

The FAQs According to Steven.

Readers of this FAQ are assumed to be familiar with the terms colostomy and stoma as well as the medical procedure to create them and the resulting changes to bodily functions. If you are not you are probably in the wrong place but feel free to read on and learn a little.

Irrigation in this context is NOT about the distribution of water over lawn or crops.

This article is dedicated to Steven Maberry who we lost to cancer on Sept 2, 2009, two days after his last post. As one of the initial authors of this document, Steven contributed greatly to the success of this forum with outstanding advice and technical information on the practice and variety of procedural options for irrigators. A prolific contributor, you can find his informative and often humorous postings on a wide variety of topics of interest to the irrigator in the Archives. Steven, our Gator in the Sky, God Bless You and Rest in Peace.

The FAQ has been prepared by Steven with help from forum members Autodraw and MikeM and is for interested Colostomates and medical professionals who would like more information on the practice and procedures. We believe that irrigation greatly improves our quality of life by giving us the option of wearing smaller appliances, freedom from constant waste and savings in appliance costs. We would like to acknowledge and thank Denise Elber RN, CWOCN and Camille Spess, MS, RN, ET Nurse for their review and contribution.

Posts to this forum of comments, discussion and/or disagreements on the ideas and suggestions presented here are welcome. Go Gators.

Index

1. [What is irrigation?](#)
2. [What are the benefits of irrigation?](#)
3. [Are there any drawbacks to irrigating?](#)
4. [Who can irrigate?](#)
5. [Are there some people who cannot irrigate?](#)
6. [How long does it take?](#)
7. [What equipment do you need?](#)
8. [What kind of training or preparation should I have?](#)
9. [Can you describe the Irrigation procedure?](#)
10. [Why am I having trouble getting the water in?](#)
11. [Why is it taking so long for things to eject?](#)
12. [Why did it eject long after I finished irrigating?](#)
13. [Can I stop irrigating if I don't like it?](#)
14. [Do you have to stick to a rigid timetable?](#)
15. [Can I irrigate if I have a hernia?](#)
16. [When should a person not irrigate?](#)
17. [Why is irrigation not more common?](#)
18. [Where can I buy irrigation supplies?](#)

[Definitions of Terms](#)

1. What is irrigation?

Irrigation is a means by which Colostomates can reduce or eliminate the need to constantly wear a colostomy bag by regaining control over the natural incontinence resulting from a colostomy. It is basically a self administered water enema, delivered through the stoma. The large colon is filled with water, stimulating peristalsis, which causes the colon, through muscular contractions, to expel the water, along with any stool that is present. This will be followed by a period of time (usually at least a day) in which no discharge occurs as the colon has been emptied by the enema.

[Back to Top](#)

[Back to Index](#)

2. What are the benefits of irrigation?

Benefits will vary from individual to individual. Some people find that their results do not justify the effort while others regard irrigation as a godsend. We're all different.

NO LARGE BAG OR AN EMPTY BAG ALL DAY - Return of fecal continence. Successful irrigation eliminates the need to empty and/or change the appliance several times a day. Many irrigators have no discharge throughout the day or night until the next irrigation session and wear only a small cap or patch to protect the stoma from clothing. Although you may choose to continue to wear a standard bag, it remains clean and unsoiled.

Reduced or eliminated appliance profile. No more unsightly bulges under clothing requiring attention.

Reduced gas. Depending on what one eats and drinks of course, irrigation often reduces gas considerably.

Reduced odor. Since there is little or no stool in an appliance now, even pouch leaks just do not carry the same risk of odor. Further, the filters on pouches and caps will work much better since so little stool comes out to clog up those devices.

Less skin irritation. Without feces wetting and degrading the edges of the barrier, stool does not invade underneath the seals and burn the skin.

Possible lower pouch costs. For those irrigators who achieve the greatest success, the pouching problem can be reduced to special patches (or even a large Band-Aid for those very few who have incredible certainty with their success). This results in much lower costs.

All the above produces substantial freedom from colostomy management chores during the day. For many, irrigation represents a return to 'normal'.

