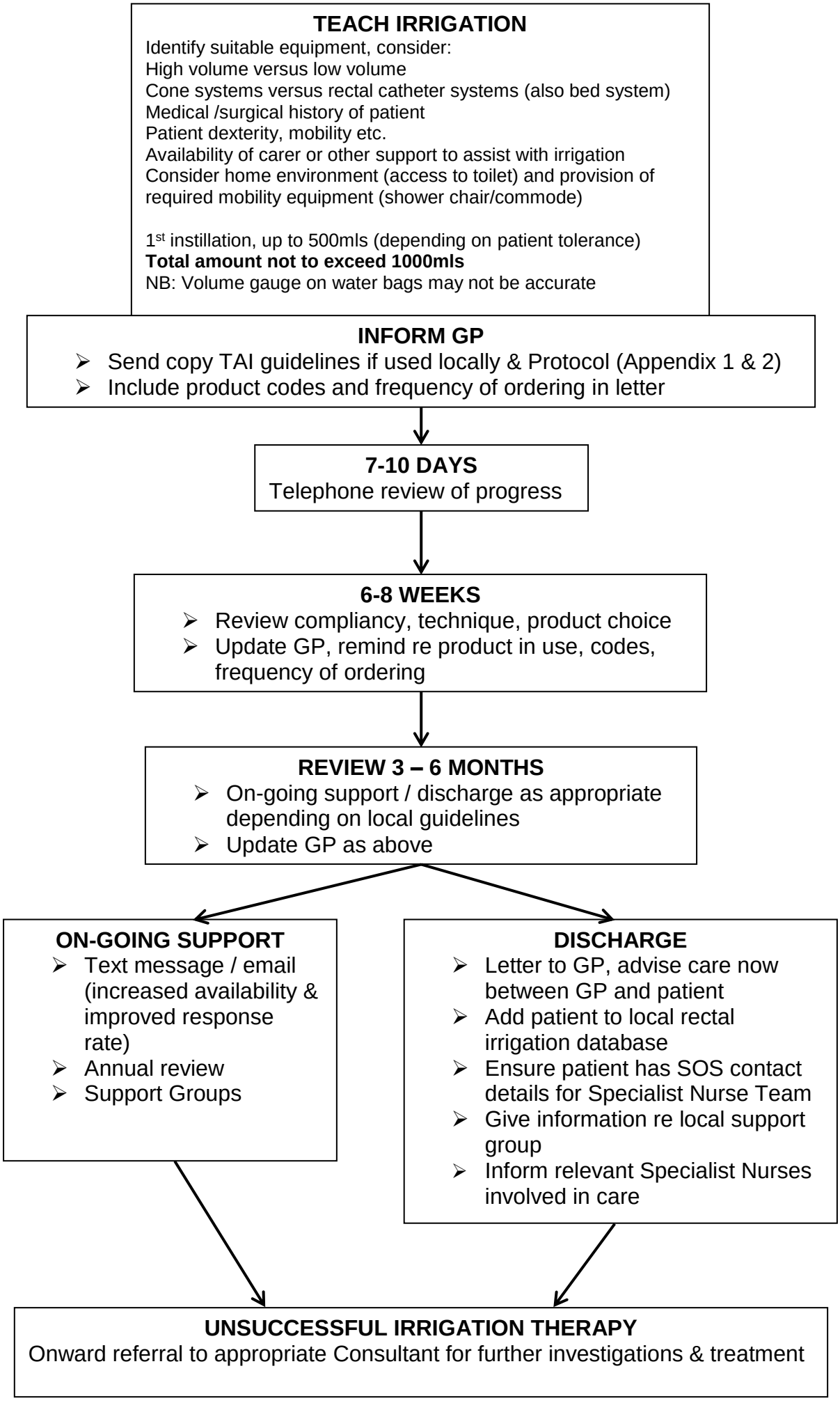
TEACH IRRIGATION
Identify suitable equipment, consider:
High volume versus low volume
Cone systems versus rectal catheter systems (also bed system)
Medical /surgical history of patient
Patient dexterity, mobility etc.
Availability of carer or other support to assist with irrigation
Consider home environment (access to toilet) and provision of required mobility equipment (shower chair/commode)
1st instillation, up to 500mls (depending on patient tolerance)
Total amount not to exceed 1000mls
NB: Volume gauge on water bags may not be accurate
INFORM GP
Send copy TAI guidelines if used locally & Protocol (Appendix 1 & 2)
Include product codes and frequency of ordering in letter
7-10 DAYS
Telephone review of progress
6-8 WEEKS
Review compliancy, technique, product choice
Update GP, remind re product in use, codes, frequency of ordering
REVIEW 3 – 6 MONTHS
On-going support / discharge as appropriate depending on local guidelines
Update GP as above
ON-GOING SUPPORT
Text message / email (increased availability & improved response rate)
Annual review
Support Groups
DISCHARGE
Letter to GP, advise care now between GP and patient
Add patient to local rectal irrigation database
Ensure patient has SOS contact details for Specialist Nurse Team
Give information re local support group
Inform relevant Specialist Nurses involved in care
UNSUCCESSFUL IRRIGATION THERAPY
Onward referral to appropriate Consultant for further investigations & treatment

