

## North of Tyne, Gateshead and North Cumbria

### Guidelines for Prescribing Trans Anal Irrigation as a Treatment for Chronic Constipation and Faecal Incontinence in Adults

#### Introduction

Constipation and faecal incontinence are both distressing functional bowel disorders which have a significant impact on social functioning and psychological well-being.

The Newcastle upon Tyne Hospitals NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust offer an extensive range of conservative options for constipation and faecal incontinence including dietary advice, medication, physiotherapy, biofeedback, percutaneous tibial nerve stimulation and trans anal irrigation (TAI).

TAI is a recognised, widely used treatment in the UK for bowel dysfunction. TAI can re-establish controlled bowel evacuation, enabling the user to choose the time and place of evacuation (Emmanuel, 2010).

TAI is a way of facilitating the evacuation of faeces from the bowel by introducing water. Instillation of water produces rectal distension and is thought to stimulate peristalsis. Careful assessment is required prior to introducing any system. There are many different systems available for both high and low volume TAI. It is usually self-administered by the patient at home after training by a competent registered health care professional in the use of equipment designed for this purpose following detailed assessment. Carers can be taught to perform TAI as part of that patients care pathway if the patient needs assistance. This is a minimally invasive, safe and effective treatment for the management of chronic constipation and faecal incontinence refractory to standard treatments. The purpose of this document is to provide criteria when prescribing TAI.

#### Guideline Scope

A systematic review and meta-analysis by Emmett et al (2015) found that minor side-effects (abdominal cramps, ano-rectal pain, anal canal bleeding, and leakage of irrigation fluid and expulsion of rectal catheter) were experienced by some patients.

TAI is performed routinely, and frequency can vary. Often TAI can be used on alternate days (Norton and Coggrave, 2016 & NICE, 2022) however some patients achieve better results undertaking daily or three times weekly TAI.

#### Evidence Review

A review of TAI 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 (2017) 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).

### **Prescribing recommendations**

Following initiation of TAI, the specialist nurse in hospital or community will provide product details and codes to GP in writing. Details of recommended individual patient regime will also be included (frequency of use, amount of water recommended). All patients will be given the nurse specialist's contact details in case of any queries or difficulties.) On-going prescriptions are the responsibility of the GP.

#### **Appropriate Assessors:**

##### **The Newcastle upon Tyne Hospitals NHS Foundation Trust**

Specialist Nurse-Colorectal Service NUTH- Contact 0191 2824116

Specialist Nurse-Continence Service NUTH- Contact 0191 2826308

##### **Gateshead Health Care NHS Foundation Trust**

Specialist Nurse – Bladder and Bowel Service GHNT – Contact 0191 4458417

Specialist Nurse – Colorectal Service GHNT – Contact 0191 445 8448

##### **Northumbria Health Care NHS Foundation Trust**

Specialist Nurse Continence – 0191 2828097

##### **NCIC NHS Foundation Trust**

Community Bladder and Bowel Team

Tel: 01946 68643 Mob: 07909772430

[www.cumbriapartnership.nhs.uk](http://www.cumbriapartnership.nhs.uk) | [www.ncuh.nhs.uk](http://www.ncuh.nhs.uk)

## Adult Trans Anal Irrigation (TAI) Pathway (Appendix 1)

**Patient referred for consideration of TAI (red flags excluded) to Colorectal Nurse Specialist or Community Nurse Specialist for Bladder and Bowels in Newcastle Gateshead, Northumbria, North Tyneside, North Cumbria CCG**

### Indications for use:

Following bowel assessment patient may be diagnosed with:

**Chronic constipation** (may be idiopathic, IBS-C, opioid induced, neurological or result from obstructive defecation syndrome), which has had an:

