HKCET Newsletter

Hong Kong Council of Enterostomal Therapists

December 1997 Volume 4.4

Special Topic - Colostomy Irrigation
- Management of Pressure Ulcer

Colostomy Irrigation

What is Colostomy Irrigation ?

Colostomy irrigation is the practice of instilling a measured amount of lukewarm water into the colon via the colostomy. The ensuring dilation of the colon is followed by a reflex contraction which expels faeces and fluid from the colon via the colostomy.

It is a method of controlling bowel action by enabling the large bowel to empty, so preventing further bowel action until the next irrigation.

It offers a method by which the stoma patients may exercise control over the action of the stoma.

Aim

The aim is for the colostomist to have no further bowel movement between irrigations, usually every 24 hours, enabling her / him not to wear a pouch with faeces.

Advantages

1. Reduce odour and flatus
2. Less worry about appliances brusting or showing under clothing
3. No problems about disposing of used appliances when out socially
4. A feeling of return to normal with the maintenance of some control over when and where the bowel moves

Who is suitable for irrigation ?

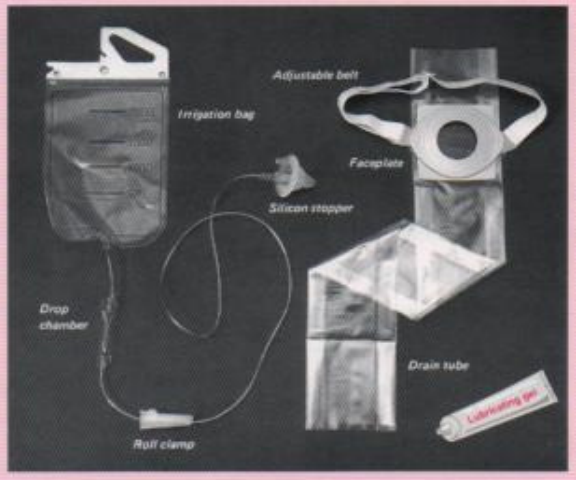
1. The medical facts
2. The stoma is a permanent, end colostomy site in the descending or sigmoid colon
3. Home facility : a lavatory which has a hand-basin or similar washing facilities
4. Emotional / physical state : he / she must be well motivated and has good manual dexterity. Mentally and physically are capable of learning and performing the technique
5. The stool is formed
6. Family co-operation is essential in providing support, privacy and time space

Contra-indication for irrigation

1. The ileostomy patients
2. Crohn's disease : it may precipitate a recurrence of the disease or perforate skip lesions
3. Inflammaroty bowel disease, irritable bowel syndromes or diverticular disease
4. Transverse or ascending colostomy
5. The patients with physical / mental limitations
6. The patients with residual carcinoma in the bowel
7. The patients with the following diseases : cardiac, renal failure, hernia & arthritis

Equipment required

1. A reservoir and plastic tubing with clamp
2. A cone
3. A drainage sleeve, belt and clip
4. Lubricating gel



Amount of water

The amount of water instilled may vary from 500 - 1200ml, depending on individual needs

Irrigation procedure

1. Collect all necessary equipment and ensure the warm and comfortable environment
2. A hook is fixed to the toilet to hold the reservoir at head height of the sitting position
3. Pour lukewarm water into the reservoir and eliminate the air from the tubing

4. Remove the appliance and clean round the stoma
5. Allow the drainage sleeve to hang between the legs which will permit the fluid to flow into the toilet
6. With the sleeve in place, the patient can prepare to introduce the lubricated cone
7. The cone is held in place with the fingers of one hand
8. While holding the cone with one hand the clamp can be slowly opened with the other hand and allow water to flow from the reservoir via the colostomy into the descending colon

9. The amount of water used and the time taken for it to enter the bowel varies from individuals (about 10-15 mins)
10. When the desired amount of water had been introduced into the colon, the cone can be removed from the stoma and the drainage sleeve is closed at the top

Evacuating the fluid

1. In 5-10 mins, there will be a flow of faeces from the stoma
2. Afterwards, the patient may clean the lower end of the drainage sleeve and fasten it with the clip
3. Evacuation of the fluid will be completed after a further 10-15 mins
4. After this time, the sleeve can be removed and the area around the stoma can be cleaned and dried
5. The stoma could be covered by a small pad or stoma cap
6. The whole procedure takes about 40-50 mins


Stoma Cap

Some hints for colostomy irrigation

1. Colostomists should be advised that it takes approximately one month for the bowel to adapt to the procedure. The patient should wear the usual colostomy appliance afterwards in case of spillage of faeces or fluid due to incomplete evacuation.
2. Never do irrigation if you are taut and tense. Wait until you have clamed down and relaxed.
3. For the first week, irrigation should be carried out daily. If no spillage occurs between irrigations, irrigation can be tried every 48 hours.
4. Try to do irrigation approximately the same time every day or alt day.

