

CONSIDERATIONS:

1. Only descending colostomies can be irrigated:
 - a. Never irrigate an ileostomy
 - b. Do not irrigate an ascending or transverse colonoscopy
2. Irrigation is used to promote a regular bowel program that enables the patient to wear a stoma cap instead of a pouch.

EQUIPMENT:

Gloves

Colostomy irrigation set (sleeve, belt, clamp, bag, cone, tubing) or irrigation sleeve to fit two-piece appliance

Bedpan or large receptacle (bedridden patient)

Water-soluble lubricant

Lukewarm water

Fresh colostomy pouch or security pad (small dressing)

Soft washcloth or paper towel

Impervious plastic bag

Disposable apron

Bath Blanket (for the bed ridden patient)

PROCEDURE:

1. Adhere to Standard Precautions.
2. Explain procedure to patient. Place protection underneath patient if bedridden. Use bath blanket to cover client if bedridden.
3. Place 500 - 1000 mL of lukewarm water into irrigating bag with clamp. Open clamp to let water flow through, expelling any air in system, then re-clamp.
4. Hang irrigating bag on hook so that the bottom of the bag is at the patient's shoulder level when seated.
5. Remove pouch and, if necessary, clean exposed area with a damp towel or washcloth.
6. Apply irrigating sleeve over stoma and attach belt. Tighten belt so that it fits snugly. If patient is using a two-piece ostomy appliance, attach irrigation sleeve to the existing flange.
7. Have patient sit on chair in front of the toilet. If patient is bedridden, position patient on side where stoma is placed or supine.
8. Place irrigation sleeve in the toilet. If patient is bedridden, utilize bedpan or large receptacle.
9. Lubricate cone.
10. Insert gloved, lubricated finger into stoma to determine angle at which cone can be inserted safely. Release the clamp slightly so the cone can be inserted into the stoma while there is a small flow of water.
11. Insert cone. To ensure that there is no escape of water, press cone firmly against stoma. When a cone is used, it can be inserted as far as possible without causing any discomfort.

12. Initial irrigation should be 250 - 500 mL warm water. Patient may experience a vagal response if water volume is too large. For ongoing irrigations, instill 500 - 1000 mL water over a period of 10 minutes. If patient complains of cramps or discomfort, shut flow off and resume flow when cramps have ceased. Check water temperature and rate of flow.
13. Remove tubing or cone, fold down top of sleeve and clamp. For the next 15 minutes, have patient remain in bathroom while colostomy drains.
14. Have patient take slow deep breaths, moving the abdominal musculature in and out, bend forward and gently massage the lower abdomen to enhance evacuation of bowel contents.
15. Rinse sleeve by pouring warm water through sleeve and over stoma.
16. Wipe off bottom of sleeve with a paper towel. Clamp the bottom of the sleeve to the top of the sleeve.
17. Advise the patient that return may continue for the next 30 to 45 minutes.
18. Remove sleeve, wash skin and stoma, and apply a new pouch or security pad.
19. Reposition patient and replace bedding if patient is bedridden.
20. Discard soiled supplies in appropriate containers.

AFTER CARE:

1. Cleanse the irrigation equipment, rinse. The equipment must be drained and allowed to dry before storing.
2. Document in patient's record:
 - a. Procedure and observations
 - b. Amount and character of stool and fluid
 - c. Patient's response to procedure
 - d. Appearance of peristomal skin
 - e. Instructions given to patient/caregiver
 - f. Communication with physician

Adopted VNAA; Approved Policy Committee 01/14/14