Ostomy Management: Colostomy Irrigation Procedure

(NOTE: 'Patient' refers to patient, resident, or client in this document)

Site Applicability

All VCH and PHC sites

Practice Level

Profession	Basic Skill	Advanced Skill
Registered Nurse (RN)		Successful completion of bedside education provided by NSWOC Team
Nurse Specialised in Wound, Ostomy, Continence (NSWOC), Nurse Practitioner (NP)	Basic skills for these professions within their respective scope of practice	

Requirements

- All Nursing designations must follow site-specific practice for colostomy irrigation.
- A physician's order is required to irrigate a new colostomy.
- In acute or rehabilitation sites, a provider's order (physician or NP) is not required to irrigate an established stoma if the patient is independently irrigating the stoma and has no contraindications.

Need to Know

Colostomy irrigation may be performed:

- To manage constipation
- To stimulate the colon
- To resume bowel function post non bowel surgery
- To evacuate bowels in place of using a traditional pouching system

Colostomy irrigation is done on descending and sigmoid stomas for bowel regulation:

- Irrigation can begin three months post-operatively for a new end stoma within the descending or sigmoid colon.
- Irrigation can begin three months post completion of radiation or chemotherapy.

Loop stoma irrigation:

- To regulate bowel function - proximal loop is identified by digital exam.
- To evacuate retained stool in the distal colon the distal loop can be irrigated.

Patients who perform irrigation are taught by a NSWOC:

- Learning and teaching irrigation requires commitment as the procedure can take up to 1.5 hours and needs to occur at the same time each day to train the bowels.
- Use warm tap water in the amount of 500 to 1000 mL (unless an alternate solution is ordered).
- Volumes exceeding 1000 mL require a NSWOC consult (some patients may require a higher volume of up to 1.5 liters).
- All irrigation supplies are single patient use products.
- An irrigation sleeve is usually a single-use product that is disposed of after each use. If reusing the sleeve, ensure proper cleaning between uses with mild soap and tap water.
- Irrigation bag, tubing, cone, press plate and belt are reused for a single patient. The cone must be cleaned with soap and water and dried after each use. Reusable products are discarded and replaced every three months.

Frequency of irrigation can vary, from daily to every second or third day if being performed for bowel regulation. Frequency may also vary if performed to stimulate bowels.

Indications:

- Fecal impaction
- Bowel regulation for patients with descending or sigmoid colostomy
- Unresolved constipation (hard stool felt on stomal digitalization) despite increasing fluids and fiber or administering laxatives
- Bowel preparation for patients requiring colonic investigations

Contraindications:

- Active bowel disease (e.gl, Crohn's, cancer, diverticulitis)
- Current radiation or chemotherapy treatment
- Stomal stricture
- Stomal stenosis
- Stomal prolapse
- Newly developed parastomal hernia, which requires consultation with a provider or NSWOC
- Persistent diarrhea

Precautions:

- Caution required for patients with cardiac disease (may slow the heart rate excessively due to the stimulation of the vagus nerve) and renal disease (fluid overload) or dehydration (fluid will be absorbed by the large bowel)
- Patients with a pre-existing parastomal hernia who is currently irrigating
- Pregnancy

Equipment and Supplies

- Handwashing supplies

Irrigation equipment:

- Disposable irrigation kit (irrigation bag, tubing, and stoma cone) (see Appendix A)
- Warm tap water for irrigation 1 to 1.5 Litres

- Water-soluble lubricant
- Stoma irrigation sleeve and bottom clamp (see Appendix A)
- Bedpan or commode if patient unable to use toilet
- Patient's current ostomy pouching system
- IV pole (hook/hanger if performing procedure in patient's home)
- Gloves
- Belt, if using one piece non adhesive sleeve

Ostomy pouching equipment:

- Cleaning cloths (e.g., paper towels, J-cloths, face cloths, gauze)
- Disposable procedure pad or towel
- Stoma measuring guide (if needed)
- Ostomy pouches and accessories as per care plan (if using two-piece pouching system, new pouch may not be required)
- Garbage bag

Procedure

Procedure	Rationale
1. Verify orders.	
2. Collect necessary supplies and explain the procedure to the patient.	Inform patient of procedure to be performed.
3. Perform hand hygiene and don gloves.	Clean technique required, use universal precautions.
4. Close the clamp on the tubing and fill the irrigation bag with lukewarm irrigation fluid.	Too warm causes nausea and dizziness. Too cold causes cramping.
5. For first irrigation have the patient positioned supine in the bed. For future irrigation you may position the patient sitting on a commode or toilet.	Patients with a history of fainting when ill, arrhythmias or heart block are at high risk for vasovagal reaction; for these patients perform the irrigation in the bed.
6. Hang irrigation solution on IV pole (hook/hanger), 45cm to 50cm above stoma, and purge/remove air from tubing.	Allows fluid to flow via gravity.
7. If patient wears a **two-piece pouching system** (current hospital system): • Remove pouch from existing flange and attach proprietary irrigation pouch. 8. If patient wears a **one-piece pouching system**:	For a **two-piece pouching system**, the irrigation pouch must be made by the same company as the flange to provide a leak proof seal and match the mechanical coupling size (i.e., 57mm flange to 57mm irrigation sleeve). For a **one-piece pouching system**, irrigation sleeves may have an adhesive backing that will stick or a belt to increase adhesion to the peristomal skin.

