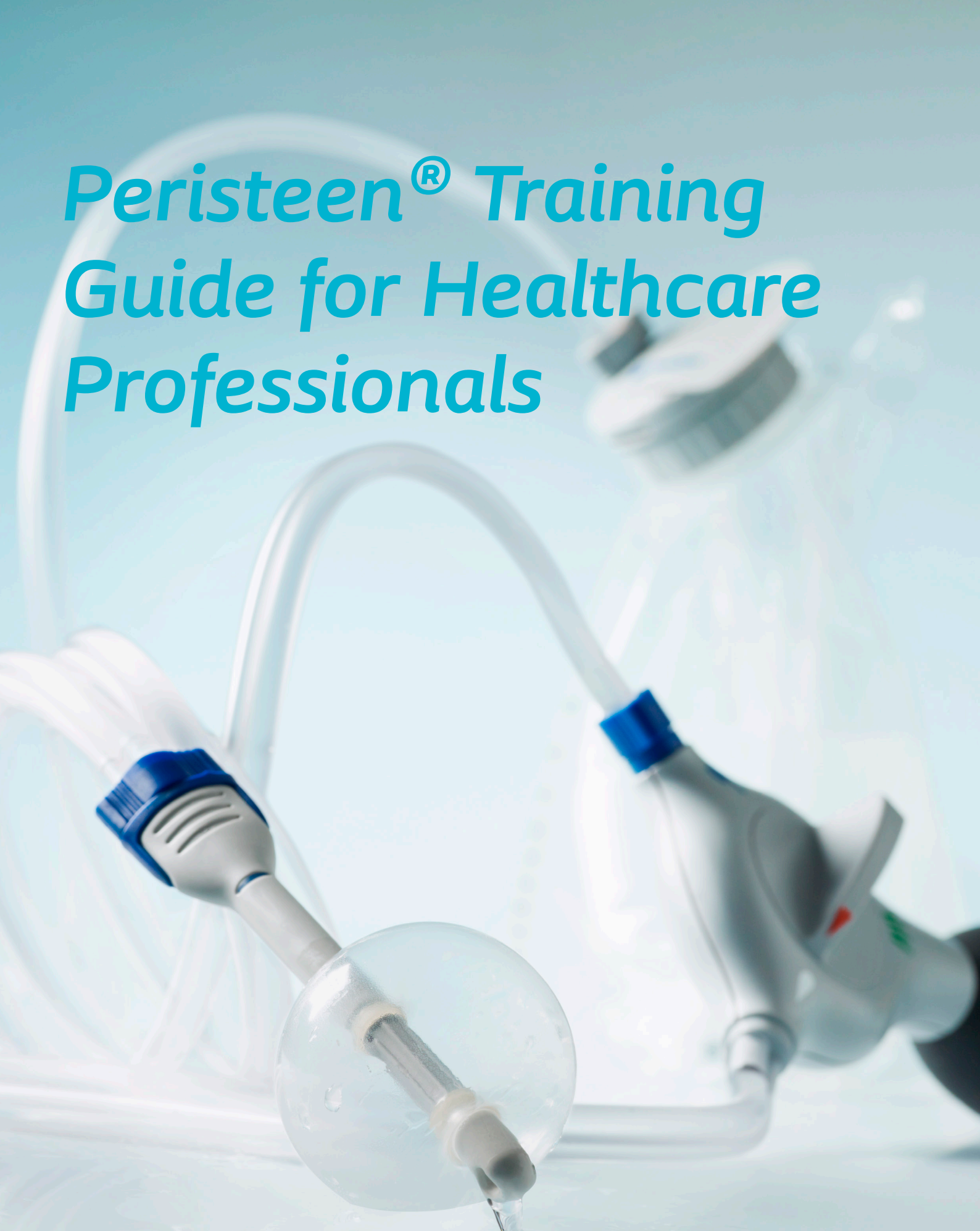
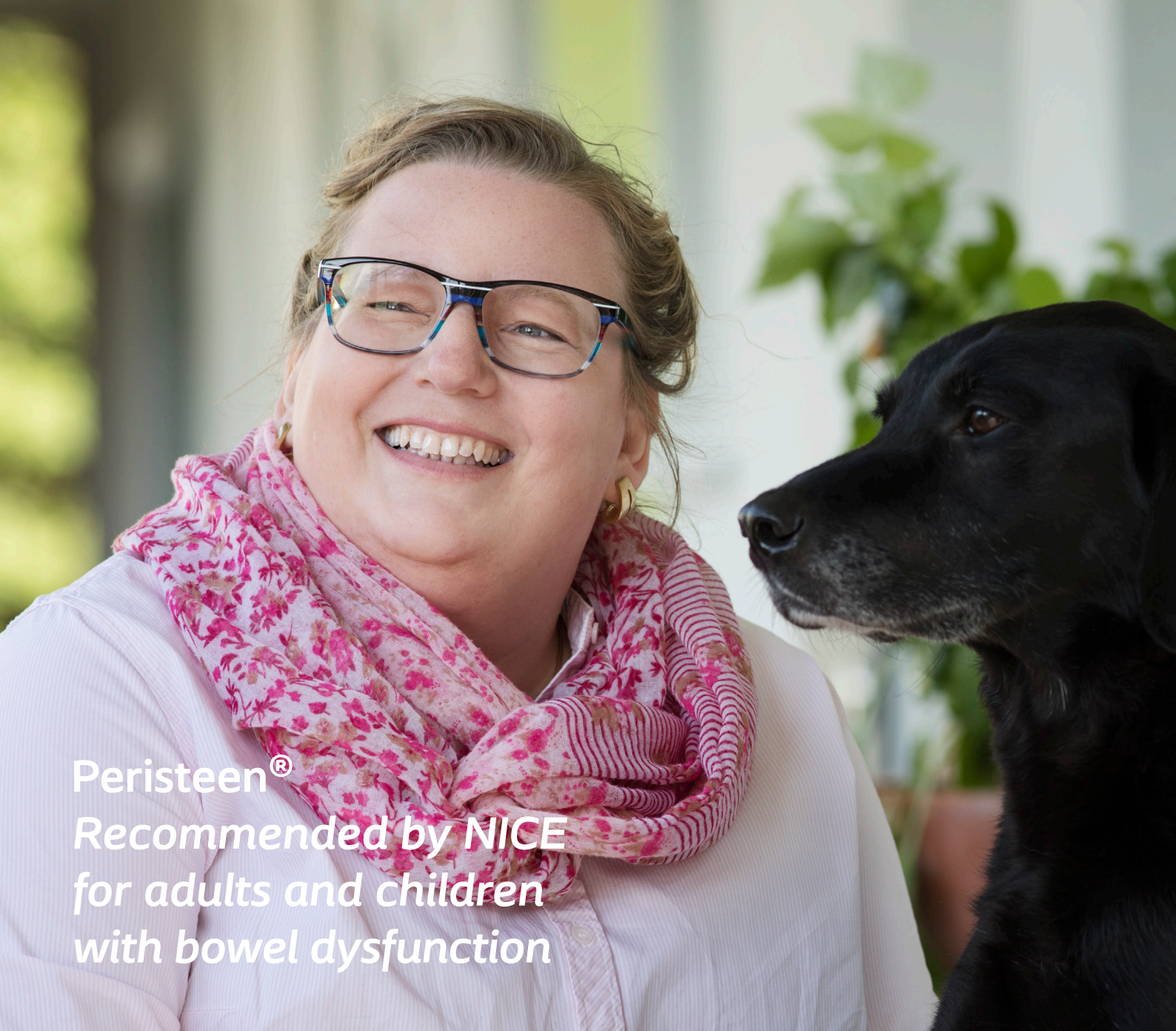


# *Peristeen® Training Guide for Healthcare Professionals*







Peristeen®  
*Recommended by NICE  
for adults and children  
with bowel dysfunction*

## Preface

This training guide is aimed at healthcare professionals (HCPs) who want to learn how to effectively select, train and support patients in the confident and competent use of Peristeen®.