References:

Emmanuel A.V, Krogh K, Bazzocchi G et al. (2013) *"Consensus review of best practice of transanal irrigation in adults*," Spinal Cord, vol. 51, no. 10, pp. 732–738

Emmett C.D, Close H.J, Yiannakou Y, Mason J.M (2015): "*Trans-anal irrigation therapy to treat adult chronic functional constipation: systematic review and meta-analysis"* BMC Gastroenterology 15:139 DOI 10.1186/s12876-015-0354-7

Etherson K.J, Minty I, Bain I. M, Cundall J,Yiannakou Y (2017) *"Transanal Irrigation for Refractory Chronic Idiopathic Constipation: Patients Perceive a Safe and Effective Therapy"* Gastroenterology Research and Practice, Volume 2017, Article ID 3826087, 6 pages Hindawi Publishing Corporation https://doi.org/10.1155/2017/3826087

Appendix 1

Guidelines for the use of Trans Anal Irrigation (TAI) as a Treatment for Chronic Constipation Refractory to Standard Treatments in Adults

What is Trans Anal Irrigation (TAI)?

TAI is a treatment for constipation which allows washout of the lower bowel. Instillation of water produces rectal distension and is thought to stimulate peristalsis. It is self-administered by the patient at home, after adequate training in the use of equipment designed for this purpose. This is minimally invasive, safe and effective for the management of chronic constipation which is refractory to standard treatments. The purpose of this document is to provide criteria for the use of TAI.

Efficacy & Safety

A review by Emmett et al (2015) concluded the success rate of TAI is around 50%. This can be considered adequate given the chronic, refractory nature of symptoms and the simple, reversible nature of this treatment (Christensen et al, 2010). Etherson et al (2016) found around 60% of patients with chronic constipation refractory to all other non-surgical treatments used TAI for an extended period of time (1-2 years or more) and felt their symptoms were significantly improved.

TAI has been extensively reported as simple to perform and safe (Christensen et al, 2009), with the estimated risk of the most serious complication (TAI induced colonic perforation) being less than 0.0002% per irrigation (Emmanuel et al 2013). A systematic review and meta-analysis by Emmett et al (2015) found that minor side-effects (abdominal cramps, ano-rectal pain, anal canal bleeding, leakage of irrigation fluid and expulsion of rectal catheter) were experienced by some patients.

