Colostomy Irrigation (CI) Roundtable's Q&As

The purpose of this Q&A is not to instruct colostomy irrigation. Always consult with an ostomy specialist or healthcare provider for proper instructions and to address any concerns.

1. What is irrigation?

CI involves the instillation of lukewarm tap water into the stoma. The instillation of water stimulates peristalsis or contractions of the colon, which leads to the elimination of stool. CI is a well-established option that can be used by some individuals with descending or sigmoid colostomies to regulate and manage their output.

2. What are the benefits of irrigation?

Irrigation is considered a safe and effective method for a certain degree of bowel control that may result in fecal continence and reduced pouch usage. This procedure has the potential to improve an individual's quality of life, body image, and confidence, and reduce anxiety.

3. Is everyone with an ostomy eligible to irrigate?

Appropriate individuals for CI are those who have a left-sided descending or sigmoid colostomy who had regular bowel habits before their ostomy surgeries. Not all individuals with a colostomy are eligible for irrigation. The procedure is generally contraindicated during the first 2 to 3 months after surgery.

Health conditions that may cause CI to be contraindicated include:

- Active diverticular disease
- Active Crohn's disease
- *Ulcerative colitis*
- Persistent diarrhea
- Stomal prolapse or stoma stenosis
- Peristomal hernia
- Fistula
- Severe cardiovascular insufficiency
- Kidney disease
- Dementia
- Ongoing or prior radiation or chemotherapy to the abdominal area
- *Visual impairment and/or poor manual dexterity*
- 4. What if I don't know if I have a health condition that is not suitable for irrigation?

Discuss your interest in irrigation with your colorectal doctor.

5. If I decide I would like to irrigate, can I just call my supply company and order irrigation supplies?

If you want to be reimbursed from your insurance carrier, you will need to obtain a prescription for the supplies from your doctor. If your doctor agrees that you are a candidate for irrigation, he or she will fax or email the prescription to your ostomy distributor. However, if you purchase your supplies independently, you may not need a prescription.

6. What supplies do you need to irrigate?

The procedure requires an irrigation kit that includes:

- Plastic irrigation bag to hold the water with flexible tubing and a soft cone
- Irrigation sleeve
- *In some kits, a flow-regulating clamp or valve with an integrated thermometer.*

7. Why is the irrigation sleeve so long?

Irrigation sleeves are long so that when you stand up and face a toilet, the sleeve can reach down into the toilet bowl when stools and water leave your stoma and pass through the sleeve.

8. Who makes irrigation supplies?

Generally, the same companies who manufacture other colostomy supplies also manufacture irrigation supplies. We recommend you contact a customer representative at the distributor you use to buy other ostomy supplies.

9. Does insurance generally cover irrigation supplies?

Yes, most insurance plans cover ostomy irrigation supplies, but the extent of coverage varies. Insurance companies have strict rules about the quantity of each supply that is covered. Customer representatives at your insurance company and ostomy supply distributor can let you know about the quantity limitations and prescription requirements.

10. Who should I contact to obtain a prescription for ostomy supplies?

You should contact your colorectal doctor.

11. How do I learn to irrigate? Who can teach me?

You can consult an ostomy specialist in your area. The United Ostomy Associations of America's (UOAA) website has a link to locate certified ostomy nurses:

Find an Ostomy Nurse l United Ostomy Associations of America

The UOAA website also has a link to locate outpatient ostomy services: Outpatient Ostomy Services Locator

Sometimes locating an ostomy specialist in your local area can be a complex and often a frustrating experience for individuals. Before individuals research the UOAA database for an ostomy specialist, they should first try to navigate their existing healthcare network. Another possible source of information may be other individuals who irrigate and are members of a UOAA support group.

12. Where is the best place to learn how to irrigate?

The ideal place to learn is in the bathroom where you plan to irrigate. An important part of learning how to irrigate is figuring out how to organize your supplies in your bathroom.

13. How long does it take to irrigate?

After you have set up your irrigation supplies, the length of time it takes to complete the procedure varies with each individual, and it can also vary each time an individual irrigates. Generally, most of the contents are expelled in approximately 45 minutes after the water has been instilled in the stoma. With practice, the procedure gets easier and may take less time.

14. How often should I irrigate?

During the initial 10 to 14 days, most ostomy specialists recommend irrigating daily. Once you feel confident with the procedure and your output stabilizes, you may find that you can irrigate every other day.

Please note that some individuals may need a few weeks to fully grasp the process and feel comfortable with it, and some may need several weeks to achieve a predictable bowel pattern. Every individual is different.

15. Will irrigation hurt when I insert the cone in my stoma?

Inserting the cone into your stoma during ostomy irrigation should not be painful if done correctly. However, you may experience slight discomfort or a sensation of pressure, especially if the cone is not sufficiently lubricated. If you feel significant pain, the individual should stop and consult their healthcare provider.

Some tips when inserting the cone:

- *Use a water-based lubricant on the cone tip before insertion to ease the process.*
- Never force the cone into your stoma. Insert the cone gently.
- If you experience cramping during irrigation, it could mean there is air in the tubing, or the water is flowing too fast or is too cold. If so, adjust the flow rate or water temperature.

16. Can my output become dependent on CI?

It is unlikely that you would become dependent on CI. If you stop irrigating, you may not have output for a few days. In this case, you may find it beneficial to increase your fluids and fibrous foods, which will vary from person to person.

17. What signs should trigger a call to my healthcare provider?

You should contact your healthcare provider if you:

- Notice a bulge or hernia around your stoma.
- *Notice a change in your stoma's size or shape.*
- Experience significant pain when you insert the cone.
- Notice bleeding or unusual discomfort after insertion.
- Consistently have trouble inserting the cone.
- Experience extreme nausea and vomiting.
- Experience severe stomach cramps that last for more than a few hours.
- Experience significant decrease in stoma output or irrigation return.

18. Is there a learning curve for irrigation? What can I expect the first few times?

Yes! There is a definite learning curve! It will take some time and practice to become skilled at performing the procedure correctly. Some individuals may initially find the process complex, requiring coordination with multiple parts of the irrigation kit, and understanding the right water flow and timing. Consistency, patience, and practice are keys to mastering the technique and achieving optimal results.

Even learning to organize the supplies in your bathroom takes time and experience. You will identify what you need to have close at hand and where best to hang the irrigation bag so that it is sufficiently high enough above where you want to sit or stand.

With time, you will learn how best to position the cone so that the water flows into the stoma and not the sleeve.

Two important tips:

- The time of day that an individual irrigates is his or her choice. However, once the time of day is selected, it is best to perform the procedure within the same 2-hour time period.
- Some individuals find it helpful to drink a full glass of water before beginning the irrigation procedure to (1) avoid dehydration and (2) prompt a better stool return.

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