Procedure	Rationale
• Remove existing pouching system and attach adhesive or belted irrigating sleeve with the stoma centered in opening. 9. Place the end of sleeve in toilet/commode or bedpan if not closed at the bottom using the clamp.	If a one-piece sleeve is not available a two-piece pouching system can be used.
10. Lubricate stoma cone tip, with water- or water-soluble lubricant.	Allows for ease of insertion of the stoma cone, reducing the risk of trauma to the bowel mucosa
11. Insert a lubricated gloved finger (digitalize) into stoma to determine the direction of the colon.	Determines the direction of where to insert the stoma cone and the flow of the irrigation solution. Sharp angulation may obstruct the introduction of the stoma cone stopping the flow of irrigation solution or lead to perforation of the bowel.
12. Gently insert the cone through the top of irrigating sleeve into the stoma until a snug fit is obtained. 	Stop if you feel the stoma retracts or 'clench up'. Allow the stoma to relax and retry. Using force when inserting the stoma cone could injure the bowel mucosa and perforate the bowel.
13. Holding the stoma cone securely and firmly in place open the flow clamp and allow solution to flow slowly into the bowel. **Note:** allow five minutes for each 500 mL of fluid. **See troubleshooting section for concerns and recommendations.**	Instilling too much fluid or instilling it too rapidly can cause painful cramping. Instilling fluid too slowly may result in absorption of fluid by the colon.
14. After solution is instilled, leave hold the stoma cone in place for five minutes or until a peristaltic wave is felt, and then remove the stoma cone.	Leaving the stoma cone in place maintains the pressure and prevents backflow of the instilled fluid allowing time for the stool to move toward the stoma opening. Some patients may have a peristaltic wave before five minutes that will evacuate the stool effectively. If this occurs, remove the stoma cone.

Procedure	Rationale
15. Close the top of the irrigation sleeve.	Reduces the risk of spillage of fecal matter or irrigant.
16. After the initial return (about 10 to 15 minutes), the patient may close the bottom of the irrigating sleeve with the bottom clip if not done previously.	It may take up to an hour for the bowel to completely evacuate. This will contain the returns allowing the patient to move about freely.
17. Encourage the patient to ambulate if possible.	Encourages bowel motility, assisting with stool evacuation.
18. Allow 30 to 45 minutes for the return of fluid and stool.	Stool further up the bowel may take some time to mobilize and be expressed. This allows for complete emptying.
19. Remove irrigation sleeve and dispose of or clean and store as per site policy.	
20. Apply new pouching system (one-piece system or stoma cap) or re-attach pouch to flange (two-piece system) as required.	
21. Clean the irrigation set with water that is less than 60°C. Clean soiled areas of irrigation set with water and allow to dry.	Irrigation set may be re-used until damaged or soiled. Using water warmer than 60°C may damage the thermometer on an irrigation bag that has this feature.

Documentation

Using site-specific system (interdisciplinary notes, nurses' notes, case notes, electronic medical record), document:

- the time
- the procedure performed
- the type and amount of solution used
- the returns
- the patient response

Patient and Family Education

- Teach the patient and/or family in a language that they are able to understand. An interpreter (virtual or in person) may be needed to assist. Confirm the patient and/or family member has understood the information. Consider using the "Teach Back" method.
    - Where applicable, patient and/or family/caregivers may be taught how to irrigate a colostomy. This should be taught to the patient by an NSWOC.
- Patient is aware of indications and contraindications.

- Patient knows where to purchase supplies.
- See: Colostomy Irrigation: A Patient's Guide (under development).

Related Documents

PHC & VCH

BD-00-12-40048: Ostomy Management: Procedure for Changing a One or Two Piece Fecal Ostomy Pouching System with or without a Rod

BD-00-07-40050: Ostomy Assessment and Management of

BD-00-12-4022: Ostomy, Wounds and Fistulas: Crusting Treatment for Moisture Associated Skin Damage

BD-00-14-40101: Wound, Ostomy and Continence Product Information Sheets (PISheets)

Hazardous Drugs

PHC

B-00-14-10024: Hazardous Drugs Control Matrix

B-00-06-10019: Hazardous Drug Precautions Door Sign

VCH

Hazardous Drugs

Hazardous Drugs Control Matrix

BC Hazardous Drugs Exposure Control Program

References

American Cancer Association (2021). Colostomy irrigation (for descending and sigmoid colostomies only). Retrieved on January 31, 2022 from: https://www.cancer.org/treatment/treatments-and-side-effects/treatment-types/surgery/ostomies/colostomy/management.html

Cleveland Clinic (2021). Colostomy Irrigation. Retrieved https://my.clevelandclinic.org/health/treatments/10747-colostomy-irrigation#procedure-details