Patients must be trained to use Peristeen Transanal Irrigation under clinical supervision but, when they are confident to do so, many will successfully use Peristeen without assistance in the privacy and comfort of their own home.

Because every patient is different, the initial outcomes of Peristeen Transanal Irrigation can vary from individual to individual; establishing a personalised regimen is an important first step to achieving effective and predictable bowel management in the longer term. With a little patience and practice, your patients can achieve significant improvements in bowel function and quality of life – this booklet will show you how.



# Contents

Preface	2
A better path to bowel control with Peristeen Transanal Irrigation	4
Who can benefit from Peristeen?	6
Evidence supporting the use of Peristeen	8
Patient Selection, Initiation and Training	10
How to use Peristeen Transanal Irrigation	12
Establishing a personalised routine	19
Additional guidelines	22
Coloplast Charter	24
Peristeen Anal Plug	26



# A better path to bowel control with Peristeen Transanal Irrigation

Being able to have regular defaecation at a chosen time and place is a key aspect of physical and emotional well-being. Therefore, not being able to control one's bowels over a long period can be a distressing experience. When used daily or every other day, Peristeen Transanal Irrigation (TAI) can help patients regain confidence and control through effective and predictable prevention of faecal incontinence and constipation.

Peristeen assists the evacuation of faeces by introducing lukewarm water into the rectum and colon via the anus. The water is subsequently evacuated into the toilet together with the faeces from the descending colon, sigmoid colon and rectum<sup>1</sup>. Peristeen uses a balloon to hold the catheter in place in the rectum making it a pressure-constant TAI system. Studies have shown that effective bowel emptying requires 500ml-1000ml of water with a pressure-constant system<sup>2</sup>.

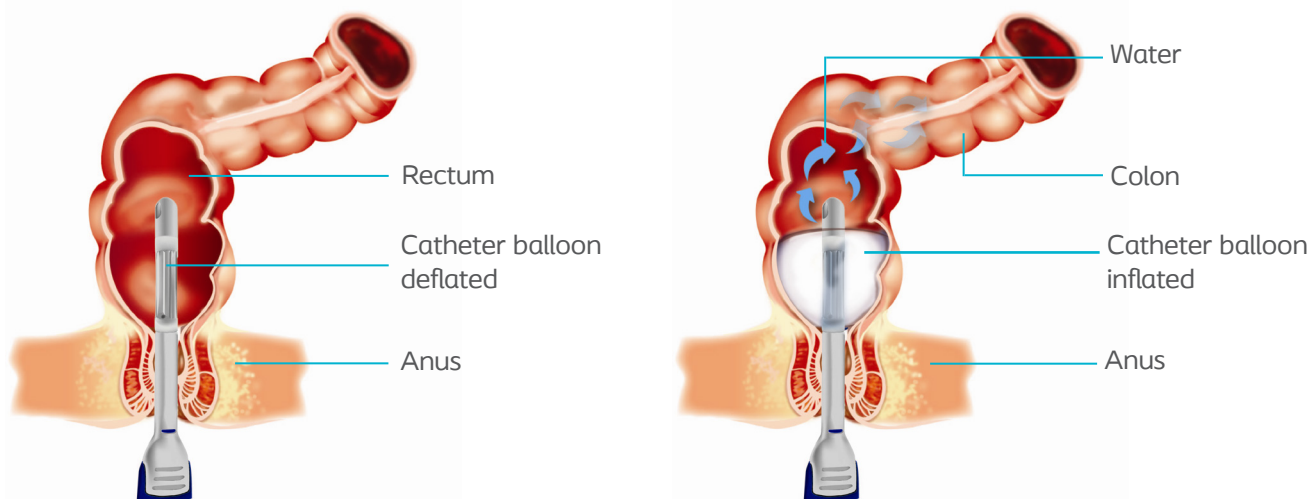
Various studies suggest that Peristeen may increase patient independence during bowel care, and take less time than conservative bowel management procedures; so patients can reduce the total time they need to spend on bowel care<sup>2,3</sup>. In addition, Peristeen is associated with significantly fewer urinary tract infections than conservative bowel management<sup>2</sup> and it may result in cost savings for the healthcare system<sup>4</sup>.

Peristeen is recommended by the National Institute for Health and Care Excellence (NICE) for adults and children with bowel dysfunction - NICE Medical Technology Guidance 36. This Guidance states that Peristeen:

- can provide important clinical benefits in most people with bowel dysfunction, including improving quality of life and promoting independence
- is a cost-effective treatment for people with bowel dysfunction; likely to provide additional clinical benefits without costing more than standard bowel care

Whether the patient experiences faecal incontinence, chronic constipation, or both, Peristeen may help re-establish regular and predictable bowel function, thereby improving confidence and quality of life<sup>5</sup>.

This booklet will support you in answering patients' frequently asked questions about Peristeen, and overcoming potential barriers that may prevent patients achieving effective bowel care using this system. In addition, Coloplast offers an extensive training programme to support you in educating and motivating your patients to establish and maintain an effective bowel care plan using Peristeen.



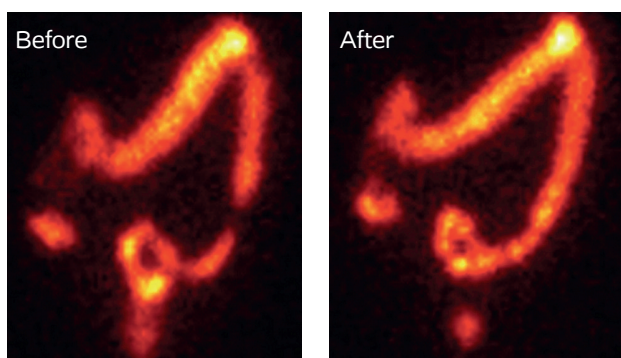
The position of Peristeen in the rectum. The inflated balloon keeps the catheter in place.



