



Acacium Group Community

Peristeen Bowel Care

Procedure Reference | SOP BOWEL 06

Version | V4.0

Procedure Name	Peristeen Bowel Care
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to Peristeen Bowel Care
Target Audience	All appropriate healthcare workers
Version	V4.0
Author	Karen Matthews-Shard
Date of Approval	May 2017
Published Date	June 2017
Lead Director	Karen Matthews-Shard
Review Frequency	3 yearly or when clinical or operation guidelines change
Last Reviewed	April 2023
Next Review Date	April 2026
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	April 2017	New policy	KNF
V1.1	Jan 2020	Updated to new Community Policy	CCR
V1.2	Mar 2020	Review date realigned to match rest of the BOWEL SOP's	CC
V2	May 2020	3 yearly review – Next review date March 2023 to match other BOWEL SOPs	Clinical Advisory Group
V2.1	Oct 2020	Update re Rebrand	CC
V3.0	Apr 2023	Reviewed and updated	Clinical Advisory Group
V4.0	Jan 2024	Rebrand	Clinical Advisory Group

Table of Contents

1. Introduction	5
2. General.....	5
3. Exclusions and Contra-indications	6
4. Aim	6
5. Equipment.....	6
6. Procedure.....	6
7. Troubleshooting.....	9
8. Procedure: Insertion of Coloplast Peristeen Anal Plug.....	11
9. Associated Policies / SOPs.....	12
10. References.....	12
Appendix A: About Acacium Group.....	13

1. Introduction

1.1 The Peristeen anal irrigation system instils water (with or without laxatives) into the colon through a rectal catheter, which incorporates an inflatable balloon which is inserted into the rectum to promote evacuation of the contents of the lower colon. It can be used for children or adults who suffer from faecal incontinence, chronic constipation, or other bowel management procedures.



2. General

2.1 Peristeen anal irrigation should not be completed unless the healthcare worker has received the training and is competent to do so.

2.2 The client is assessed for suitability for the procedure by the specialist service provided.

2.3 Do not commence the procedure without first gaining consent. For client's without capacity, follow the care plan for the individual client.

2.4 Ensure the client is well enough/fit to have the procedure undertaken:

- Do not continue with the procedure if the client is unable to tolerate the procedure or asks you to stop
- It is vital to check for allergies
- Cultural and religious beliefs should be considered prior to performing this procedure.
- Anal irrigation should always be carried out with care

2.5 During the procedure the healthcare workers should observe the client for signs of:

- Distress, pain or discomfort
- Bleeding
- Bowel contractions
- Any signs of AD (Autonomic Dysreflexia)

2.6 Machine maintenance:

- The tubing is changed as required /per manufacturers guidelines and as detailed within the care plan
- The rectal catheter is single use
- The reservoir should be changed, as per manufactures guidance and as detailed within the care plan

- The controller should be changed, as per manufactures guidance and as detailed within the care plan

3. Exclusions and Contra-indications

- The client is assessed for suitability for the procedure by the specialist service provide.
- Where there is a lack of valid consent from a client with capacity
- Known anal or colorectal stenosis
- Colorectal cancer, radiotherapy to the pelvis, recent abdominal-perineal surgery
- Active inflammatory bowel disease, diverticulitis and ischaemic colitis
- Chronic or complex diverticular disease
- Abdominal, anal or colorectal surgery within the last 3 months
- Severe autonomic dysreflexia
- Pregnant clients who have not used the system before
- Anal fissure
- Diarrhoea
- Large haemorrhoids that bleed easily
- Bowel perforations – is extremely rare but has serious and potentially life-threatening complications

4. Aim

4.1 Acacium Group are committed to providing high quality of care to all clients. This procedure aims to ensure adult and paediatric client's in the community setting who require Peristeen bowel care, do so in a safe, correct and timely manner.

5. Equipment

- Coloplast Peristeen anal irrigation control unit
- Single use rectal catheter
- Water bag
- Leg straps (if required)
- Appropriate PPE in line with current guidance
- Peristeen should only be used in a seated position on either a toilet, commode or shower chair (NICE, 2022/Coloplast Manufacturing Guidelines)
- Incontinence pad - for immediately after procedure in case of leakage.

6. Procedure

6.1 Procedure: Trans-Anal irrigation using Peristeen system

	Action	Rationale
1	Explain the procedure and consider cultural and religious beliefs.	To gain the client's cooperation and ensure they understand the procedure.