[Back to Top](#)

[Back to Index](#)

3. Are there any drawbacks to irrigating?

Time. Yes, it does take a block of time out of your day — every day or every other day. Some people might spend less time overall managing their colostomy in the conventional manner. It's a trade-off: in return for evacuating the bowel all at once in a controlled environment, the irrigator gets to be waste-free (and bag-free in some cases) for extended periods of time.

Uncertainty. There is an element of uncertainty with when one is done irrigating. You have to find or develop your own system for deciding when your colon is done and if it is safe to de-rig and install your pouch. Late returns that fill up your appliance or occur at an inopportune moment (just as you are taking off your sleeve) are possible even after you have established a 'usually' safe time. Fortunately, *most* late returns are of limited volume.

Effectiveness. There is also uncertainty about how long after irrigation you will remain effectively continent. Even those with enviable success will experience periods of "crazy colon" where the colon suddenly misbehaves with shortened effective periods, unexpected isolated discharges, or diarrhea.

Learning curve. At first, irrigation seems to require three hands and the multiprocessing skills of a baton twirler. It does take some commitment and time to master.

Gross-out factor. For some people, this amount of intimacy with their stoma makes them uncomfortable. Whether or not you overcome those feelings depends on how motivated you are to control your bowels.

[Back to Top](#)

[Back to Index](#)

4. Who can irrigate?

The best candidates for irrigation are colostomates that have a left-side stoma with most of their large colon remaining. Individuals with transverse colostomies (shortened colon with stoma across the top) usually get poor results from irrigating although in some cases it can be done successfully and provide a shorter period with no discharge. Irrigation is not recommended if one has an ascending colostomy (right side stoma) because there is not enough storage capacity in the remaining colon to delay the onset of fecal discharge and very little capacity to hold irrigation water. If one's bowel habits before illness or surgery tended to be regular, and not prone to diarrhea, this a good sign that irrigation will work well for you. If your bowels were easily upset or irregular prior to surgery (perhaps due to irritable bowel disorders) irrigation may not be as successful. However, if one has most of their large colon left (even if they are irregular with their stoma discharge or may have been irregular before their colostomy), it is worth a try.

[Back to Top](#)

[Back to Index](#)

5. Are there some people who cannot irrigate?

Ileostomates who have had all of their colon removed or disconnected and whose stoma is at the end of their ileum (small intestine) cannot irrigate. Colostomates who have a very short segment of colon left, (normally with the stoma on the right side) are much less likely to have successful irrigations, but there are exceptions, as noted above. The reason for the low success rate in shortened colons is because the waste in the remaining colon is replenished too quickly by the preceding small intestine. However, we stress that even for those with shortened large colons, each individual is different and some benefit may be obtainable for short periods of control.

Individuals with pre-existing extremely low or compromised large bowel motility may have difficulty successfully irrigating.

[Back to Top](#)

[Back to Index](#)

6. How long does it take?

In general, an hour of time is recommended for an irrigation session. However, every individual is different and specific techniques vary which may increase or decrease the time required. Some people may spend as much as three hours while others are able to finish in as little as half an hour. Some people irrigate every day, some every other day, and some every third day. It all depends on how your body adapts, how much control you want, and what sort of results are acceptable to you.

[Back to Top](#)

[Back to Index](#)

7. What equipment do you need?

The basic components are

- 1) An irrigation bag, which is a durable plastic bag similar in size and shape to a saline IV drip, with a small diameter tube and an on/off flow control.
- 2) a stoma cone connected to the end of the tube;
- 3) an irrigation sleeve *
- 4) a clip for the end of the irrigation sleeve (the same as the plastic clips used with two piece appliances)
- 5) an ostomy belt (optional for some)
- 6) a hook of some sort to hang the bag (a coat hanger works too, hung over a shower curtain rod)

Irrigation kit styles will vary from manufacturer to manufacturer, but the basic function of all is the same.

*For two-piece, the irrigation sleeve must be compatible with the two-piece barrier. For one-piece systems, one needs an irrigation sleeve and an ostomy belt to strap on the sleeve.