## A clinically proven method for managing constipation and faecal incontinence

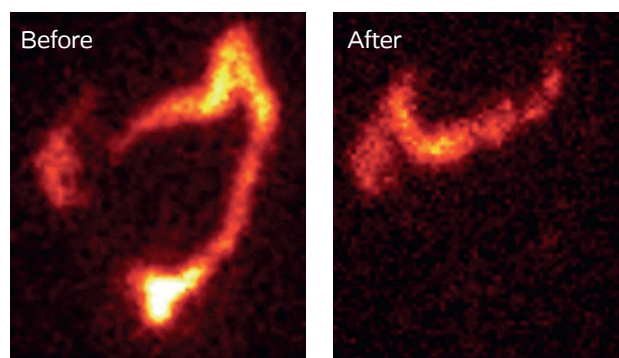
In scintigraphic studies performed in patients with spinal cord injury (SCI) and neurogenic bowel dysfunction, Transanal Irrigation (TAI) has been shown to be effective as a bowel emptying technique<sup>1</sup>. In patients with faecal incontinence, the descending colon and rectum are emptied so efficiently that new faeces will not reach the rectum before the next irrigation – on average 2 days later – thereby preventing accidents. In patients with chronic constipation, Peristeen promotes emptying of the rectum and most of the descending colon, and therefore, helps to prevent blockages.

### Physiological defaecation



Bowel scintigraphic images of an SCI patient before and after defaecation using manual evacuation

### Transanal irrigation with a balloon catheter system



Bowel scintigraphic images of an SCI patient before and after defaecation using Transanal Irrigation

## A recognised long-term standard treatment option

A number of leading global hospitals have adopted balloon catheter transanal irrigation (TAI) as a standard step in their treatment protocol, with many now prescribing Peristeen as their first-line treatment for neurogenic conditions considering that Peristeen can offer cost savings or may be no more expensive than standard bowel care<sup>6</sup>.

Long-term use of TAI is usually recommended if other first-line methods of bowel management have failed to adequately control symptoms, or are deemed unsatisfactory because, for example, medication and routines are deemed ineffective or pose too many restrictions to the patient's life<sup>7</sup>.

# Who can benefit from Peristeen?

Peristeen is indicated to manage symptoms of chronic constipation and faecal incontinence. Peristeen can be used by both adults and children over 3 years of age across both neurogenic and functional patient populations and has been recommended by NICE for adults and children with bowel dysfunction<sup>6</sup>.

The system is designed to be easy to handle so that it can be used by a wide range of patients, including those with impaired manual dexterity, helping more patients to regain independence. A smaller size of catheter is available for children over the age of 3, which can also be used by adults if it is deemed by the healthcare professional to be more suitable than the regular catheter.

## Contraindications and cautions

### Contraindications

Peristeen must not be used if the patient has:

- Known anal or colorectal stenosis
- Colorectal cancer
- Acute inflammatory bowel disease
- Acute diverticulitis
- Undergone anal or colorectal surgery within the past 3 months
- Undergone an endoscopic polypectomy within the past 4 weeks
- Ischaemic colitis

Since the list is not exhaustive, the healthcare professional should always consider individual patient factors and patient assessments as well.





## Cautions

Special caution must be shown if the patient has or has had any of the following:

- Any anorectal condition, which may cause pain or bleeding e.g. anal fissure, anal fistula or third or fourth degree haemorrhoids
- Faecal impaction/heavy constipation. If the patient is heavily constipated (faecally impacted), an initial clean-out of the bowels (disimpaction) is mandatory before starting the Peristeen Transanal Irrigation procedure
- Irradiation therapy in the abdominal or pelvic region
- Severe diverticulosis or diverticular abscess
- Previous anal or colorectal surgery
- Previous major pelvic surgery
- Severe autonomic dysreflexia
- Long-term corticosteroid therapy
- Bleeding diathesis or anticoagulant therapy (not including aspirin or clopidogrel)
- Changed stool pattern such as sudden diarrhoea of unknown origin. The cause for diarrhoea must be identified
- Rectal medication, since the effect of such medication may be reduced by Peristeen Transanal Irrigation

## Peristeen Transanal Irrigation is not recommended for:

- Children below 3 years of age
- Current or planned pregnant or nursing women

## Bowel perforation

Peristeen Transanal Irrigation is an extremely effective bowel emptying technique but as with all procedures, should always be carried out with caution. Bowel perforation is an extremely rare but serious and potentially lethal complication of anal irrigation. With the currently available Peristeen system, the estimated rate of bowel perforation is in the order of 1 in 500,000 procedures<sup>8</sup>.

Bowel perforation should be suspected if the patient experiences severe or sustained pain in the abdomen or back (sometimes combined with fever), and/or severe or sustained anal bleeding. Peristeen should be stopped immediately and the patient should seek immediate medical help if this occurs.

In order to minimise the risk of perforation, it is crucial to perform the necessary medical assessment on each patient, but also that patients receive clear instruction and education from you on how to perform the irrigation procedure. The first irrigation must be supervised by a healthcare professional.

# Evidence supporting the use of Peristeen

There is a substantial body of evidence showing that Peristeen is an effective method of managing bowel dysfunction in both children and adults. Peristeen has also been shown to be a cost-effective bowel management technique, compared with other options<sup>9</sup>. For more information on the studies investigating Peristeen and its cost-effectiveness, please refer to the 'Transanal irrigation for the management of neurogenic bowel dysfunction in adults: evidence summary' booklet. An evidence summary booklet for paediatrics is also available.



## Summary

Peristeen has the most comprehensive clinical data of any transanal irrigation device with more than 30 clinical studies undertaken using Peristeen. It is proven to:

- ✓ Reduce episodes of faecal incontinence
- ✓ Reduce UTIs
- ✓ Reduce carer dependence
- ✓ Reduce time spent on bowel management
- ✓ Reduce hospitalisations
- ✓ Reduce surgical interventions
- ✓ Improve bowel scores
- ✓ Improve Quality of Life (EQ-5D)

## Peristeen - recommended by NICE for adults and children with bowel dysfunction

NICE Guidance MTG36 states that the case for adopting Peristeen for transanal irrigation in people with bowel dysfunction is supported by its clinical evidence. Peristeen can reduce the severity of constipation and incontinence, improve quality of life and promote dignity and independence<sup>6</sup>.



*“Peristeen is the next  
best thing to a cure.  
It’s absolutely  
changed my life”*





# Patient Selection, Initiation and Training

Before starting Peristeen, patients must undergo a medical evaluation by a qualified healthcare professional to ensure they have no conditions that preclude its use or require further investigation. A digital rectal examination (DRE) is considered mandatory as part of this medical evaluation.

In case of history of anal, colorectal or pelvic surgery, and/or radiation therapy, an endoscopy, defecography, or comparable procedure(s) should be used to determine whether the patient's bowel could withstand the Peristeen Transanal Irrigation procedure, including how much the balloon shall be (if at all) inflated.

Peristeen is clinically proven and recommended by NICE for adults and children with bowel dysfunction<sup>6</sup>. However, Peristeen may not be suitable for everyone and in order to facilitate and assist in the work of patient selection and exclusion, Coloplast has developed a TAI Suitability Assessment that you can use prior to starting a new patient on the therapy.

