

# MANAGING BOWEL DISORDERS WITH RECTAL IRRIGATION

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**ABSTRACT** Tod, A.M. et al (2007) Managing bowel disorders with rectal irrigation. *Nursing Times*; 103: 36, 32–33. This qualitative study aimed to explore patients' experiences of defecation disorders and rectal irrigation. Using semi-structured interviews and a framework analysis technique, we surveyed 11 patients attending a colonic irrigation clinic. Colonic irrigation was considered a 'lifesaver' that relieved symptoms, improved quality of life and helped manage the bowel problem. Colonic irrigation has a potential role in the treatment of chronic functional bowel disorders (CFBD) but further interventional evaluations are required.

## BACKGROUND

This article explores the experience of people with chronic constipation and faecal incontinence. These disorders have proven to have a major impact on quality of life (Christensen et al, 2006). Both the disorder and the symptoms are difficult to treat and, for many, resistant to surgical and medical interventions (Crawshaw et al, 2004).

Recently rectal irrigation has been piloted as a self-management method (Christensen et al, 2006; Crawshaw et al, 2004; Gardiner et al, 2004). Little research has been conducted to understand the impact of such conditions or to evaluate rectal irrigation as a management tool. A literature review was carried out – for details see [nursingtimes.net](http://nursingtimes.net).

This article aims to address that gap by exploring patients' experiences of chronic constipation and faecal incontinence and of rectal irrigation as a management option. The study was conducted involving patients attending an innovative pilot service – a nurse-led rectal irrigation clinic. It is not an

## IMPLICATIONS FOR PRACTICE

- | The participants' experience illustrates the true nature and extent of suffering due to chronic bowel disorders; this knowledge can help nurses understand patients' perspectives.
- | This study indicates that rectal irrigation was well received by all but one of the participants and provided an effective way for them to manage their bowels.
- | Rigorous randomised controlled trials are required before rectal irrigation is adopted as routine practice.
- | There are many unanswered questions including issues such as which patients are best suited to rectal irrigation and what specialist nurse support and care is required to promote its acceptability and success.

established part of the service provided. This study is part of a mixed-method evaluation to provide evidence to inform decisions about future service provision.

## METHOD

### Sampling and recruitment

Patients who had attended the nurse-led rectal irrigation clinic were approached via letter from the nurse consultant who ran the clinic. Those interested in participating returned a reply slip to the researchers.

Twenty-one patients were selected from the clinic attendees to provide a range of key characteristics. A total of 16 patients responded and, of these, 11 female patients participated in semi-structured interviews. This is partly explained by the fact clinic attendance was mainly by women but did mean there was a gender bias in the sample.

### Data collection

All participants chose to be interviewed in their own homes. They were interviewed by nurses with appropriate research training who were experienced in colorectal care. In order to reduce bias, the nurse conducting the interview had not been involved in the individual participant's care.

Before the interview started, the study was explained again and informed consent was

obtained. All interviews were tape-recorded and field notes were taken.

Tapes and field notes were transcribed and made anonymous. Framework analysis techniques were used to analyse the data.

## RESULTS

The data revealed a background of physical and psychosocial suffering for participants. Their bowel problems had resulted in a significant symptom burden for all participants – most notably pain.

Other gastric symptoms included headache, bloating, flatulence and discomfort. Distressing bowel problems included straining, urgency, soiling and leakage. Symptoms were compounded by difficulty sleeping and loss of appetite.

Participants described feelings of desperation due to the defecation problem. The years of trying to deal with the problem had a psychological impact.

For some, profound depression was experienced, with associated feelings of lack of control and loss of self-esteem. People reported that the bowel problem and potential embarrassment from leakage and smell had a massive impact on psychosocial aspects of life. This was worst for those who had no control over their bowels at all.

People restricted their physical and social



activity by, for example, avoiding going to friends' homes, and reducing their work or giving it up altogether. This had an immense impact on normal functioning; the bowel disorder also affected many aspects of relationships, including sexual intercourse.

### Previous management

The main self-management techniques were heavily reliant on laxatives and digitating to help evacuate the bowel. Both of these methods led to unpleasant side-effects.