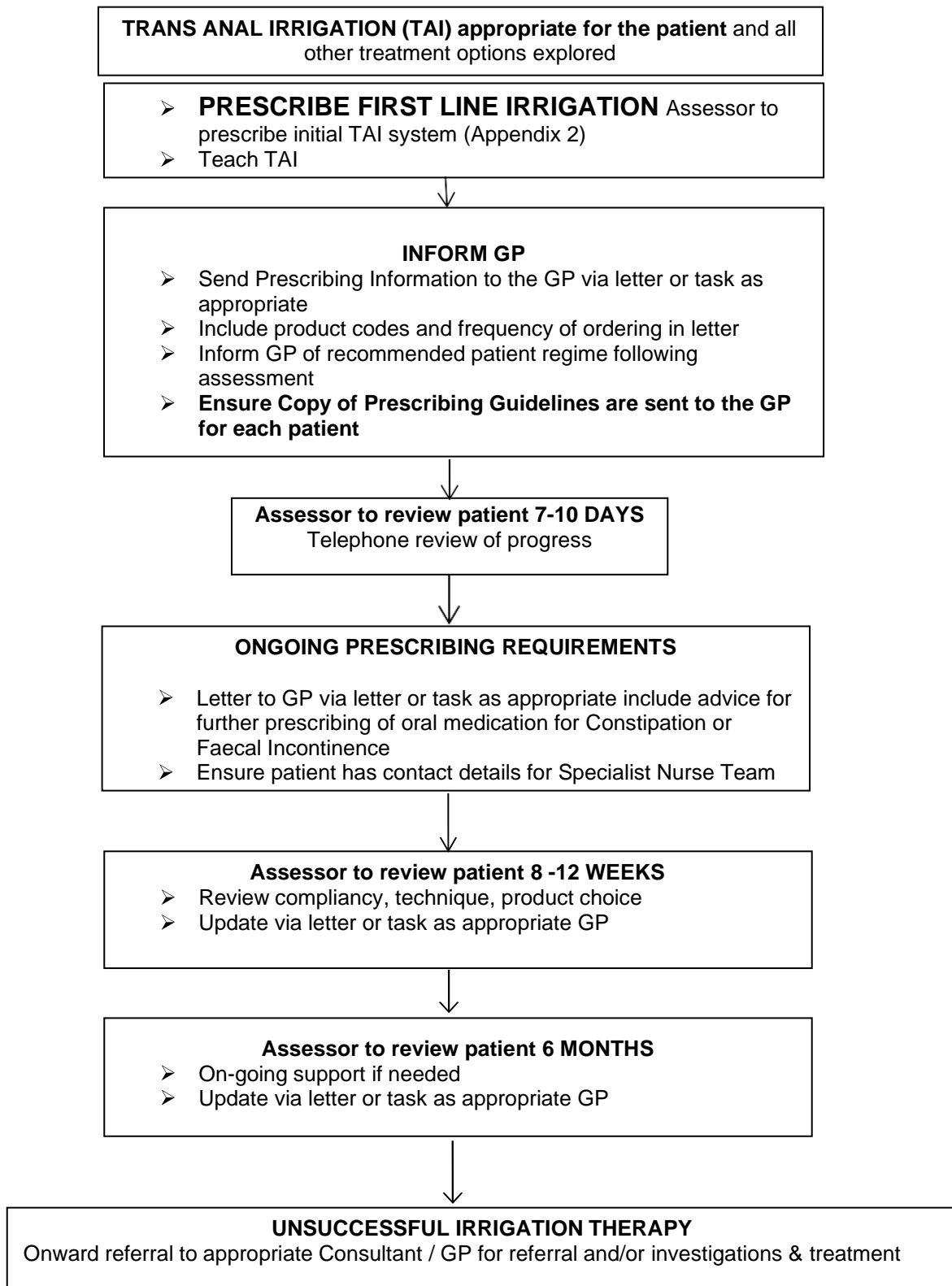
- Inadequate response to at least 2 types of laxatives used at maximum tolerated dose
- Inadequate response to biofeedback therapy and /or lifestyle changes
- Inadequate response to specialist-initiated drugs if indicated and available locally e.g. Prucalopride, Linaclotide, Naloxegol
- Symptoms present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

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

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

<b>Absolute Contra-Indications</b>	<b>Cautions</b>
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
Ischemic 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, hemorrhoids, 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)

## Appendix 1



<b>Appendix 2</b>			
<b><u>PRODUCT INFORMATION</u></b>			
<b>PRODUCT</b>	<b>PACK CONTENTS</b>	<b>PRESCRIBING CODE</b>	<b>FREQUENCY (15 irrigations per month)</b>
<b><u>Rectal Irrigation LOW VOLUME IRRIGATION</u></b>			
Aqua flush Compact	15 cones single use 1 hand pump	AFCM-PIP 383- 1179	12 per year
Aqua flush Compact+	15 cones single use 1 hand pump	AFPM-PIP 410- 5714	12 per year
Qufora Irrisedo MiniGo System	30 cones single use 1 hand pump	QMGO	6 per year
Qufora Irrisedo Mini System	15 cones single use 1 hand pump	53601-015	12 per year
<b><u>Colon Irrigation HIGH VOLUME IRRIGATION</u></b>			
<b><u>First Line</u></b>			
Qufora Irrisedo Flow System	30 Cones single use 1 water bag with Pump	QFLOWSET	6 per year
Qufora Irrisedo Klick System Base Set (regular)	Control unit, water bag, 2 rectal catheters	QKSTART	First prescription only
Qufora Klick System Accessory set (regular)	Water bag, 15 rectal catheters (regular) Control Unit	QKCATH QKCONTROL	12 per year 2 per year
<b><u>Second Line</u></b>			
Peristeen Plus TAI system with CONE catheter	ONE SIZE	29160	
Peristeen Plus TAI system with BALLOON catheter	REGULAR 15 CATHETERS	29141	
	SMALL 15 CATHETERS	29148	
A Peristeen Plus TAI system with CONE catheter	REGULAR 15 rectal catheters, water bag	29142	12 per year
<b>Accessory Unit</b>	SMALL 15 rectal catheters, water bag	29149	
<b><u>Rectum sensitised to pressure</u></b>			
Navina ClassicSystem	Classic control unit (hand pump), water container, tubing, 2 rectal catheters	69005	400 uses or 2 years
Navina Consumable Set	Water bag, 15 rectal catheters		1 per 6 months