Ask your Peristeen Advisor for more information and copies of the TAI Suitability Assessment as it is complementary to this guide.

**Coloplast** **Peristeen®**

## TAI Suitability Assessment

Name: \_\_\_\_\_ NHS/Hospital no: \_\_\_\_\_  
 Date: \_\_\_\_\_ Completed by (name & job title): \_\_\_\_\_

**Section 1: Prior TAI Suitability Assessments**

Suitability assessment (please tick as appropriate)

Question	Yes	No	Notes
Bowel dysfunction severe enough TAI suitability assessment	<input type="radio"/>	<input type="radio"/>	
Digital Rectal Examination (DRE) conducted (mandatory)?	<input type="radio"/>	<input type="radio"/>	
Any new symptoms since DRE?	<input type="radio"/>	<input type="radio"/>	
Endoscopic or PR investigation performed (mandatory for surgical history)	<input type="radio"/>	<input type="radio"/>	
Impacted / heavily constipated (mandatory to clear prior to TAI)	<input type="radio"/>	<input type="radio"/>	

Date & comments: \_\_\_\_\_  
 Score: \_\_\_\_\_

**Section 2: Peristeen® Contraindications, Precautions and Special Cautions**

Patient conditions (please tick as appropriate)

Question	Yes	No	Notes
Known anal or colorectal stenosis	<input type="radio"/>	<input type="radio"/>	Do Not Use
Colorectal cancer (pre-surgery)	<input type="radio"/>	<input type="radio"/>	Do Not Use
Acute Inflammatory bowel disease	<input type="radio"/>	<input type="radio"/>	Do Not Use
Acute diverticulitis	<input type="radio"/>	<input type="radio"/>	Do Not Use
Less than 3 months since anal or colorectal surgery	<input type="radio"/>	<input type="radio"/>	Do Not Use
Less than 12 months since surgery if LARS patient	<input type="radio"/>	<input type="radio"/>	Do Not Use
Less than 4 weeks since endoscopic polypectomy	<input type="radio"/>	<input type="radio"/>	Do Not Use
Ischaemic colitis	<input type="radio"/>	<input type="radio"/>	Proceed with Caution
Special caution identified (see Peristeen (EU))	<input type="radio"/>	<input type="radio"/>	Proceed with Caution
Precaution identified (see Peristeen (EU))	<input type="radio"/>	<input type="radio"/>	Proceed with Caution
Any other contraindications, precautions or special cautions	<input type="radio"/>	<input type="radio"/>	Precaution

**Section 3: Patient Therapy Engagement Considerations**

The patient (please tick as appropriate)

Question	Yes	No	Notes
Understands possible risks and benefits of the therapy	<input type="radio"/>	<input type="radio"/>	
Is able to perform Peristeen independently (if no, detail who will provide care)	<input type="radio"/>	<input type="radio"/>	
Has mental capacity (if no, follow local guidelines for safeguarding)	<input type="radio"/>	<input type="radio"/>	
Has consented to recommended use routine with MD consent	<input type="radio"/>	<input type="radio"/>	

**Section 4: Patient Recommended for Use**

Peristeen recommended for use - if yes, organise supported irrigation training if patient receptive or follow-up	<input type="radio"/>	<input type="radio"/>
Consent and withdrawal rights given - either written, verbal or implied (TU treatment initiation and further DRE) if required	<input type="radio"/>	<input type="radio"/>

**Peristeen recommended for use, prepare for supported irrigation training**

Thanks to the following Peristeen PUs for their advice, please contact Coloplast Change or 0800 874 654  
 © 2023 Coloplast. All rights reserved. Management of Bowel Disorders, including DRE and DRE



## Training and first irrigation

It is recommended that a patient's first irrigation with Peristeen is supervised by a healthcare professional to ensure correct, safe and optimal use of the product.

After appropriate training, the majority of people will be able to use Peristeen without the aid of a healthcare professional or carer. However, if the patient is unable to perform the procedure independently, it is important to also involve and train the patient's caregiver who will be in charge of helping or performing the irrigation on the patient.

**Subsequent irrigations should be followed up by consultations, in-person or by telephone, until the patient has fully adapted the procedure to meet their individual needs and until they feel confident to continue the procedure independently.**

If a patient is heavily constipated (faecal impaction), it is necessary to thoroughly clean out their bowels before starting Peristeen. This is for reasons of safety and to provide the basis for a successful outcome; impaction in the rectum or colon may cause difficulty or make impossible the insertion of the catheter and the instillation of the irrigation water, increase discomfort, catheter expulsion and the chance of adverse events or technical problems.<sup>7, 10</sup>

Prior to starting Peristeen for the first time, please take time to describe the procedure to your patient, answer any questions, seek their acceptance, and help manage their expectations. **To avoid potential disappointment or concern that irrigation does not work for them, explain that an initial period of adjustment is perfectly normal and is required to establish their personalised routine. It can work successfully for individuals within a few days, but for some, it can take up to 12 weeks or more for the treatment to settle down and become routine.**<sup>7</sup>

You may consider recommending to your patient that a diary can be a good way of keeping track of progress during this period (see below). Patients will receive a diary, as well as practical information, as part of the Coloplast Charter Welcome Pack. Please ask your Coloplast representative for copies of this booklet, to be used during your initial training, to help set goals and manage expectations.

In order to further support patients with Peristeen, it is helpful to enroll them or advise them to enroll in Coloplast Charter, a patient support programme specific for Peristeen users. You can read more about Coloplast Charter on page 24.



Expect a call from one of our Coloplast Charter telehealth specialists

"We know the tubes, bags and pumps can seem a little strange to begin with. But with a bit of practice you will soon perfect a technique for you."

**Week 1**

Day	Time of day	Volume of water (ml)	No. of air pumps	Result (Type)	Comments (eg. Accident / leakage since last irrigation)
Mon					
Tue					<b>i</b> <b>Top tip</b> Always wash your hands before and after using Peristeen and ensure that the area around your bottom is kept clean and dry.
Wed					
Thu					<b>i</b> <b>Top tip</b> You might find it easier to use Peristeen 30 to 30 minutes after eating or drinking – digestion can stimulate the natural activity of your bowel.
Fri					
Sat					<b>i</b> <b>Top tip</b> Try to stick to the plan that your doctor/nurse recommends to get the best results.
Sun					

# How to use Peristeen Transanal Irrigation

This how-to-use guide has been modified from Peristeen's Instructions for Use (IFU). If you are new to Peristeen or wish to read the full version, please consult the IFU directly.

