

Acute Training Solutions

Bowel Management - Peristeen Administration

Peristeen for transanal irrigation is an intervention for people with bowel dysfunction. Peristeen can reduce the severity of constipation and incontinence, improve quality of life and promote dignity and independence. Peristeen may not be suitable for all people with bowel dysfunction and some people may choose to stop using it.

Peristeen (Coloplast) recommend that it should be used every other day to empty the rectum and distal sigmoid colon, in order to prevent uncontrolled bowel movements (faecal incontinence) or to relieve and prevent constipation. Peristeen is usually self-administered while sitting on a toilet, commode or shower chair. It comprises a rectal catheter with inflatable balloon, a manual control unit with pump, leg straps and a bag to hold water. Peristeen uses a constant-flow pump which does not rely on gravity so that the user does not need to hang the bag up for the water to flow. Peristeen needs a new catheter each time it is used.

Procedure

1	Fill water reservoir (it is important to fill the bag completely, even if the full volume will not be used: this makes it easy to control how much water is inserted and ensures the system works efficiently). Use lukewarm (not hot or cold to the touch) tap water. There is no need to measure the water temperature.
2	Assemble the equipment: connect the irrigation bag, control unit and single-use rectal catheter blue to blue and grey to grey. Lock the connections by turning them 90 degrees clockwise.
3	Strap pump to the leg if this is most convenient.
4	Open the packaging of the rectal catheter 2-3cm (use the self-adhesive tab to fix the package to a vertical surface if convenient.)
5	Turn the control unit knob to the water symbol.
6	Pump the control unit 2-3 times to "prime" the tubing with water and activate the self-lubricating coating on the catheter.
7	Turn the control knob to the Balloon symbol to stop the water flow. Do not pump yet wait at least 30 seconds.
8	Transfer to the toilet if not on it already.
9	Holding the catheter by the finger grip, gently insert into the anus as far as the finger grip will allow. The finger grip is the first part of the catheter with the widest diameter. If you feel any resistance while inserting the catheter NEVER use force, take the catheter out, check that there is not hard stool blocking the insertion, and gently try again.
10	While still holding the catheter in place, pump the balloon (your health care professional will advise you how many times to pump but typically this is 3 to 4 times). This will inflate the balloon. Now let go of the catheter as the balloon will hold it in place.

11	Turn the control unit knob 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. People with a high spinal injury may need to pump more slowly than this.
12	Continue pumping until the required volume has been reached, the required amount will vary between individuals (your health care professional will advise you how much to use). It may take up to 10-15 minutes to pump in all the water.
13	Turn the control unit knob 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.
14	Use the catheter package to dispose of the catheter in a rubbish bin.
15	Water and stool should start to pass into the toilet very soon after the catheter is removed. Gentle pushing, abdominal massage or pressure on the abdomen may help this process. AVOID THE TEMPTATION TO STRAIN. It is better to be patient and wait. It can take 10-30 minutes for the bowel to stop emptying. With practice, you will learn when you have "finished" and it is safe to leave the toilet.
16	Clean and dry the anal area.
17	Unlock the connectors from the lid and catheter. Empty any remaining water from the bag and tubing. Discard the single use catheter in a disposable bag.