Bathroom:

Although people can irrigate in primitive (read “camping”) settings, one generally needs access to a modern bathroom free of disturbances (by family or friends) for one to two hours. Water sources should be drinkable! If you can’t drink the water out of a bathroom tap, you can’t irrigate with it. Bottled water, in sufficient volume, may be used instead.

Optional Equipment /Suggestions

Various people sometimes find these things useful:

Some sort of travel hook/portable rigging to hang the bag in away-from-home bathrooms
Flow indicator: Standard in Coloplast and Convatec irrigation bag
Thermometer: To measure water temperature, built into Coloplast irrigation bag
Sprayer: Helpful in washing down the stool in the sleeve. Can be hand sprayer, or plumbed into water supply for power spray-cleaning.
Plastic cup or glass: to pour clean water down the sleeve when finished to help clean it out
Adapter Plate: For one-piece appliances
Waterless hand cleaner: To clean hands
Diaper pail or trash basket: To discard pouches and sleeves
Towels/washcloths for use only with ostomy hygiene
Lubricant for the stoma: this can be any lubricant made for sexual purposes, or any of the ostomy pouch lubricants now available. New irrigators may want to use lubricant on the cone while inserting the first few times but most of us have dispensed with using lubricant. The stoma itself has a certain amount of natural mucous that can do the job.

A book, radio, iPod or some form of entertainment can make the time go by faster!

[Back to Top](#)

[Back to Index](#)

8. What kind of training or preparation should I have?

Although some colostomates have self-taught irrigation based on available information, it is recommended that everyone consult with their ET nurse before commencing irrigation. The ET may or may not do the irrigation with you; this practice varies from hospital to hospital and from patient to patient. Unless specifically asked to assist in person, some ETs will just give you a verbal description of technique and equipment and send you home to begin on your own. It is NOT necessary to have an ET nurse be present at your first irrigation; this is strictly a matter of your own comfort level and confidence. However, if you prefer to have your ET do the irrigation with you for the first time, you should let her or him know in advance so they can book an adequate amount of time for your session. A nurse-supervised irrigation may not be possible as some hospitals do not provide an office for the ET with bathroom facilities!

Prior to your first effort, you might consider familiarizing yourself with the equipment and possibly even some dry runs. Practice setting up the equipment in your bathroom, placing things readily to hand and applying the sleeve. When you commence your first 'solo' irrigation it can be reassuring to have someone within calling range who can slip you that towel you forgot or come grab things if you flounder out of control. In *very* rare cases, first-time irrigators may feel light-headed from low blood pressure. If you are prone to light-headedness someone needs to check on you at least once your first time (even through a closed door) to make sure you are ok.

[Back to Top](#)

[Back to Index](#)

9. Can you describe the Irrigation procedure?

The following description of standard technique may be considered a starting place for someone to develop their own procedure based on their circumstances.

Prior to irrigating, drink fluids. Eating within an hour or so before is also useful, but not as necessary as drinking prior to irrigating.

Assemble all the equipment you will need.

Fill the irrigation bag with tap water. Water temperature should be warm to one's hand—certainly avoid scalding or hot.

Recommended temperature is around 100F. You can vary this a few degrees up or down without harm.

Hang the bag about shoulder or head height (depending on whether you are sitting or standing) Raising or lowering the bag can solve some irrigation problems, ie putting it higher will increase the force of water flow; lower will give you a more gentle flow.

Sit on the toilet seat or sit in a chair next to the toilet. (or you can stand if you prefer)

Remove pouch and attach sleeve. Attach sleeve to barrier if you are wearing a two-piece. If you wear one-piece appliances, use the ostomy belt to attach the sleeve, with the ring centred around your ostomy. At this point the sleeve end may be allowed to dangle in the toilet bowl, OR you may elect to put the clip on it and let it rest on the floor.

Before placing the cone into your stoma, open the irrigation water valve and let just enough water into the tubing and cone to flush any air that is present.