## The Peristeen system



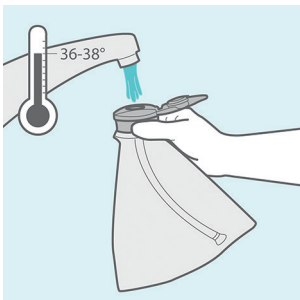
- 1 Screw top (including lid) to connect control unit to water bag (replace after 90 uses - every 6 months if using every other day)
- 2 Water bag (replace after 15 uses - every month if using every other day)
- 3 Control unit for regulation of air and water (replace after 90 uses - every 6 months if using every other day)
- 4 Pump for inflating the balloon and pumping water (part of the control unit)
- 5 Pre-coated rectal catheter (single use)

## Product codes

29121	System		1 control unit / 2 rectal catheters <b>Regular</b> / 1 water bag / 1 strap set / 1 tube
29122	Accessory unit		15 rectal catheters <b>Regular</b> / 1 water bag
29123	Rectal catheter		10 rectal catheters <b>Regular</b>
29124	Strap		Pair of straps
29125	Tube		2 tubes with blue connectors
29126	System		1 control unit / 2 rectal catheters <b>Small</b> / 1 water bag / 1 strap set / 1 tube
29127	Accessory unit		15 rectal catheters <b>Small</b> / 1 water bag
29128	Rectal catheter		10 rectal catheters <b>Small</b>

## Preparation

Transanal Irrigation with Peristeen is most commonly carried out while sitting on the toilet. Please advise your patients to empty their bladder before starting the irrigation.



**Step 1.** Open the lid of the bag and fill the bag to the zero indicator with lukewarm water (36-38°C). Close the lid by clicking it into place.

- The bag must be filled to the zero indicator to function properly; however, it is not necessary to use all the water for the irrigation (as the bag unfolds, the water level will decrease and refilling is necessary)
- Use clean tap water. If you do not have access to clean tap water, use bottled water. Do not add any additives to the water



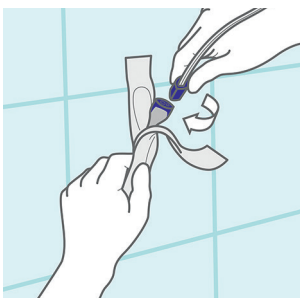
**Step 2.** Open the catheter packaging by approximately 2 to 3cm

- The catheter packaging can be fixed to a vertical surface by using the adhesive dots or alternatively placed upright in a suitable container such as a jug or in the sink

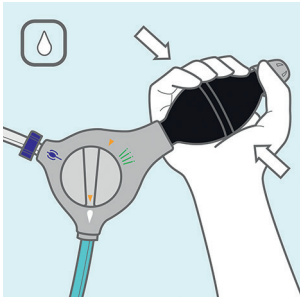



**Step 3.** Connect the water bag, control unit and single-use catheter, grey to grey and blue to blue.


- Lock the connectors by turning them 90° clockwise
- Attach the control unit and tubing to the thigh using the strap for extra stability, if required
- Check to ensure you are using the correct catheter size and that it has not expired

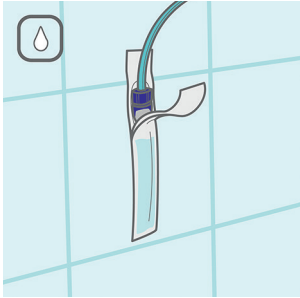




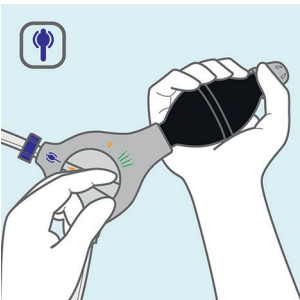



**Step 4.** Turn the dial on the control unit to the water symbol  and pump water into the catheter packaging (2 to 3 pumps) to activate the catheter's self-lubricating coating

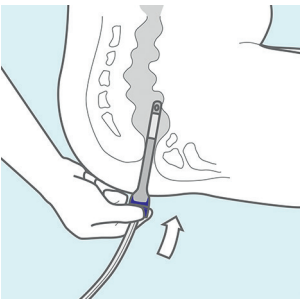
- Then, turn the dial on the control unit to the balloon symbol  to stop the water flow
- Wait at least 30 seconds and then remove the now lubricated catheter from the packaging and use it immediately
- Do not use any additional lubricant, such as Vaseline, which could disrupt the self-lubricating balloon material



## Inserting the rectal catheter



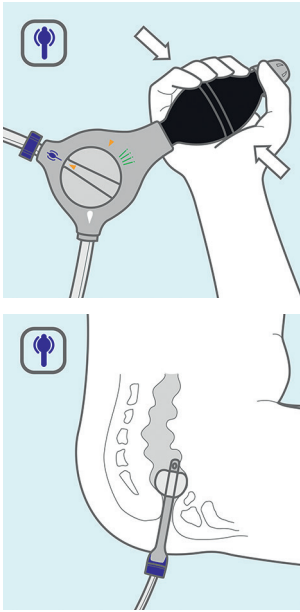
**Step 5.** Ensure the dial on the control unit is pointing to the balloon symbol 




**Step 6.** Insert the rectal catheter carefully into the rectum without using force

- Hold the catheter by the finger grip and insert it carefully into the rectum as far as the finger grip will allow (just to the blue line leaving the finger grip outside the body). The finger grip is the first part of the catheter with the widest diameter

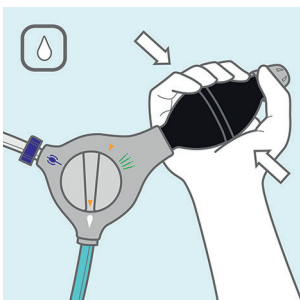
## Inflating the balloon





### Step 7. While still holding the catheter in place, pump slowly to inflate the balloon

- The required number of pumps will vary between individuals; typically 1-3 pumps is sufficient for the regular catheter (maximum 4 pumps) and 1 pump is sufficient for the small catheter (maximum 2 pumps)
- It is important to work with individual patients to find the right number of pumps - it is helpful to record in writing the amount of pumps you recommend they use
- A full pump consists of squeezing the rubber pump until its two opposite internal walls can be felt as touching one another
- Do not over-inflate the balloon to avoid the balloon bursting. If you or the patient sense the balloon is too big, turn the dial to the air symbol  to deflate it

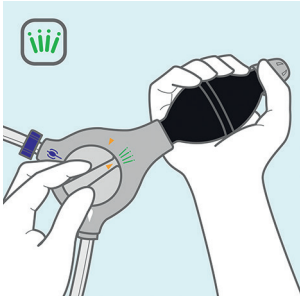
## Pumping the water




### Step 8. Turn the dial on the control unit anti-clockwise to the water symbol and start to pump water (one pump per second) into the rectum

- The amount of water needed is individual and you will have to help your patient to find the optimal amount for them. Usually 500-1000ml is sufficient for adults. For children, 10-20ml/kg is recommended<sup>10</sup>
- Discomfort can occur if the water is not lukewarm (36-38°C) or is inserted too quickly. In case of discomfort, turn the dial to the balloon symbol  to stop the water flow and wait until it ceases. When your patient is ready, turn the dial back to the water symbol  and resume pumping
- Please advise your patient that if the discomfort/pain continues while they are irrigating without medical supervision, they should deflate the balloon, remove the catheter and contact their healthcare professional immediately