By : Ms Grace Chau Lai Ping
Ward Manager
QEH

Management of Pressure Ulcers (Part II)

Although it is certainly desirable to prevent pressure ulcers, individuals still enter the health care system with ulcers or develop ulcers during periods of increased vulnerability as their physical condition deteriorates. Pressure ulcer management mainly focused in six areas :

1. Assessment.
2. Managing tissue loads.
3. Ulcer care.
4. Managing bacterial colonization and infection.
5. Operative repair.
6. Education and quality improvement.

Assessment of the patient and pressure ulcer

The assessment of an individual with a pressure ulcer is the basis for planning treatment, evaluating treatment effects, and communicating with other caregivers. Assessment and management of the individual's overall health, including physical, psychosocial, and nutritional status. Pain should be assessed and managed.

Assessment of patient :

- a complete history and physical examination,
- the identification of complications and comorbid conditions,
- a nutritional assessment,
- an assessment of pain,
- a psychosocial assessment,
- an evaluation of the individual's risks for additional pressure ulcers.

Assessment of the ulcer:

- location, stage, and size of the pressure ulcer
- whether sinus tracts, undermining, tunneling, exudate, necrotic tissue, granulation tissue, and epithelialization are present.

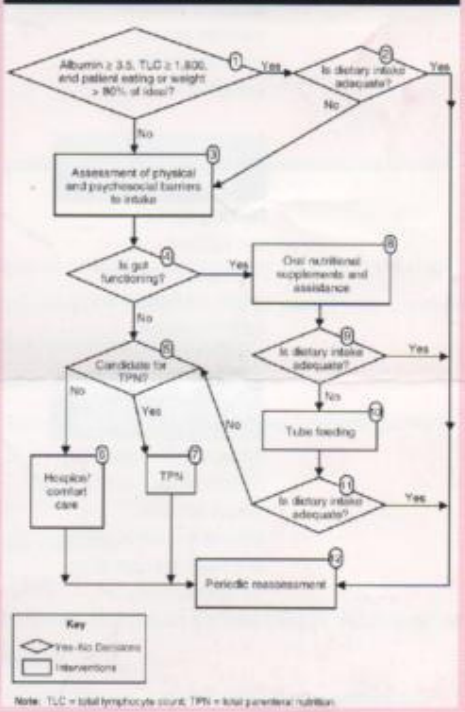
Pressure ulcers should be assessed at least once a week, but deterioration either in the patient's overall condition or in the pressure ulcer itself mandates more immediate reassessment as well as a reevaluation of the treatment plan.

Special attention should be directed to identification and management of illnesses that might impede healing, such as peripheral vascular disease, diabetes mellitus, immune deficiencies, collagen vascular diseases, malignancies, psychosis, and depression.

Complications known to be associated with pressure ulcers should be identified and treated early. Possible complications include septic arthritis, sinus tract or abscess, squamous cell carcinoma in the ulcer, systemic effects of topical treatments (e.g., iodine toxicity), osteomyelitis, bacteremia, sepsis, and advancing cellulitis.

Nutritional assessment and management are essential to any successful pressure ulcer treatment program. Weigh the patient weekly. If patient cannot eat enough food to maintain weight or if a sudden increase or decrease in weight, it may need a special diet and vitamin supplements. Approximately 30 to 35 calories/kg/day and 1.25 to 1.50 grams of protein/kg/day are recommended to place the patient in positive nitrogen balance.

Figure Nutritional assessment and support



A psychosocial assessment should be carried out to determine whether the patient comprehends the treatment program and is motivated to adhere to it. This assessment also provides the clinician an opportunity to understand the values, lifestyle, psychosocial needs, and goals of the individual, family, and caregiver and thus collaboratively set treatment goals and arrange interventions that meet the needs of the individual.

By: Mr Pang Chak Hau
Nurse Specialist
YCH

Conference

The 2nd International Conference of the Association for Continence Advice

It is a conference for the professionals with an interest in the promotion of continence and the management of continence.

Date : 20-23 April, 1998

Venue : Edinburgh International Conference Centre, Edinburgh, Scotland, United Kingdom

For information, please contact : Conference Secretariat, Index Communication Meeting Services, Crown House, 28 Winchester Road, Romsey, Hampshire 5051 8AA, United Kingdom

12th World Council of Enterostomal Therapists Biennial Congress

Date : 7-12 June, 1998

Venue : Brighton, United Kingdom

Theme of the congress : Enterostomal Therapy - Reflection and Reality

For information, please contact : The Congress Secretariat, Concorde Services Ltd, 10 Wendell Road, London W12 9RT, UK

Message from HKCET

Extraordinary General Meeting

HKCET will arrange an EGM to discuss the matter concerning about:

- HKCET to become a company limited
- Bid for WCET Congress in 2004

Date : 6th December, 1997

Time : 2:30pm - 4:30pm

Venue : 1st Floor, Conference room, Nurses quarter, Kwong Wah Hospital

Invitation letter will send to all the members