Reach with the cone into the sleeve and insert the cone into the stoma. Gently press the cone into the stoma; about halfway is plenty. (New irrigators may wish to apply some lubricant on the end of the cone; most irrigators don't bother with lubricant once they are familiar with the procedure.)

Open the valve and let water flow into the stoma.

For your first few efforts, use between 500 and 1000 ml of water. Some people find that they require more water but this is best learned over time so be conservative in the beginning. You don't need to get all the water in at once, just infuse as much as you can without discomfort.

Your first time, you will feel apprehensive. You may also experience some cramping. If you cramp, just slow down the water or shut off the water, take a moment and a deep breath, and restart the water. If severe cramping persists, the water may be too cold.

After introducing your water amount, hold the cone in place about 30 seconds. Then, remove the cone. Make sure to close the sleeve top as soon as you remove the cone to prevent any discharge splashes out the top. Most sleeves now have a zip-loc closure. Others have wire 'clothespins' to clip the top of the sleeve closed.

Sit back and relax. Now is a good time to read! Over the next several minutes, there will be periodic ejections of stool, water, and watery stool. These will come in waves with longer time between returns developing as you progress. Ideally, the colon will completely empty itself .

Knowing when you are done takes some practice. Generally speaking, if ejections have stopped completely for 20 minutes, you are probably done. It's strongly recommended that you continue to wear your standard appliance of choice for a few weeks at least while you are learning your body's habits. This will take care of any 'late' returns or surprises.

When you figure you are done, clean everything up and return to a dry place of storage until the next session.(which will be mostly the sleeve once you are practiced and do not have much, if any, spillage). Put away the equipment and put on your chosen patch or pouch. Some folks shower after the process and then apply their appliance of choice.

Allow from two to six weeks of regular irrigation practice to master the multi-handling demands, procedures, and get your colon patterned to accepting the new way of defecating. See "Troubleshooting Irrigation" if you experience notable difficulties.

Our bowels prefer routine so irrigating at about the same time of day, be that morning or night (or in between) will help you learn your body's patterns more easily in the beginning. You can, however, change your irrigation times to suit your schedule or family demands.

Most people report taking about an hour to irrigate. Some report finishing in as little as 20 minutes. An hour and a half is common. One can clip the irrigation sleeve securely and do other things like clean house, get ready for work, etc. You will have to return to the toilet periodically to empty the sleeve while you are still having returns.

[Back to Top](#)

[Back to Index](#)

10. Why am I having trouble getting the water in?

Here are some common causes for, and solutions to, water not flowing properly into the stoma:

Bowel is blocked with stool near stoma opening

Water may not be flowing in because the cone tip is blocked either by stool or by the bowel itself. Stomas often have a 'bend' in them where they exit the body, which can block the cone. Try aiming the cone tip in different directions. Don't be afraid to try an extreme angle. If you suspect stool is blocking things, stop the water, remove the cone and let things eject. Some people report that lying down on the floor or in the bathtub helps get things going. Sometimes standing up rather than sitting will help things flow smoothly. Some irrigators may find it useful to insert a gloved finger gently into the stoma to find which way it 'points' and thus angle the cone in that direction.

You might be too tense. Your colon is very sensitive to your own mood. Relax. Close the water valve. Take a deep breath. Try again. Some find that the colon does not naturally accept the flow and it is common to get back-up into the tubing as the colon resists. This resistance will often be accompanied but a feeling of pressure or gas and may be uncomfortable. New irrigators can become discouraged and give up prematurely when confronted with a stoma that is being initially uncooperative. If this resistance occurs, shut off the flow and wait, keeping the stoma cone pressed firmly to the stoma.

A few irrigators have discovered that higher water temperatures increase the colon's resistance to infusing water. These temperatures were reported at 104-105 degrees--notably above the recommended around 100 degrees. You might double check your water temperature and note if it is too high.

Another reason the water may not be flowing smoothly is the water pressure from the irrigator bag might simply be too low. Try hanging the bag higher.

The stoma is contracting too tightly to get the cone in:

Relax. Massaging your belly might help but mostly you just need to give the stoma a minute or two to settle down. Clip your sleeve securely and move around a bit.