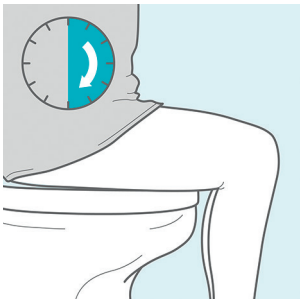
## Removing the rectal catheter



**Step 9.** Turn the dial on the control unit anti-clockwise to the air symbol  to deflate the balloon; then, remove the catheter

- Do not remove the catheter until the balloon is fully deflated
- For the most efficient result, remove the catheter immediately after the balloon has deflated
- Often the catheter will slide out by itself; if not, gently pull the catheter

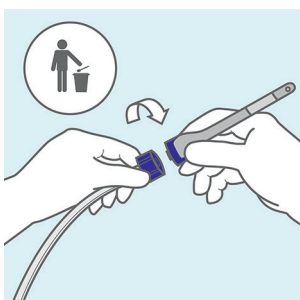
## Emptying




**Step 10.** Soon the bowel will start to empty itself

- If nothing happens, the patient should not strain but try coughing or moving/applying gentle pressure or abdominal massage to the upper part of their body to activate the emptying process
- The drainage time depends on the individual but, on average, it takes 30 minutes
- New users may need to stay on the toilet longer, until they can be sure they have passed all of the water and stool. As they get to know how their body responds, this time can be reduced accordingly

## Disposal and drying



**Step 11.** Unlock the connectors from the lid and the catheter

- Discard the single-use catheter with normal household waste - do not flush the catheter down the toilet
- Empty the remaining water from the bag and tubing
- Turn the dial on the control unit to the finish symbol , open the lid and hang the control unit, including the tubes, upside down to dry for at least 1 hour
- Store the system at room temperature and out of direct sunlight, preferably in a toilet bag. Ensure that the tubes are not kinked and that the system and all its parts are kept away from sharp objects
- For cleaning instructions, please see the IFU



Before use, always consult the 'Instructions for use' delivered with the products.



ml.  
0

100

200

300

400

500

600

700

800

900

1000



*“Peristeen has given me control over something I never had control of before”*







# Establishing a personalised routine

Bodies are different, and bowels can take time to adapt to a new treatment. For those reasons, our Coloplast Charter programme provides patients with specialist advice as well as hints and tips to make the adjustment as quick and smooth as possible.

If your patient is new to Peristeen, please advise them it is common to have to adjust the irrigation routine a few times to get it right. It is helpful to ensure the patient understands that, at first, some trial and adaptation will be required to optimise the process and establish their personalised routine, both for the irrigation process and the clean up afterwards. This should be considered in the context of the longer-term benefits and time that can be saved with Peristeen, as it may take up to 12 weeks to adapt the routine.<sup>7</sup>



There are several parameters that can be adjusted in consultation with a healthcare professional if required:

1. Amount of air in the catheter balloon
2. Amount of water used for irrigation
3. Frequency of irrigation
4. Medication dosage and intake

## 1. Amount of air in the catheter balloon

The function of the balloon is to hold the catheter in place in the rectum; the degree to which the balloon must be inflated, if at all, to achieve this (i.e. the number of pumps of air required) depends on the condition of the individual's sphincters and rectum.

**Most patients using the regular catheter require 1 to 3 pumps of air in the balloon (maximum 4 pumps); for the small catheter, 1 to 2 pumps is usually sufficient (maximum 2 pumps).**

Insufficient air can cause water to leak or the catheter to slide out of the rectum. If a seal is not achieved after 2 pumps and water leaks during the procedure, try pumping one more time to a maximum of 4 pumps in total for the regular catheter and 2 pumps for the smaller catheter (remember to turn the dial on the control unit to the balloon symbol  to inflate the balloon and then back to the water symbol  to resume irrigation).

Conversely, too much air can cause the balloon to be expelled. If this happens, repeat the procedure using a little less air. The frequency of expulsions often decreases as a patient becomes used to the procedure.

**The balloon is designed to burst in case of over-inflation** and therefore a burst inside the rectum during irrigation can occur in rare cases. Patients should be warned of this possibility before they start, so that they do not panic, as it can be loud.

To reduce the risk of bursting, do not over-inflate the balloon. Inflate the balloon just enough to ensure the balloon stays in place and a seal is created. For some patients, the healthcare professional can determine that the patient shall use the catheter without pumping the balloon at all.

Please use the following notes to guide the amount of air pumped into the balloon when using a regular size catheter (further adaptation may be required):

- For patients with low sphincter tone, it may be necessary to pump the balloon 3 or 4 times to achieve a good seal. If the catheter still slides out of the rectum after 4 pumps, it may be supported by holding it in place with the hand.
- Conversely, for patients with strong anorectal reflexes (hypertonic sphincter), it may be better to limit the inflation, since reflex expulsion of the balloon can happen after only 1 or 2 pumps.
- For patients with a history of anorectal surgery (for instance those with an anastomosis after lower rectal resection), the need for inflating the balloon, and in that case how much, is determined after the necessary endoscopic or equivalent investigations.
- For the small catheter size, 1 or maximum 2 pumps is recommended.

## 2. Amount of water for irrigation

The volume of water required to effectively empty the bowel depends on several factors including the patient's bowel condition, their diet and the frequency of irrigation.

When first using Peristeen **in adults, the volume of water will usually begin at 300-500 ml. This volume can be gradually increased up to 1 litre, over the next few weeks**, until the individual feels they are completely empty and have no accidents between irrigations. With regard to the amount of water that can be instilled in children, an international expert recommendation establishes 10-20 ml of water per kg of ideal body weight, up to a maximum of 1 litre.<sup>10</sup>

If soiling occurs between irrigations try:

- Advising the patient to stay on the toilet a little longer to allow complete emptying of the bowel
- Reducing the volume of water
- Two half volume (split) irrigations (e.g. two 250 ml irrigations instead of one 500 ml irrigation)
- A Peristeen® Anal Plug may help if the problem persists or if the patient has anxiety associated with the perceived risk of soiling (read more on page 26)

If irrigation water is not expelled after sitting on the toilet for 20 to 30 minutes, try some abdominal movements to increase intra-abdominal pressure, such as coughing, abdominal massage or standing up. If water is still not expelled, the patient may be impacted and a clean-out of the bowel may be necessary. The patient may also be dehydrated, so advise the patient to drink more fluid and repeat the irrigation the following day<sup>7</sup> if asymptomatic.

The recommended rate for pumping water into the bowel is 200-300 ml/minute for adults. **One pump of water every 5-10 seconds is an acceptable rate.** It will usually take less than 5 minutes to instil the water. Pumping water into the bowel too quickly may cause discomfort, sweating, dizziness and stomach pain;<sup>7</sup> if this occurs, the procedure can be paused at any time and resumed when the discomfort has passed and the patient feels ready. If the discomfort does not pass, the irrigation should be stopped and the patient's usual bowel care routine followed to achieve emptying. Peristeen can be tried again at the next session.

