POSITION STATEMENT - CONSULTATION

Trans-Anal Irrigation Systems

Trans-anal Irrigation Systems are recommended for use within the Lancashire Health Economy for the treatment of **Neurogenic Bowel Dysfunction and Non-Neurogenic Bowel Dysfunction including; chronic constipation and chronic faecal incontinence – ‘Amber 0’ colour classification.**

Treatment should be initiated and stabilised by specialist service providers for a period of 3 months. Prescribing responsibilities may then be transferred to primary care **after the initial 3 month period** only where there has been a demonstrable improvement in validated measures of bowel function such as the Cleveland Clinic constipation scoring system, St Mark’s faecal incontinence score or neurogenic bowel dysfunction score.

The choice of product should be made by an appropriately trained specialist, in conjunction with the patient. Where possible the least invasive device, which meets the patients’ needs should be used.

**TAI is only supported by the LMMG in the context of an agreed commissioning pathway.**

**Specialist services are expected to retain responsibility for on-going patient follow-up and review (until such time that treatment is stopped).**

**NICE Medical Technologies Guidance**

Although the NICE medical technology guideline relates specifically to the Peristeen transanal irrigation system NICE advise that:

“...If bowel continence cannot be achieved by medication, changes to diet and physiotherapy and long-term management strategies such as transanal irrigation should be considered. A number of different transanal irrigation systems, including Peristeen, are available. Clinicians and patients should discuss the options available and may try a number of devices before settling on a preferred system...”

NICE has issued the following guidance relating to the use of the Peristeen transanal irrigation system:

- The case for adopting Peristeen for transanal irrigation in people with bowel dysfunction is supported by the evidence. 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. It may take several weeks before a person is comfortable with using Peristeen, and some people may choose to stop using it. Peristeen is, therefore, most effective when it is offered with specialist training for users, carers and NHS staff, and structured patient support.
• Cost modelling for Peristeen is uncertain, but it is likely that Peristeen provides additional clinical benefits without costing more than standard bowel care.

Supporting Safety Information

Risk of using the devices inappropriately.
A Medical Device Alert (MDA) was issued by the MHRA in February 2014 about the peristeen® device. As a consequence, the manufacturer has updated the instructions, contra-indications, precautions and warning sections. More detailed instructions for patient examination before starting transanal irrigation were also added. All devices require specialist initiation by an appropriately trained healthcare professional. Where an individual device is used contrary to the manufacturer's current recommendations, the company will not accept any liability for any injury or loss.

The Risk of bowel perforation.
There are three mechanisms of bowel perforation; impaling trauma following catheter insertion, overinflation of the balloon or exaggerated hydrostatic pressure during water instillation. Evidence suggests that the perforation rate is most likely to occur in the 1st few months of treatment, i.e. the risk is not cumulative. Historically the risk has been estimated to be between 1 in 50,000-100,000. But more recently a 2015 publication based on audit data from 2005-2013 quantified the risk as six perforations per million procedures.

Contraindications.
A Consensus review of best practice in transanal irrigation in adults outlined the following contraindications to irrigation:

<table>
<thead>
<tr>
<th>Absolute Contraindications³</th>
<th>Relative Contraindications⁴</th>
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<tr>
<td>• Anal or rectal stenosis</td>
<td>• Severe Diverticulitis: Diffuse disease, dense sigmoid disease, previous diverticulitis or diverticular abscess</td>
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<td>• Active inflammatory bowel disease</td>
<td>• Long term steroid medication</td>
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<td>• Acute diverticulitis</td>
<td>• Radiotherapy to the pelvis</td>
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<td>• Colorectal cancer</td>
<td>• Prior rectal surgery</td>
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<td>• Within three months of rectal surgery</td>
<td>• Faecal impaction</td>
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<tr>
<td>• Within four weeks after endoscopic polypectomy</td>
<td>• Painful anal conditions</td>
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<tr>
<td>• Ischaemic colitis</td>
<td>• Current or planned pregnancy, bleeding diathesis or anticoagulant therapy (not including aspirin or clopidogrel)</td>
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It is also important to consider patient factors such as the ability to self-administer and acceptability of using an invasive device. The following should be taken into consideration: history of sexual abuse, patient vulnerability, the capacity to consent and risk of self-harm. The patients home environment should be risk assessed before initiation where possible.

A Digital rectal examination before first irrigation is essential to assess faecal impaction, anal sphincter function and co-ordination. Faecal impaction should be treated before starting treatment. If the patient has had previous anal or colorectal or pelvic surgery an endoscopy or comparable examination should be performed to exclude co-morbidity.

Patient/carer understanding of adjunctive management strategies. Continued compliance with adjunctive management strategies, e.g. diet, fluid intake co-prescribed laxatives are usually required as directed by the specialist, there is a risk of deterioration if patients/carers inappropriately stop alternative management strategies. It is important that realistic expectations are set with the patient.
Product Choice

The Choice of product should be made by an appropriately trained specialist, in conjunction with the patient. The product which the patient finds easier to use should be ordinarily be chosen, with consideration of cost and invasiveness where a number of devices are suitable.