Eligibility for use

Patient fulfils all of the following:

- Diagnosis (following bowel assessment) of chronic constipation which may be idiopathic, IBS-C, opioid induced, neurological or result from obstructive defaecation syndrome
- Inadequate response to at least 2 types of laxatives used at maximum tolerated dose
- Inadequate response to biofeedback therapy and /or lifestyle changes
- Inadequate response to specialist initiated drugs if indicated and available locally e.g. Prucalopride, Lubiprostone, Linaclotide, Naloxegol
- Symptoms present > 6 months

Patient fulfils one of the following:

- Admission to hospital or presentation to urgent care / A&E with chronic constipation
- Loss of earnings due to symptoms
- PAC-QOL >50

NB Patients with severe (bed-bound) neuro-constipation need not fulfil severity criteria, biofeedback & lifestyle measures. Those at risk of faecal incontinence need not have full trials of laxatives and prokinetics.

TAI can only be initiated by the Durham Constipation Clinic. Community patients who are identified as potentially benefitting from TAI, will be discussed at the monthly DCC MDT by their Continence Specialist Nurse before TAI is initiated. There is a range of products available which may benefit different clinical presentations. Where patients can manage any product, the most cost effective option should be considered at the 3 month review appointment as per NTAG guidelines.

NB Irypump (BBraun) is the most cost-effective equipment for long term treatment but has the highest start-up cost.

How to prescribe

Following initiation of TAI, the specialist nurse will advise the patient's GP, in writing, of what to prescribe (including name and codes) and frequency of ordering. On discharge from the Specialist Service, all patients are given contact details in case of queries or difficulties. On-going prescriptions are the responsibility of the GP.

When to stop TAI

For those patients with refractory bowel dysfunction whose symptoms improve with TAI, it should be considered as a long term management solution. The therapeutic effect may reduce over time and treatment should be discontinued if it becomes ineffective (following adjustments from the specialist team). If any of the following occur, TAI should be discontinued and the Specialist Nurse consulted for further advice: ***Pregnancy, colorectal cancer, change in bowel habit until cancer is excluded, during chemotherapy, during episodes of active IBD, anal /colo-rectal stenosis, active diverticulitis, ischaemic colitis, for 3 months post rectal /colo-rectal surgery, for 12 months post radical prostatectomy, for 4 weeks post polypectomy.***

References:

Christensen P, Krogh K, Buntzen S, Payandeh F, Laurberg S, (2009) *"Long-term outcome and safety of transanal irrigation for constipation and faecal incontinence*," Diseases of the Colon and Rectum, vol. 52, no. 2, pp. 286–292

Christensen P, Krogh K. (2010) *Transanal irrigation for disordered defecation: a systematic review*. Scandinavian Journal of Gastroenterology. 45(5): pp517–27

Emmanuel A.V, Krogh K, Bazzocchi G et al. (2013) *"Consensus review of best practice of transanal irrigation in adults*," Spinal Cord, vol. 51, no. 10, pp. 732–738

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Etherson K.J, Minty I, Bain I. M, Cundall J,Yiannakou Y (2017) *"Transanal Irrigation for Refractory Chronic Idiopathic Constipation: Patients Perceive a Safe and Effective Therapy"* Gastroenterology Research and Practice, Volume 2017, Article ID 3826087, 6 pages Hindawi Publishing Corporation https://doi.org/10.1155/2017/3826087