Water should be lukewarm (36-38°C); if the water is too hot, it may damage the mucosa lining of the bowel; if it is too cold, it may trigger reflexes and increase spasms that cause discomfort and/or expulsion of the catheter. Plain tap water is recommended; bottled water can be used when the patient is in places where drinking tap water is not recommended. Adding substances to the irrigation water has no documented benefit as at the time this guide was published.

### 3. Frequency of irrigation

**For patients who are new to Peristeen, it is recommended to irrigate on a daily basis.** After 1 or 2 weeks, some patients find that irrigation can be tried every second day. As the frequency of irrigation decreases, it may be necessary to adjust other parameters; for example, the volume of water may need to be increased to achieve complete emptying. Some patients will find it necessary to irrigate every day but eventually most patients settle into a routine of irrigation every other day. Using Peristeen less frequently than every second day in many cases is not recommended as Peristeen is most effective when a routine is established.

Conducting irrigation at approximately the same time each day seems to work best for most people, but it is not essential. Eating and drinking stimulate the gastrocolic reflexes of the bowel, so conducting irrigation about 30 minutes after a meal may synchronise the irrigation with the natural activity of the bowel and achieve a better emptying.<sup>7</sup> The most convenient time can be chosen by the patient to fit in with their daily routine.






### 4. Medication dosage and intake

Use of medications that affect bowel function and stool consistency, such as laxatives and bulking agents, can also be adapted to optimise bowel management with Peristeen. If a patient is taking laxatives before starting irrigation, it is usually advisable for them to continue these at the same dose initially. Gradually, reduction in laxatives can be attempted while monitoring for continued effectiveness. Some patients are able to gradually reduce or completely stop taking laxatives once a successful bowel irrigation routine has been achieved<sup>10</sup>.



# Additional guidelines

A period of adaptation must be expected to tailor the treatment to each individual – this is an important first step towards effective long-term bowel management with Peristeen. If, when using Peristeen, any of the following situations are encountered, try adapting the treatment as recommended below.

Observation	Adaptation
<b>Water leaks during the irrigation</b>	Try inflating the balloon further by turning the dial to the balloon symbol  and pumping one more time (to a maximum of 4 pumps with the Regular catheter and 2 pumps with the Small catheter). Now, gently pull the catheter back to seal off the rectum. Turn the dial to the water symbol  and resume irrigation.
<b>The patient experiences abdominal cramps when water is pumped into the rectum</b>	Try pumping the water more slowly and/or pause for a minute and wait until the cramping eases. Check that the irrigation water is not too cold; it should be lukewarm (36-38°C).
<b>The patient experiences discomfort, sweating and/or dizziness when water is pumped into the rectum</b>	Pause the irrigation. Turn the dial to the balloon symbol  to stop the water flow and wait until the discomfort ceases. When the patient is ready, turn the dial back to the water symbol  and resume pumping. If the discomfort is severe and/or does not resolve, urgent medical assessment is necessary. Consider the possibility of autonomic dysreflexia or bowel perforation.
<b>The patient experiences severe or sustained pain in the abdomen or back, with or without fever, and/or sustained anal bleeding</b>	Stop the irrigation immediately. Deflate the balloon by turning the dial to the air symbol  and remove the catheter. Consider the possibility of bowel perforation. Urgent medical assessment is necessary.
<b>Spots of blood are seen on the catheter</b>	Occasional bright red spots of blood are not a cause for concern and could be due to haemorrhoids or other anal conditions. However, urgent medical attention is required if the patient experiences sudden and sustained bleeding. Nevertheless, the origin of any anal bleeding should be investigated, especially in the first months of using Peristeen.
<b>The balloon bursts</b>	The balloon is designed to burst in case of over-inflation and therefore a burst inside the rectum during irrigation can occur in rare cases. Patients should be warned of this possibility before they start. To reduce the risk of bursting, do not over-inflate the balloon (maximum 4 pumps for the Regular catheter and 2 pumps for the Small catheter)
<b>The catheter is expelled immediately after inflation</b>	The balloon may be stimulating the rectum to contract. Try inflating the balloon more slowly or using less air.
<b>The catheter is expelled when water is pumped into the rectum</b>	Check that the irrigation water is not too cold; it should be lukewarm (36-38°C). Also try pumping the water more slowly. Assess for heavy constipation/impaction and treat accordingly before resuming irrigation.

<b>The catheter is expelled and the balloon is deflated</b>	Check for a burst balloon. Ensure the dial is not turned to the air symbol  instead of the water symbol 
<b>The catheter will not pass easily into the anus</b>	Check whether there is a spastic reaction of the anal canal while introducing the catheter. Check for hard, impacted stools and treat accordingly by means of oral or rectal medication and/or a digital evacuation of stool. You could also try to adjust the direction slightly backwards after the tip of the catheter has been inserted. Do not use force.
<b>Difficulty irrigating water into the rectum</b>	Check for faeces in the rectum as it may block the in-flow of water. Be aware that faeces in the lower rectum is a sign that the user should consider irrigation more frequently or adjust the irrigation procedure. A clean-out of the lower rectum may be suggested.
<b>Irrigation water is not expelled</b>	Try abdominal movement, cough, abdominal massage or standing up. If water is still not expelled, the patient may be constipated and a clean-out of the bowel may be necessary. The patient may also be dehydrated, so advise the patient to drink more fluid and repeat the irrigation the following day.
<b>No faeces are passed from the rectum after the catheter is removed</b>	The patient could be heavily constipated in which case the block should be cleared before repeating irrigation; a laxative may be required. If irrigation had good results previously, there may be no stool present and the frequency of irrigation can be reduced to every other day if the patient is currently on a daily routine.
<b>There is leakage after the irrigation is finished</b>	Advise the patient to stand, wriggle, sit down again and brace; 30 to 60 minutes after irrigating – return to toilet and brace. Try using more or less water, or repeating the irrigation twice using half the volume of water each time. For neurogenic patients, try digital stimulation after emptying. Consider using a Peristeen Anal Plug if the problem persists. More information can be found on page 26.
<b>The patient has a bowel movement between irrigations or does not feel empty</b>	Check patient is following their suggested routine. Try irrigating more frequently or repeat the irrigation.
<b>Placing the water bag in a high position</b>	Peristeen is not a gravity dependent system and it is therefore no more effective to place the water bag in a high position – it is preferable to place the bag on the floor.
<b>Adding substances (e.g. salt, chamomile tea, olive oil etc.) to the water</b>	No advantages are documented.
<b>Laxative/bulking agents</b>	If a patient is taking laxatives/bulking agents before starting irrigation, advise them to continue. Some patients find they are able to gradually reduce the amount or entirely stop taking laxatives/ bulking agents once bowel emptying with irrigation is routine.
<b>Service life of the Peristeen products parts</b>	The catheter is for a single use. The lid and the control unit should be replaced after 90 uses. The water bag should be replaced after 15 uses and <b>remind your patient to keep the screw top, including the lid</b> , as this is not supplied with a new water bag.