- There are four categories of irrigation devices. Low volume ‘mini’ devices, cone devices, catheter/balloon devices and bed systems. Although the majority of published evidence in support of trans-anal irrigation relates specifically to the peristeen® device, or to trans-anal irrigation (device not specified). It is the view of local expert advisors that the benefits achieved from irrigation using one type of device apply to the other devices. That is the treatment outcomes relate to the bowel being irrigated (not to the particular device). This view is supported by local patient outcomes data.
- The choice of device used is dependent on some patients’ factors including their anatomy, dexterity, ability to use the device and volume of irrigation required. Where possible the least invasive device, which meets the patients' needs should be used in preference.
- The ‘bed’ device is considered to have a theoretical increased risk of bowel perforation compared to the other devices due to the wide diameter and rigidity of the rectal device. Organisations should ensure that appropriate risk assessments are undertaken before the use of this system. Consideration should be given to incorporating additional restrictions on use for example, only under the direct supervision of a registered healthcare professional with appropriate training or two members of staff required.
- Because the licensing process for medical devices differs considerably from that of medicines, product-specific evidence of clinical effectiveness and safety is often lacking. The LMMG have carried out a detailed review of information provided from the device manufactures and local expert advisors. Based on this, the following devices are considered appropriate for use within the Lancashire Health Economy, (when used by the manufacturer's instructions); Peristeen® Quofora® range, IryPump®, Aquaflush®.
- Organisations should be mindful that any modifications to the system could potentially result in changes to the products safety or effectiveness. Where the manufacturer updates their product, organisations should ensure that there is a process in place which ensures that the new or modified device is assessed for safety and functionality.

References

4. Christensen et al. 2015. Global audit on bowel perforations related to transanal irrigation
Please access this guidance via the LMMG website to ensure that the correct version is in use.

Version Control

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date</th>
<th>Amendments Made</th>
<th>Author</th>
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<tbody>
<tr>
<td>Version 1.0</td>
<td>April 2016</td>
<td>Approved</td>
<td>Susan McKernan</td>
</tr>
<tr>
<td>Version 1.1</td>
<td>May 2016</td>
<td>Recommendation re; non-neurogenic bowel updated</td>
<td>Susan McKernan</td>
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<tr>
<td>Version 1.2</td>
<td>April 2019</td>
<td>Aquaflush added. Review of evidence base.</td>
<td>PT</td>
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**Figure 1. Overview of Device Types and Place in Therapy** (Produced by MLCSU Following Specialist Discussions)

**Low Volume Cone Devices**  
‘Mini Devices’
- Suitable for patients requiring a low volume of water for irrigation for example patients with faecal incontinence, difficult defecation and obstructive defecation. (Not suitable for patients requiring irrigation with larger volumes of water)
- Simple device, hand pump with non-return valve, water is sent straight to the bowel
- The cone tip is unlikely to provoke reflex contractions & is less invasive compared to a catheter device
- Easy to transport
- Cone needs to be manually held in place throughout instillation

**Options available:**
- Qufora® IrriSedo Mini System
- Aquafush® Lite or Compact

**High Volume Cone Devices**
- Suitable for use in patients requiring a high volume of water for irrigation and who are able to manually hold the cone in place throughout irrigation. For example slow transit constipation
- The cone tip is unlikely to provoke reflex contractions & is less invasive compared to a catheter device
- There are less stages to use compared to catheter devices (but more compared to the low volume devices)
- Cone needs to be manually held in place throughout instillation, some patients may experience leakage during irrigation

**Options available:**
- Qufora® IrriSedo Cone Toilet System
- IryPump®
- Aquafush® Quick (or Actif for paediatrics)

**High Volume Catheter Devices**
- For use in patients requiring a high volume of water for irrigation and who are not able to manually hold the cone in place throughout irrigation or who experience leakage when using cone devices. For example slow transit constipation
- Catheter device, more invasive. Inflation of the balloon can provoke reflex rectal contractions. More complex to use compared to cone device

**Options available:**
- Peristeen®
- Qufora® IrriSedo Balloon

**High Volume Bed Devices**
- Only for use in a select group of patients who are bed bound
- Suitable for patients requiring a high volume of water for irrigation and who are not able to hold the cone in place throughout irrigation.
- There is a theoretical increased risk of bowel perforation with this device compared to the other devices due to the wide diameter and rigidity of the rectal device. Advisors were of the view that it should only be used under the direct supervision of a registered healthcare professional with appropriate training
- If used local organisations need to consider the number and training of staff required to ensure safe use and to ensure that are adequate systems in place to enable staff to respond to and manage an adverse reaction/particularly on first use

**Options available:**
- Qufora® IrriSedo Bed

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