PURPOSE:
To clean the intestinal tract in preparation for barium enema, diagnostic procedures or colostomy closure.

CONSIDERATIONS:
1. This procedure is performed on sigmoid, descending or transverse colostomies.
   a. A loop colostomy has only one stoma, but there are two openings in it.
   b. A double-barrel colostomy has two stomas that may be separated on the body. Proximal stoma discharges fecal material and distal stoma drains mucus from lower colon and rectum.
   c. An end colostomy has one stoma with one opening.
2. This procedure is not appropriate for patients with ascending colostomies, ileostomies or cecostomies. If this is requested, contact the patient's physician for special instructions.
3. Irrigation of the rectal stump is sometimes requested as part of the bowel prep for reconnecting an end colostomy. Follow procedure for Fleets enema.

EQUIPMENT:
Gloves
Colostomy irrigation set (sleeve, belt, clamp, bag, cone and tubing)
Lukewarm tap water
Water-soluble lubricant
Soft washcloth or towel
Fresh colostomy pouch
Pitcher (optional)
Impervious plastic bag
Disposable apron

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.

To Irrigate Distal Stoma:
1. Fill irrigation bag with 500-800 mL of lukewarm tap water. Prime the tubing. Hang bag near toilet. The lower level of bag should be at patient's shoulder level when seated.
2. Remove pouch and if necessary, clean exposed area with a damp cloth.
3. Have patient sit on toilet.
4. Put sleeve faceplate over distal stoma and snap on belt. Place sleeve in toilet.
5. Insert cone into distal stoma (usually this is on patient's left side). Press cone firmly against stoma. Allow 500 mL water to run at a rate that is comfortable for patient. Hold cone in place 10 to 15 seconds. Remove cone, fold down top of sleeve and clamp.
6. Have patient remain on toilet until water has been expelled from rectum and feeling of pressure is gone.

To Irrigate the Proximal Stoma:
1. Refill bag with 500-1000 mL of lukewarm water. Prime the tubing.
2. Hang irrigating bag on hook so that the bottom of the bag is at the patient's shoulder level when seated.
3. Apply irrigating sleeve over stoma and attach belt. Tighten belt so that it fits snugly. If patient is using a two-piece ostomy appliance, attach irrigation sleeve to the existing flange.
4. Have patient sit on chair in front of toilet.
5. Place irrigation sleeve in the toilet.
7. Insert gloved, lubricated finger into stoma to determine angle at which cone can be inserted safely. Release the clamp slightly so the cone can be inserted in the stoma while there is a small flow of water.
8. Insert cone. To ensure that there is no escape of water, press cone firmly against stoma. Cone can be inserted as far as possible without causing any discomfort.
9. Instill 500-1000 mL water over a period of 10 minutes. If patient complains of cramps or discomfort, shut flow off and resume flow when cramps have ceased. Check water temperature and rate of flow. If patient does not routinely irrigate, patient may experience a vagal response if volume is too large.
10. Remove cone, fold down top of sleeve and clamp. For the next 15 minutes have patient remain in bathroom while colostomy drains.
11. Have patient take slow deep breaths, move the abdominal musculature in and out, bend forward and gently massage the lower abdomen to enhance evacuation of bowel contents. It may take up to 45 minutes for fecal return.
12. Rinse sleeve, by pouring warm water through sleeve and over stoma.
13. Wipe off bottom of sleeve with a paper towel.
14. Advise the patient that return may continue for the next 30 to 45 minutes.
15. Remove sleeve, wash skin and stoma, and apply a new pouch or security pad.
16. Discard soiled supplies in appropriate containers.
AFTER CARE:

1. Cleanse irrigation equipment and rinse. The equipment must be drained and allowed to dry before storing.

2. Instruct patient to take irrigation set to hospital. This procedure may be repeated prior to surgery for colostomy closure or barium enema.

3. Document in patient's record:
   a. Procedure and observations.
   b. Amount and character of stool and fluid.
   c. Patient's response to procedure.
   d. Appearance of peristomal skin.
   e. Instructions given to patient/caregiver.