In between attempts at self-management, the participants had attempted to seek help from the NHS. All had struggled to obtain constructive help. They encountered a lack of interest, experience and knowledge of defecation disorders among GPs.

Participants often felt the extent of their problem was not appreciated. The desperation some people had felt was exacerbated by failed surgical attempts to solve the bowel problem. All participants had failed to get individual information.

### Expectations of rectal irrigation

A range of expectations of rectal irrigation was reported among the participants. For some it was a relief that something was finally available to them.

One woman had previously paid-for colonic irrigation at a private clinic, although this had not been a frequent treatment. She had only paid for colonic irrigation when desperate and when she could afford it.

Some participants were horrified by the idea of rectal irrigation. This was explained by lack of knowledge and impressions gained from the media. Some patients hoped a surgical solution would be available that would rectify the problem for good. If they were otherwise fit and healthy, they thought surgery would have been successful. Rectal irrigation was therefore not their preferred treatment option and they were initially disappointed by the idea of it; their expectations were therefore low.

### Experience of rectal irrigation

Only one of the participants did not continue with irrigation. This was because of leakage between sessions. All the other participants continued to use rectal irrigation to successfully manage their bowel disorders.

Nine out of 10 patients conducted the procedure in the morning because of comfort and convenience. Having an empty bowel gave them more confidence during the day when they would be going to work and carrying out their normal activities.

Frequency of use varied from three times a week to twice a day; in most instances people used rectal irrigation once a day. Patients reported taking 20–60 minutes to perform rectal irrigation. In general, they found the procedure easier than expected.

Some experienced problems initially and had to adjust the way they conducted the irrigation until they found a way that suited them. Many of the initial problems, however, related to fitting irrigation into daily routine. The ability to integrate the procedure into their lives was illustrated by those participants who had been successful in going on holiday. Only one participant dwelt on the negative aspect of being reliant on a daily procedure.

### Impact

Many participants considered rectal irrigation a 'lifesaver' that relieved symptoms and allowed them to turn their lives around.

Importantly, participants claimed they were once again in control of their bowel function and, therefore, in control of their lives. The procedure gave people more confidence to resume physical and social activities and, as a result, their quality of life was improved.

Two participants had even started to have occasional normal bowel movements. Close relationships, including sexual ones, had also improved.

The participants all reported their experience of the clinic as being a positive one. Two aspects of care emerged from the data as particularly important: staff and information. All the participants emphasised how crucial the care delivered by the clinic staff was to the success of irrigation.

### DISCUSSION

Rectal irrigation provided a successful self-management option for all but two of the participants: for one, it had not resolved symptoms, and the other found the routine

### REFERENCES

**Christensen, P. et al** (2006) A randomized, controlled trial of transanal irrigation versus conservative bowel management in spinal cord-injured patients. *Gastroenterology*; 131: 3, 738–747.

**Crawshaw, A.P. et al** (2004) A retrospective evaluation of rectal irrigation in the treatment of disorders of faecal incontinence. *Colorectal Disease*; 6: 3, 185–190.

**Gardiner, A. et al** (2004) Rectal irrigation for the relief of functional bowel disorders. *Nursing Standard*; 19: 9, 39–42.

burdensome but recognised that it was helpful in alleviating the problem. Overall it was clear that rectal irrigation gave people control over their illness and lives. People who had hardly left the house for years were now able to socialise, go on holiday and start new relationships.

Rectal irrigation did require compliance and discipline. It did take time for people to get used to the technique and integrate the procedure into daily life. Specialist staff who are knowledgeable and who listen to patients' problems play a key role in the success of rectal irrigation. With the participants in our study, the staff provided ongoing support while people were readjusting.

Results highlighted the fact that participants had been frustrated in their attempts to obtain information relevant to them before attending the irrigation clinic. The success of irrigation might be due not only to the procedure, but also to the therapeutic and informative input from specialist nursing staff. Any future evaluation of rectal irrigation would have to factor in this influence.

The study was limited by the sample size and the fact it comprised women only. However, it does show insight into the experiences of people referred to the irrigation clinic. For many this was a 'lifesaver'.

### CONCLUSION

Rectal irrigation has a potential role in the management of chronic constipation and faecal incontinence. Further interventional evaluations are required to establish an evidence base for its use. n

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