How to administer an enema

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An enema is the administration of a substance in liquid form into the rectum. This may be performed to aid bowel evacuation or to administer medicines.

The administration of an enema not only requires skill and competence on behalf of the practitioner but also requires compliance with the NMC (2004) guidelines on the administration of medicines and local drug administration policy.

**Enemas for bowel evacuation**

There are two different types of enema for bowel evacuation, although they are very similar. Some enemas are given to produce an immediate effect, which is to lubricate, thus facilitating the passage of faeces. The administration of a fluid into the rectum may also induce peristaltic contraction of the rectal walls.

Retention enemas, while producing the same effects, are intended to remain in the rectum for a longer period of time penetrating and thus lubricating the faeces further. Retention enemas tend to be oil based.

**Enemas as a method of drug administration**

Medicines can be administered rectally in enema form. This may be carried out for local effect, such as steroids and agents that reduce inflammation in the colonic mucosa. In addition, drugs may be absorbed for systemic effect by the vascular network surrounding the rectum.

**Contraindications/risks of administering enemas**

The administration of enemas should be avoided in patients following colonic surgery or patients with injury or obstruction, as the risk of perforation may be increased. This risk may also be raised in patients who have undergone gynaecological surgery or radiotherapy.

Enemas should also be avoided in cases of paralytic ileus as the peristaltic movement of the colon is lost. Absorption of enema fluid/solutes may occur and this must be considered in all patients.

Small-volume concentrated enemas may be contraindicated in cases of ulcerative and inflammatory conditions.

The risks associated with enema administration are considered to be low but can be detrimental and in some cases may be fatal. Expert advice should be sought from specialist practitioners in any of the circumstances stated above.

**The procedure**

Warming the enema solution to body temperature may be beneficial as heat stimulates the rectal mucosa. Dougherty and Lister (2004) recommend a solution temperature of 40.5–43.3°C for non-oil-based enemas. Cold solutions should be avoided as they may cause cramping.

Advising the patient to empty her or his bladder before the procedure may reduce the feeling of discomfort (Dougherty and Lister, 2004).

The equipment required to perform an enema is as follows:

- Gloves and disposable apron;
- Incontinence pads;
- Lubricating solution;
- Jug with water, warmed to

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**Fig 1.** Warm the enema solution to the recommended temperature

**Fig 2.** Position the patient on their left side

**Fig 3.** Separate buttocks, locate anus and insert nozzle slowly into rectum
the desired temperature;
- Water thermometer;
- Bedpan/commode;
- Prepared solution.

The procedure is as follows:
- Obtain informed consent, identifying allergies and any contraindications. Provide the patient with reassurance.
- Assess patient privacy and dignity and take steps to maximise both.
- Ascertain prescription details if required.
- Wash hands and don plastic apron.
- Check the enema for expiry and intactness. Warm the solution to desired temperature (Fig 1).
- Position the patient on left side, lying with the knees drawn to the abdomen (Fig 2). This eases the passage and flow of fluid into the rectum. Gravity and the anatomical structure of the sigmoid colon also suggest that this will aid enema distribution and retention.
- Position an ‘incontinence’ sheet underneath the patient.
- Assess the area and perform a digital rectal examination if this has not already been carried out.
- Break the enema seal. Lubricate the nozzle. Air should be expelled.
- Gently separate the buttocks, identifying the anus. Insert the lubricated nozzle into the rectum slowly to a depth of approximately 10cm (in adults) (Fig 3).
- Gently expel the contents into the rectum, rolling the container from the bottom up to reduce backflow.
- Keeping the container rolled/compressed withdraw the container (Fig 4). Attend to peri-anal hygiene.
- Ask the patient to retain the enema for as long as required or suggested in the manufacturer’s recommendations, providing a commode or nurse-call system as indicated (Fig 5).
- Dispose of any waste, remove apron, wash hands.
- Document the procedure accurately, completing drug record if required (Fig 6).
- Ensure effect is noted and documented accurately.

REFERENCES


PROFESSIONAL RESPONSIBILITIES

All nurses who carry out clinical procedures must have received approved training, undertaken supervised practice and demonstrated competence in the clinical area. The onus is also on the individual to ensure that knowledge and skills are maintained from both a theoretical and a practical perspective. Nurses should also undertake this role in accordance with an organisation’s protocols, policies and guidelines.