2	Gain and document informed consent.	To ensure the client fully understands the procedure and is happy for you to proceed.
3	Ensure privacy and respect the client's dignity.	To assist the client to relax and minimise embarrassment
4	Gather all the equipment required including medication if prescribed such as laxatives.	To ensure that the process runs smoothly
5	Wash and dry hands thoroughly and apply PPE.	To prevent cross contamination.
6	Fill water reservoir – use lukewarm tap water, there is no research to state that the water temperature needs to be measured.	It is important to fill the bag completely, even if the full volume will not be used. This makes it easier to control how much water is inserted and ensures the system works efficiently.
7	Assemble the equipment as per manufacturers guidelines – connect the irrigation bag, control unit and single use rectal catheter – blue to blue and grey to grey or as detailed within the care plan and manufacturers guidelines.	To ensure the system works correctly.
8	Open the packaging of the rectal catheter 2-3 cm, use tape to fix the package to a vertical surface that is in easy reach.	To prevent the catheter falling to the floor.
9	Turn the control dial on the machine to the water symbol.	To facilitate catheter lubrication.
10	Pump the control unit 2-3 times.	To prime the tubing with water and activate the self-lubricating coating on the catheter
11	Turn the control dial to the balloon symbol - do not pump yet.	To allow time to prepare.
12	Holding the catheter by the finger grip gently insert into the anus as far as the finger grip will allow (extra lubrication may be required). If you feel any resistance while inserting the catheter (never use force) take the catheter out. Check there is no hard stool blocking the insertion and gently try again.	The catheter balloon will not blow up if there is hard stool blocking the rectum.
13	While still holding the catheter in place, pump the balloon.	This will inflate the balloon.
14	Let go of the catheter.	The balloon will hold it in place.

15	<p>Turn the control unit to the water symbol and start to pump water into the rectum. About one pump each two seconds is the usual speed to avoid discomfort.</p> <p>NB: Client's with a high spinal injury may require slower pumps - please refer to the client's care plan.</p>	To avoid autonomic dysreflexia.
16	Continue pumping until the required volume has been instilled – this may take up to 15 minutes, as per the client's care plan.	To allow the fluid into the rectum.
17	Turn the control unit dial to the air symbol to deflate the balloon	The catheter is likely to drop out under gravity. If not, a gentle pull will remove it
18	Use the catheter packaging to disposal of the catheter in the rubbish bin.	For safe disposal of the catheter.
19	<p>Water and stool should start to pass soon after the catheter is removed. Abdominal massage or pressure can help the process.</p> <p>NB: It can take up to 20 minutes for all the stool and water to pass. Refer to client's care plan for recording measurement amounts.</p>	To facilitate bowel emptying.
20	Clean and dry the client.	To prevent soreness and maintain skin integrity.
21	<p>Empty the remaining water from bag and tubing.</p> <p>The equipment can be cleaned using warm soapy water and must be dried thoroughly.</p> <p>Tubing to be changed as per manufacturers guidelines.</p>	To maintain the equipment.
22	Turn the unit dial to the finish position, clean and put away the machine.	To ensure risk of infection is reduced and machine is maintained in line with manufacturer's instructions.
23	<p>Remove and discard gloves and apron, if worn.</p> <p>Wash and dry hands.</p>	Infection control.

24	Document the procedure in the client's notes	To maintain accurate documentation to record the effectiveness of the procedure.
----	--	--

7. Troubleshooting

Problem	Advice
Pain occurs when pumping water.	If pain should occur when pumping water, pause for a while and then continue. If the pain is acute or severe STOP immediately, deflate the balloon and remove the catheter. If the pain persists for more than a few minutes or is accompanied by a lot of bleeding seek medical assistance immediately.
Bleeding	Occasional spots of bright red blood may be seen on the catheter, especially if the client has haemorrhoids. If the bleeding is occurring regularly, this needs to be reported to the GP. If there is a sudden major or regular bleed there should be an urgent referral to the GP. If the client experiences a haemorrhage with or without pain, emergency care is indicated as the rectum maybe perforated.
Abdominal Cramps	If these occur, then pumping the water more slowly may help. You should consider stopping the pumping of water for a few minutes and then restart when the cramps have subsided. Cramps may also be a sign that the irrigation water is too cool or is stimulating the gut to contract. Cramps can also indicate that the irrigation is working well.
Feeling unwell	Occasionally irrigation can make the client feel unwell during or after irrigation. It is not uncommon for the client to sweat a little or have palpitations. They may also feel light headed when first using the procedure. This normally settles with time. If symptoms persist, further guidance should be sought from the GP/Specialist as per the client's care plan.
Difficult to insert catheter	Difficult catheter insertion may be due to anorectal abnormalities or impaction. Refer to clients care plan

