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

<table>
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<th>Cautions</th>
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<td>Ischaemic colitis</td>
<td>Use of diverticulitis or diverticular abscess</td>
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</tr>
<tr>
<td></td>
<td>During conception</td>
</tr>
<tr>
<td></td>
<td>Cognitive impairment</td>
</tr>
<tr>
<td></td>
<td>Unstable metabolic conditions (frail, renal or liver disease, consider use of saline, monitoring electrolytes)</td>
</tr>
</tbody>
</table>

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

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**7-10 DAYS**
Telephone review of progress

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**6-8 WEEKS**
- Review compliancy, technique, product choice
- Update GP, remind re product in use, codes, frequency of ordering

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**REVIEW 3 – 6 MONTHS**
- On-going support / discharge as appropriate depending on local guidelines
- Update GP as above

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**ON-GOING SUPPORT**
- Text message / email (increased availability & improved response rate)
- Annual review
- Support Groups

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**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

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**UNSUCCEESFUL IRRIGATION THERAPY**
Onward referral to appropriate Consultant for further investigations & treatment
References:
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 80% 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:


**PRODUCT INFORMATION**

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

<table>
<thead>
<tr>
<th>Diagnosis of:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic constipation</td>
<td></td>
</tr>
<tr>
<td>IBS-C</td>
<td></td>
</tr>
<tr>
<td>Opioid induced constipation</td>
<td></td>
</tr>
<tr>
<td>Obstructive defaecation syndrome</td>
<td></td>
</tr>
<tr>
<td>Neurological bowel dysfunction</td>
<td></td>
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</tbody>
</table>

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:

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<tr>
<th>Admission to hospital or presentation to urgent care / A&amp;E with chronic constipation</th>
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<tbody>
<tr>
<td>Loss of earnings due to symptoms</td>
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</tr>
<tr>
<td>PAC-QOL &gt;50</td>
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</tr>
<tr>
<td>Patient has severe (is bed-bound or relies on carer) neuro-constipation</td>
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Patient fulfils criteria for initiation of Trans Anal Irrigation (TAI): **YES / NO**

TAI to be taught by:

Signed:   
Date:   

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Northern Professional Irrigation Group June 2018
# IRRIGATION ASSESSMENT FORM

<table>
<thead>
<tr>
<th>PATIENT STICKER</th>
<th>Allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
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</table>

**Reason for irrigation:** Constipation / Faecal incontinence

**Informed consent to irrigation:** YES / NO

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**If present do not proceed to rectal irrigation**

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<th>Results of DRE:</th>
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**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
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Specialist Nurse Signature:

Date:

Patient Copy