You may not have the cone in firmly enough:

You can press harder on the cone to improve the seal—one caution, though, if you press hard and use a two-piece you can manage to blow your barrier right off your belly. Try lowering the bag to decrease the infusion pressure.

Try turning off the water, taking a deep breath, and repositioning the cone.

[Back to Top](#)

[Back to Index](#)

11. Why is it taking so long for things to eject?

Ideally, your bowel will eject waste and water within a few minutes or sooner after infusing. But sometimes it seems to be stalled and nothing comes out for some time. Did you forget to drink before irrigating? If you are dehydrated, your colon will soak up that irrigation water faster than you can get enough in to stimulate peristalsis. Drink some water. Try again. You can inject a completely new round of irrigation water if you have waited awhile. Meanwhile drinking water and that quart you just stuck into your colon will have hydrated you just fine. “Slow returns’ are a common annoyance. This can be caused by being too tense, being dehydrated, or by spasms.

You may also be using too little water. Try increasing your water by 200 ml or so. Be cautious, however, about exceeding 1500 ml in a single injection.

[Back to Top](#)

[Back to Index](#)

12. Why did it eject long after I finished irrigating?

We call this ‘late returns’. This can be very irritating! It can soil a new pouch you wanted to keep clean, chronically lengthen your time spent irrigating, or undermine your faith in irrigating. It takes time to learn when one’s body has finished the process. Don’t try to rush an irrigation session. You may simply need to give yourself more time, or you may need to use less water. Or, if you are trying multiple infusions, reduce the number of infusions.

[Back to Top](#)

[Back to Index](#)

13. Can I stop irrigating if I don’t like it?

Of course you can stop if you want! You can skip irrigating too, if you just don’t feel like it. Our bowels prefer routine, but they are adaptable. If you stop irrigating, in a few days or less your colon will return to its previous habits. For most it is more convenient to have a regularly scheduled time in the day (which can vary based on work schedule, irrigation success, and social life).

Some ET nurses report that they have had patients who experienced constipation when they stopped long term (several years) irrigation which necessitated temporary use of laxatives or stool softeners. We have no clinical data on the subject, and believe these experiences are anecdotal and not necessarily accurately attributed to irrigation. We would be interested in knowing what diet, medications or other health conditions may have been a factor in patients who had poor bowel motility after years of irrigating. In addition, we would want to know if the age factor itself was considered -- it’s safe to assume that someone who has been irrigating for many years is going to be elderly if they quit. As evidenced by the prevalence of dietary fiber supplements, Constipation among seniors is a well-documented condition, prevalent enough that we would ask if low motility is being unfairly attributed to irrigation when it would have occurred naturally in such individuals.

[Back to Top](#)

[Back to Index](#)

14. Do you have to stick to a rigid timetable?

No, you can vary the time of day or evening if you need to. As previously mentioned, our bowels prefer routine but they are adaptable. Although you will be able to predict your colon's patterns more accurately if you adopt a routine timetable, you can ALWAYS change your irrigation schedule to suit your needs. Just be aware that your bowel may need a bit of time to adjust.

[Back to Top](#)

[Back to Index](#)

15. Can I irrigate if I have a hernia?

Irrigation does not cause parastomal hernias. It does not worsen them, either. However, a parastomal hernia may make irrigating more difficult or even impossible by blocking water from entering through the stoma. A person with a mild parastomal hernia can safely irrigate so long as they are gentle in finding the correct angle.

[Back to Top](#)

[Back to Index](#)

16. When should a person not irrigate?

If you have severe diarrhea it would be best to stop irrigating for a few days and let your bowels sort themselves out. Irrigation does not cause intestinal illness. In extreme cases of compromised immune systems, it could be possible to transport and distribute pathogens to more vulnerable parts of the system. (for instance, if Crohn's disease is still present, in which case it would be inadvisable to irrigate) The emphasis here is on "*extreme.*" For another example: some forms of chemotherapy are so hard on the immune system, or cause such severe diarrhea that an oncologist might suggest suspending or not commencing irrigation until several weeks after treatment is completed. If in doubt, ask your physician.