	for impaction, this may require escalation to the specific specialist
Catheter expelled during pumping	If the balloon is deflated check the balloon for signs of impairment. (Do not throw away the defective catheter as this may need to be returned to the manufacturers). Check that the dial is not accidentally being turned to the air symbol when intending to use the water symbol to introduce water.
Balloon is immediately expelled after inflation	The balloon is stimulating rectal contractions. Try inflating the balloon more slowly or inflate it a little less.
Balloon is expelled once pumping has begun	Check that the water is not too hot or cold. Expelling the balloon is more likely to happen if irrigation is performed after meals. Try irrigation at other times of the day.
Female clients have a problem	Ensure that catheter has not been inserted into the vagina by mistake.
Nothing is passed from the rectum	Check that the client is not dehydrated. Encourage the client to drink at least 1.5 litres (if the client is not restricted on their fluid intake or as detailed within the care plan) a day – more if the weather is hot. The client could be heavily constipated.
Water is passed but no stool	There may not be any stool passed if there was a good result at the last irrigation. The client may need to irrigate less often if this is happening regularly – this needs to be discussed with the client's medical team. If the client has not had any results for several days, it may be because the client's stool is very hard and impacted and a laxative is required. See contingency plan if no result.
Water or stool leakage after irrigation	It may be necessary for the client to wear a small continence pad when first carrying out irrigation. An anal plug may be worth considering – please ask the client to discuss it with their GP or Consultant.

8. Procedure: Insertion of Coloplast Peristeen Anal Plug

Action		Rationale
1	Explain the procedure and consider cultural and religious beliefs. Ensure they are comfortable, given privacy and their dignity is maintained.	To gain the client's cooperation and ensure they understand the procedure
2	Gain and document informed consent.	To ensure the client fully understands the procedure and is happy for you to proceed.
3	Ensure privacy and respect the client's dignity.	To assist the client in relaxing and minimise embarrassment.
4	Gather all equipment required including medication if prescribed such as laxatives.	To ensure that process runs smoothly
5	Wash and dry your hands and apply appropriate PPE as per current guidelines.	To maintain infection control.
6	Place a small amount of Peristeen gel onto the tip of the Peristeen anal plug.	To lubricate and ease insertion.
7	Insert the Peristeen anal plug gently into the anus, just as you would a suppository.	To ensure the plug is placed correctly.
8	Ensure that the entire Peristeen anal plug is inserted into the rectum. Only the gauze should be visible.	The Peristeen anal plug is now correctly positioned into the rectum and will very quickly (in about 30 seconds) expand to full size as the film dissolves in the body's natural warmth and moisture. It may be left in the rectum for up to 12 hours.
9	The Peristeen anal plug is removed from the rectum by gently pulling the gauze which is moulded into the plug.	N.B: removing the plug will not activate the emptying reflex so there is no need to hurry.
10	A fresh plug may be inserted immediately after removal of the old one.	Each plug must NOT be left in situ for longer than 12 hours.
11	After use, put the plug in the waste bin and not into the toilet.	The plug will swell and could block the toilet.
12	Remove PPE and wash and dry hands.	To maintain infection control.
13	Document the procedure in the client's notes.	To maintain effective client documentation.

9. Associated Policies / SOPs

Policies

CLIN 06 Consent Policy

CLIN 22 General Care Policy

SOPs

SOP BOWEL 01 Manual Evacuation

SOP BOWEL 02 Administration of Enema

SOP BOWEL 03 Administration of Suppositories

SOP BOWEL 04 ACE

SOP BOWEL 05 Digital Stimulation

10. References

- Norton, C. (updated 2009) Guidelines for the use of Rectal Irrigation
- Coloplast Peristeen Anal Plug; Instructions for Use
<https://products.coloplast.co.uk/coloplast/continence-care/peristeen/peristeen-anal-plug/>
- Nursing and Midwifery Council (NMC) (updated 2018 to include Nursing Associates). The Code: Standards of Conduct. Performance and Ethics for Nurses and Midwives. London. NMC
<https://www.nmc.org.uk/standards/code/>
- Nursing and Midwifery Council (NMC) (updated 2018 to include Nursing Associates). NMC Record Keeping; guidance for nurses and midwives. London. NMC
<https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-2008-1043294>
- Peristeen anal irrigation system to manage bowel dysfunction
<https://www.nice.org.uk/guidance/mtg36/documents/assessment-report-2>

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group