WOCN Clinical Guideline: Management of the Adult Patient with a Fecal or Urinary Ostomy - Colostomy irrigation (CI).

1. Colostomy irrigation (CI).

a. “Colostomy irrigation (CI) is a well-established, optional procedure used by individuals with fecal ostomies of the descending or sigmoid colon to regulate and manage bowel elimination” (Cobb et al., 2015, p.65). Patients who have a colostomy in the descending or sigmoid colon are the best candidates for CI (Carlsson et al., 2010; Kent, Long, & Bauer, 2015), because the left side of the colon is able to store stool for 24 to 48 hours (Kent et al., 2015).

a. CI is generally performed by instilling lukewarm tap water into the colon through the stoma, which stimulates peristalsis and contractions of the colon and leads to evacuation of stool (Cobb et al., 2015). When CI is performed routinely, it may result in little or no stool passing between irrigations and allow the individual to achieve a level of continence (Kent et al., 2015).

- If a person chooses CI as a management option, it is recommended that the procedure be performed on a regular schedule, usually every day or every other day, so there will be little or no output from the stoma between irrigations (Carmel, 2016).
- Stoma caps or closed-end pouches may be worn over the stoma between irrigations to avoid mucus staining the person’s clothing or odor when gas is passed through the stoma.
- CI is performed using a kit that is specifically designed for irrigation of the stoma.

c. In a study of 39 individuals with a colostomy who regularly performed CI, Carlsson et al. (2010) reported that 97% of the respondents described positive benefits associated with the procedure, including feelings of security and having an empty pouch (i.e., feeling secure in social settings, increased sense of freedom, enhanced bowel control, feeling cleaner, feeling confident in intimate situations, and decreased odor and anxiety). However, Carlsson et al. also reported that out of 61 WOC nurses in their study, 14(23%) did not regularly teach CI to patients, and eight (13%) never included CI in their practice.

d. Cheng et al. (2013) in a study (previously described in the section on Preoperative Education) of 54 patients with permanent colostomies, reported that while knowledge of CI was positively correlated with adjustment in social life (r = .497, p < .01), CI received the lowest score out of 14 items on a scale used to measure the patients’ stoma-related knowledge. The investigators suggested that stoma nurses should provide more information about CI to help patients address any concerns about CI as a management option.

e. Kent et al. (2015) conducted a systematic review of the literature on CI for individuals with permanent, left-sided colostomies to determine if regular CI improved colostomy function (i.e., frequency of bowel evacuations, flatus, odor, and quality of life), compared to spontaneous evacuation and containment using a pouching system. Based on four studies, Kent et al. reported the following beneficial effects of using CI:

- CI reduced the frequency of bowel evacuations compared to spontaneous evacuation and containment with a pouching system.
- The reduction in bowel evacuations led to a reduction in the use of pouches.
- CI resulted in stool not passing between irrigations in some patients.
- Odor and flatus were reduced with CI compared to spontaneous evacuations.
- CI was associated with a higher quality of life.