Cobb, M. D., Grant, M., Tallman, N. J., Wendel, C. S., Colwell, J., McCorkle, R., & Krouse, R. S. (2015). Colostomy irrigation: current knowledge and practice of WOC nurses. Journal of Wound, Ostomy, and Continence Nursing : Official Publication of The Wound, Ostomy and Continence Nurses Society, 42(1), 65–70. https://doi.org/10.1097/WON.0000000000000075

Coggrave, M.J., Ingram, R.M., Gardner, B.P., & Norton, C.s. (2012). The impact of stoma for bowel management after spinal cord injury. Retrieved January 31, 2022 from: https://www.nature.com/articles/sc201266

Coloplast. Colostomy irrigation: Patient education. Retrieved on January 31, 2022 from: https://www.coloplast.ca/Global/Canada/Documents/Coloplast%20Professional/Colostomy%20Irrigation%20Final.pdf

Colostomy UK (2019). An introduction to irrigation. Retrieved from: https://www.colostomyuk.org/wp-content/uploads/2019/12/An-Introduction-to-Irrigation-2019.pdf

Kent, D. J., Arnold Long, M., & Bauer, C. (2015). Revisiting colostomy irrigation: a viable option for persons with permanent descending and sigmoid colostomies. Journal of Wound, Ostomy, and Continence Nursing : Official Publication of The Wound, Ostomy and Continence Nurses Society, 42(2), 162–164. https://doi.org/10.1097/WON.0000000000000122

WOCN (2013). Stoma Complications: Best practice for clinicians. Retrieved on Nov 8, 2021 from: https://cdn.ymaws.com/member.wocn.org/resource/resmgr/document_library/stoma_complications_best_pra.pdf

Woodhouse, F. (2005). Colostomy irrigation: are we offering it enough? British Journal of Nursing. Volume 13, Number 6, S14-S15.

Appendices

Appendix A: Colostomy Irrigation Supplies

Appendix B: Troubleshooting Guidelines

Appendix A: Colostomy Irrigation Supplies

Ordering information can be found in PeopleSoft or please contact your NSWOC team for assistance with accessing the BC WOC Formulary.

		
Disposable Cone Irrigation Kit	**Stoma Irrigation Sleeve for 2 piece appliance**	**Stoma Irrigation Sleeve for one piece appliance**

	
Drainable Pouch Clamp	**Stoma Cone Only**

Appendix B: Troubleshooting Guidelines

Issue	Intervention(s)
Stoma cone meets resistance during insertion.	• Do not apply force to stoma cone. • Reposition or remove and reposition stoma cone. • Glove and digitalize stoma to determine direction of stoma opening. • Stoma may retract or 'clench up'– stop, allow the stoma to relax and retry.
Solution does not flow in.	• Decrease solution flow rate and reposition the angle of the cone. • Change patient position. • Glove and digitalize stoma to determine direction of stoma opening and check for hard stool.
Solution leaking back out of stoma around cone.	• Apply firm gentle pressure to cone. Remove stoma cone and reposition. • Glove and digitalize stoma to determine direction of stoma opening and check for hard stool.
Patient experiences feeling of fullness or cramping.	• Stop solution flow immediately. • Ensure temperature of irrigation solution is lukewarm. • Do not reinitiate irrigation until symptoms have lessened or resolved. • Lower bag to slow down rate of flow or decrease with flow regulator. • Have patient massage abdomen from right to left. • Encourage patient to deep breathe and relax for a few minutes.
Patient experiences feelings of a vasovagal response (bradycardia, dizziness, feeling faint, lowered blood pressure, pale clammy skin).	• Stop irrigation. • Assess the patient. • Contact Physician/NP. • Do not reinitiate irrigation until symptoms have resolved and possible causes have been assessed and eliminated.
Patient shows signs or symptoms of autonomic dysreflexia (sudden severed headache, increased blood pressure, flushing, sweating and blotchiness above the Spinal Cord Injury lesion, chills, stuffy nose).	

Issue	Intervention(s)
Patient experiences hypervolemia (dyspnea, wheezing, crackles, bounding pulse, or hypertension).	
Patient experiences pain and tenderness that is localized or pain that is immediate and severe shortly after administration of irrigation solution – Perforation of colon.	
Hard stool present in bowel (digitized stoma).	• Stop irrigation. • Contact provider to discuss the option of a mineral oil irrigation.

First Released Date:	23-Sep-2016	
Posted Date:	6-MAR-2024	
Last Revised:	6-MAR-2024	
Last Reviewed:	6-MAR-2024	
Review Due by:	6-MAR-2027	
Approved By: *(committee or position)*	PHC	VCH
	PHC Professional Practice Standards Committee	VCH: (Regional DST Endorsement - 2nd Reading) Health Authority & Area Specific Interprofessional Advisory Council Chairs (HA/AIAC) Operations Directors Professional Practice Directors Final Sign Off: Vice President, Professional Practice & Chief Clinical Information Officer, VCH
Owners: *(optional)*	PHC	VCH
		Clinical Nurse Specialist – Wound, Ostomy, Continence