[Back to Top](#)

[Back to Index](#)

17. Why is irrigation not more common?

Many years ago, circa 1930 - 1970s, it used to be standard procedure to teach patients to irrigate while they were still in hospital but that practice has largely been discontinued. There are several reasons for this, not the least of which is the quality of appliances available nowadays. Back in the bad old days, appliances were not odor-proof, didn't stay on well and were time-consuming to apply. Irrigation would have been a welcome alternative back then. However, there were a few cases, too, of colon perforations from old-fashioned long catheters (no longer in use) that were relatively inflexible which made the practice somewhat risky. The cone, developed in 1972, ended colon perforations.

With improved appliances, the advantages of irrigation are not as pronounced. Colostomy patients are being discharged with better information, and resources to manage their colostomy. Some medical personnel are very supportive of, and promote irrigation, others sometimes less so. Sometimes irrigation may have been mentioned in hospital but slipped the patient's mind due to pain meds or general information overload. If you are wishing to have information and guidance concerning irrigation, don't hesitate to ask, and be persistent.

[Back to Top](#)

[Back to Index](#)

18. Where can I buy irrigation supplies?

Your usual ostomy product provider can supply you with irrigation equipment. All major manufacturers -- ConvaTec, Coloplast and Hollister make irrigation equipment. Browse their websites linked on the UOAA Link section or call their toll-free numbers for information.

Definitions of Terms

AMPatch: A patch manufactured and marketed by Austin Medical that is designed especially for continent stomas—including the predictably continent irrigated colostomy.

Bolus: A bulge in the digestive system formed by a mass of food, waste, or gas.

Catheter: A tube that can be inserted into a body cavity, duct, or vessel. Catheters thereby allow drainage or injection of fluids or access by surgical instruments. (from Wikipedia, en.wikipedia.org/wiki/Catheter accessed on October 28, 2008)

Colostomate: a person who has a colostomy

Colostomy: a portion of the large bowel or rectum is removed, with the end of the remaining bowel brought to the surface of the abdomen, most often on the left side of the body

Cone: A cone-shaped device for insertion into the stoma to introduce water. The cone has replaced a regular catheter to prevent the previously rare occurrence of damaging the colon during catheter insertion for irrigation.

Enema: An enema is the procedure of introducing liquids into the rectum and colon via the anus. (from Wikipedia, en.wikipedia.org/wiki/Enema accessed on October 28, 2008)

WOC nurse: a registered nurse with specializing training in the care and treatment of wounds, ostomies and incontinence issues. Also sometimes referred to as an ET (enterostomal) nurse.

Hernia: A hernia is a protrusion of tissue, structure, or part of an organ through the muscular tissue or the membrane in which it is normally contained. (from Wikipedia, en.wikipedia.org/wiki/Hernia accessed on October 28, 2008).

Ileostomate: a person who has an ileostomy

Ileostomy: Surgical construction of an artificial excretory opening through the abdominal wall into the ileum.

Ileum: the third and lowest part of the small intestine that ends where the large bowel starts

Lumen: In physiology, a lumen is the interior of a biological tube. E.g., the interior of the colon.

ml: Milliliter. Also equivalent to cc (cubic centimeter). A milliliter is a measure of liquid volume. 1000 ml (aka as one liter) is just over one quart.

Parastomal: Near one's stoma.

Peristalsis: A natural digestive system contraction of smooth muscles that move in waves from the mouth toward the anus. A bolus anywhere in the gastric lumen stimulates a peristalsis wave to move the bolus away from the mouth and toward the anus. Peristalsis can also occur due merely to the act of eating—stimulating peristalsis in the lower digestive

system even when there is no bolus. Diurnal habit can also stimulate peristalsis in the absence of a bolus or active eating.

Return: A “return” is when the colon ejects a stream of water or stool—thus returning the enema out of the stoma where it was injected.

[Back to Top](#)

[Back to Index](#)