# Coloplast® Charter

## Coloplast Charter is here to help your patients succeed with Peristeen

At Coloplast Charter, we've helped thousands of people succeed with Peristeen. We will provide your patients with the support and advice they need, as well as deliver their products free to their home, so that they can establish the best start to their new bowel management routine.

Coloplast Charter offers a call programme for people who have just started using Peristeen.

### First call (7 days after the patient has received training on Peristeen)

One of our CQC regulated telehealth specialists will call your patient to support them in establishing confidence with the routine you have asked them to follow and set up their ongoing delivery preferences.

We are here to answer any concerns your patient may have about starting to use Peristeen and in the first few months we will schedule follow-up calls to check on how they are doing.

We speak to people who use Peristeen all the time, so we are in a great position to pass on tips, advice and the wisdom of other users' experiences. If we uncover an issue that we can't resolve, we will advise patients to see you as their healthcare professional or their GP.

### The Coloplast Charter programme includes:

- Calls from a CQC regulated and experienced telehealth specialist, to support the training you provided to your patient
- Easy ordering of products online or by phone
- Reliable, flexible and discreet delivery
- Complimentary items to support their routine

## Healthcare Professional support

This dedicated team work alongside your Peristeen Advisor to ensure you get the best service possible from Coloplast Charter.

### Personalised support

To allow you more time to focus on what's important - care for your patients, our experienced team, who you will get to know, will provide:

- Easy registration of new patients to Coloplast Charter
- Efficient resolution of queries and will let you know the outcome

*Register your patients to Coloplast Charter by contacting our dedicated Healthcare Professional Support team:*



England & Wales: 0800 374 654  
Scotland: 0808 168 3850  
Northern Ireland: 0800 581 220



[hcp@coloplastcharter.co.uk](mailto:hcp@coloplastcharter.co.uk)



*“Peristeen has  
given me peace...  
I have my life back”*





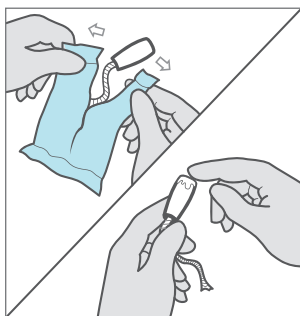
# Peristeen® Anal Plug



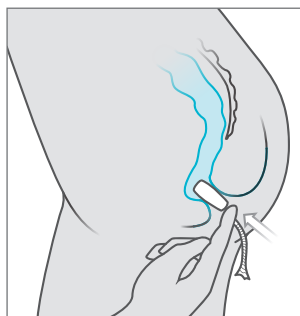
## Simple, safe and discreet

Peristeen Anal Plug functions as an effective barrier to faeces in the rectum and is inserted just like a suppository. Designed with a soft foam that expands to the natural shape of the rectum, while still allowing air to pass through, it is safe, hygienic and discreet, bringing security and confidence to users. It can help your patients achieve more predictability and can be a great complement to Peristeen Transanal Irrigation.

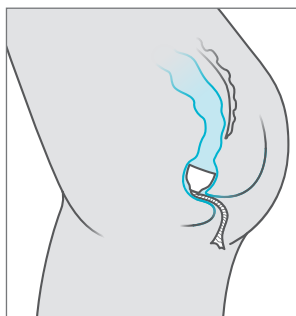
## To use



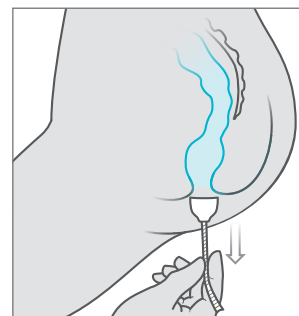
**1.** Smear a small amount of Peristeen Gel (provided in box) on the tip of the Peristeen Anal Plug.



**2.** Insert gently into the anus. Ensure entire Peristeen Anal Plug is inserted into the rectum, just inside the anal sphincters. Only the gauze should be visible.



**3.** Once the Peristeen Anal Plug is in position, it will expand to full size as the film dissolves in the body's natural warmth and moisture. It can remain in the rectum for up to 12 hours.



**4.** Peristeen Anal Plug can be removed by gently pulling the gauze, which will not trigger an emptying reflex. A fresh plug can be inserted immediately after removal of the old one if required. Dispose of the used plug in a waste bin, not the toilet.

### CONTRAINDICATIONS

Peristeen Anal Plug must not be used, if you suffer from:

- Haemorrhoids (3rd and 4th degree)
- Anal stenosis

### IMPORTANT

Keep out of reach of children. If placed in the mouth, the Peristeen Anal Plug will expand and may cause choking.

### Peristeen Anal Plug

Order code	Size	Units per box
1450	Small (37mm)	20
1451	Large (45mm)	20



Before use, always consult the 'Instructions for use' delivered with the products.

# References

1. Christensen P, Olsen N, Krogh K, Bacher T, Laurberg S. Scintigraphic assessment of retrograde colonic washout in fecal incontinence and constipation. *Dis Colon Rectum* 2003;46:68–76
2. Christensen P, Bazzocchi G, Coggrave M, et al. A randomized controlled trial of transanal irrigation versus conservative bowel management in spinal cord-injured patients. *Gastroenterology* 2006;131:738–747
3. Midrio P, Mosiello G. et al. Peristeen transanal irrigation in paediatric patients with anorectal malformations and spinal cord lesions: a multicentre Italian study. *Colorectal Disease* 2015
4. Emmanuel A, Kumar G, Christensen P et al. Long-term cost-effectiveness of transanal irrigation in patients with neurogenic bowel dysfunction. *PLOS One* DOI:10.1371/journal.pone.0159394 August 24, 2016
5. Coggrave M et al. MASCIIP Guidelines for management of bowel dysfunction in individuals with central neurological conditions 2012
6. National Institute for Health and Care Excellence (NICE), 2018. Medical Technologies Guidance (MTG) 36. Peristeen transanal irrigation system for managing bowel dysfunction. Available from: [www.nice.org.uk/guidance/mtg36](http://www.nice.org.uk/guidance/mtg36)
7. Emmanuel et al. Consensus review of best practice of transanal irrigation in adults. *Spinal Cord*. 2013; 51 (732-738)
8. Christensen P et al. Global audit on bowel perforations related to transanal irrigation. *Tech Coloproctol* November 2015
9. Christensen P et al. Cost-effectiveness of transanal irrigation versus conservative bowel management for spinal cord injury patients. *Spinal Cord* 2009;47:138-143
10. Mosiello G, Marshall D, Rolle U, Crétolle C, Santacruz B, Frischer J and Benninga M. Consensus Review of Best Practice of Transanal Irrigation in Children. *JPGN* 2017;64:343-352



Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their individual needs. We call this intimate healthcare.

Our business includes Ostomy Care, Continence Care, Wound and Skin Care and Urology Care. We operate globally and employ about 11,000 employees.

CV969N