PRODUCT INFORMATION

PRODUCT	PACK CONTENTS	CODE	FREQUENCY (based on 15 irrigations per month)
Aquaflush Quick	2L water bag, pump, tube, cones	AFQS (5 cones) AFQM (15 cones)	Once only (starter set) 1 per month
Aquaflush Lite	1.2L water bag, pump, tube, cones	AFLS (5 cones) AFLM (15 cones)	Once only (starter set) 1 per month
Aquaflush Compact	1 hand pump, cones	AFCS (5 cones) AFCM (15 cones)	Once only (starter set) 1 per month
Irypump S set	Electric pump, charger, water container, tubing, reusable cone	29120E	1 per 3 years
Irycone +	Tubing, reusable cone	29220E	1 per 3 months
Irypump water container	Water container	29240	1 per 6 months
Navina Smart System	Smart control unit (touch sensitive), water container, tubes, 2 rectal catheters	69009	400 uses or 2 years
Navina Classic System	Classic control unit (hand pump), water container, tubing, 2 rectal catheters	69005	1 per 6 months
Navina Consumable Set	Water bag, 15 rectal catheters		1 per month
Peristeen Accessory Unit	15 rectal catheters, water bag	29122	1 per month
Peristeen Accessory Unit (small)	15 rectal catheters (small), water bag	29127	1 per month
Peristeen Full System	Control unit, water bag, tubing, 2 rectal catheters	29121	1 per 6 months
Qufora Irrisedo Cone System	15 cones, 1 water bag with pump	QTM	1 per month
Qufora Irrisedo Mini System	15 cones 1 hand pump	53601- 015	1 per month
Qufora Irrisedo Balloon System Base Set (regular)	Control unit, water bag, 2 rectal catheters	58101- 002	1 per 6 months
Qufora Balloon System Accessory set (regular)	Water bag, 15 rectal catheters (regular)	58201- 015	1 per month
Qufora Balloon System Accessory set (small)	Water bag, 15 rectal catheters (small)	58202 - 015	1 per month

Appendix 2

Agreement for Initiation of Trans Anal Irrigation

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

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

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

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

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

Patient fulfils criteria for initiation of Trans Anal Irrigation (TAI): YES / NO

TAI to be taught by:

Signed: Date:

Appendix 3

IRRIGATION ASSESSMENT FORM

PATIENT STICKER	Allergies: Date:
Reason for irrigation:	Constipation / Faecal incontinence
Informed consent to irrigation:	YES / NO

Absolute Contra-Indications ✓ **those that apply**
Pregnancy (even if an established user)
Change in bowel habit (until cancer is excluded)
Colorectal cancer
During chemotherapy
Active Inflammatory Bowel Disease (IBD)
Ischaemic colitis
Acute diverticulitis
Anal or colo-rectal stenosis
Within 3 months of rectal / colo-rectal surgery
Within 4 weeks of polypectomy
Within 12 months post radical prostatectomy

If present do not proceed to rectal irrigation

Cautions ✓ **those that apply**
Severe diverticulosis (diffuse disease or dense sigmoid disease)
Previous diverticulitis or diverticular abscess
Long term steroid therapy
Use of rectal medication
Radiotherapy to the abdominal or pelvic region
Previous anal, colo-rectal or pelvic surgery
Faecal impaction
Painful anal conditions including fissure, fistula, haemorrhoids, solitary rectal ulcer syndrome
Prone to rectal bleeding or on anticoagulant therapy (not including aspirin or clopidogrel)
Severe autonomic dysreflexia
During conception
Cognitive impairment
Unstable metabolic conditions (frail, renal or liver disease, consider use of saline, monitoring electrolytes)

Results of DRE:	
Equipment chosen:	
Patient Education: (how & why it works, how to use, side-effects, symptoms of perforation)	Benefits discussed YES / NO Risks discussed YES / NO Verbal instruction given YES / NO
Irrigation used in clinic **Results:**	YES / Declined / Not appropriate _____ pumps of balloon _____ mls instilled Complete / incomplete evacuation
Frequency of use at home:	_____ pumps of balloon _____ mls (max)
Chosen delivery method:	Home delivery / direct prescription from GP

Signed: Specialist Nurse

Consent for Trans Anal Irrigation

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

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

i. Severe or sustained abdominal pain or back pain, especially if combined with fever
ii. Severe or sustained rectal bleeding

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

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

Patient Signature:

Specialist Nurse Signature:

Date:

Copy to Patient Record

Consent for Trans Anal Irrigation

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

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

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

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

Patient Signature:

Specialist Nurse Signature:

Date:

Patient Copy