

Hollister

Instructions for use

Stoma Cone and Irrigator Drain



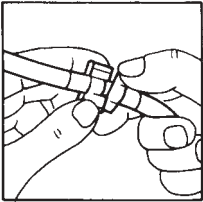
Stoma Cone Irrigator and Irrigator Drain

Routine irrigation (enema) is done to regulate emptying of the bowel at a scheduled time. **This should only be done after assessment for suitability by the surgeon and education from your STN.** Allow up to one hour to irrigate completely.

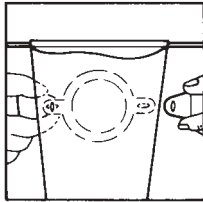
Directions for Application

1. Connect the stoma cone tube with the tube from the irrigator by pushing them together. Twist connectors until you feel a distinct 'snap'. Make sure the control flow is closed.

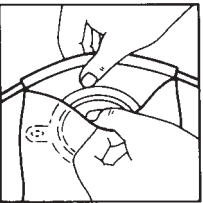
Fill the irrigator bag with the recommended amount of lukewarm water.



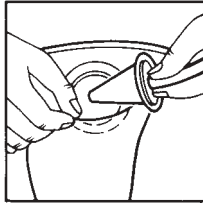
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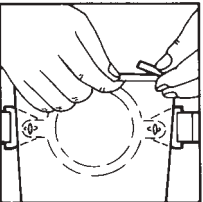
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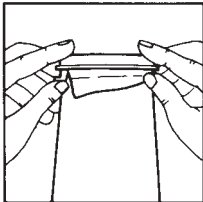
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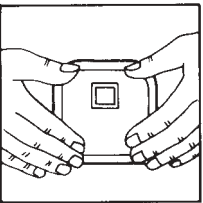
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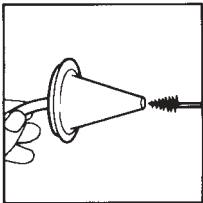
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6.



7.



8.

Open the flow control and let the water run through the cone to force all of the air from the tubing. Then close the flow control again. Hang the filled irrigator bag so the bottom is at shoulder height when seated.

2. Fasten the belt to the gasket of the drain so the button faces away from the body. Centre the stoma in the middle of the gasket, wrap the belt around the body and fasten the other end.

While sitting on a toilet or chair next to the toilet, place the end of the irrigator drain into the bowl.

3. Open the irrigator drain at the top.

4. Insert the stoma cone into the stoma through the opening in the top of the drain. If desired, coat the stoma cone with Hollister Stoma Lubricant (Stock No. 7740). Press the cone against the stoma gently but hard enough to prevent leakage. Open the flow control; if water does not flow into the stoma, rotate the angle of the cone until water does flow.

To change the rate of flow, adjust the flow control. If cramping is felt, close the flow control until cramping subsides. Then open it again and let the rest of the water flow in. (The amount of water needed for proper irrigation depends on the individual and the doctor's orders, usually no more than 1,000cc.) When the irrigator bag is empty, close the flow control and remove the cone from the stoma.

5. Straighten the top strip and then roll it down and away from the body until the drain top is securely closed. Fold the ends of the strip in and pinch tightly to secure. After the first water and stool return, it usually takes from 30 to 45 minutes for the bowel to empty.

6. You may wish to move about after the initial discharge. To do so, close the drain bottom with the clamp provided.

7. When discharge is complete, remove the drain and clean the area around the stoma then dry. Re-apply your regular pouching system or stoma cap.

8. Carefully clean the cone, tubing and any other equipment that you plan to re-use with the brush provided. Wrap the used irrigator drain in paper and discard in an appropriate receptacle.

Do not flush it down the toilet.

Colostomy Irrigation

Sigmoid and descending colostomies may be cleansed daily with irrigations (enemas). The irrigation procedure may be used to regulate emptying of the bowel at a scheduled time. The regulation of a colostomy is an individual matter and will vary for each person.

The procedure should be done within the same two hour period each day. The following guidelines describe the irrigation procedure. Your Stomal Therapy Nurse will do your irrigation at first, and after that will teach you to do your own irrigations. There will be ample time to learn and practice before you are discharged, or you may continue your lessons as an outpatient.

Not every person with a sigmoid or descending colostomy will be taught the irrigation procedure. Often the person's age, physical disabilities, the disease or a temporary ostomy will preclude teaching the irrigation procedure. The bowels will function well without irrigation and laxatives or stool softeners can be used if necessary.

Tips and Hints for Colostomy Irrigation

Assemble all equipment:

- Water and container.
 - Irrigator, drain, belt and stoma cone.
 - Tubing to clean and dry the skin and stoma.
 - Method of pouch disposal.
 - Fresh pouch and closure.
 - Skincare items.
- (Keeping all this together will help facilitate your daily routine.)**

After removing the old pouch, dispose of it thoughtfully.
(Do not flush it down the toilet. A zip-lock bag is odour proof and handy to put a pouch in.)

After applying the irrigation sleeve, your belt should not be too tight.
(The sleeve should be long enough to reach the water level in the toilet. You can cut the excess off.)

Use lukewarm water when filling the irrigator.
(Hot water traumatizes (burns) the bowel and cold water causes cramping.)

At a lower height the water may not flow easily when suspending the irrigator. A higher height will give too much force to water, causing cramping or incomplete results.
(Hang the irrigator on your dominant hand side, it will drape easily and be more manageable. Use a coat hanger to get the right height.)

Removing air from the tubing helps prevent the air from increasing gas pains.
(Be sure not to use a large amount of water for this, or you will need to refill your irrigator.)

After inserting the cone into the stoma, start the water slowly.
(Cone should fit snugly enough to block water in the bowel. Do not try to force it.)

If the water does not flow easily, try or check the following:
• Slightly change the position or angle of the cone.
(You may find the cone opening blocked by a loop of your bowel.)

- Check for kinks in the tubing.
- Check the height of the irrigator.
- Stool immediately under the skin level may be slightly hard and blocking the water flow. Instill small amounts of water to loosen it up.
(Introduce water at a slow rate so it can penetrate behind stool and propel it out. A fast rate will only spill out as it meets the resistance of the stool.)

Remember, relax and take some deep breaths.
(This will relax the abdominal muscles.)

People vary in the amount of water they can hold at one time. Some can take all the water at one time and others can take only a small amount at one time.

The amount of water used can vary daily.

Do not get discouraged. Remember that you want to cleanse as much of the faecal matter out as possible. Learn to pay attention to the full feeling and the feeling that you need to expel stool, so you do not continue to force water into your bowel.

Do NOT force water into your bowel if;
(1) you are cramping,
(2) the flow of water stops, or
(3) water is forcefully returning around the cone.

If you feel bloated or constipated, you may irrigate with about 500 to 600mls more water in the same day, or take a mild laxative.
(Contact your Stomal Therapy Nurse before taking a laxative.)

The majority of the stool will return in about 15mins.
(Stay seated at toilet.)

When you feel that you have expelled most of the stool, you can rinse the sleeve with water, dry the bottom edge then roll it up and seal the end. This will allow you to go about your usual activities. (apply make-up, shave, etc) for about 30-45mins to allow your bowels adequate time to finish emptying.
(Activity will stimulate the bowel and allow for a more thorough emptying.)

Try to irrigate within the same two or three hour period each day so your bowels become regulated. Your Stomal Therapy Nurse will discuss the possibilities of every other day irrigations with you when you return for clinic follow-ups.
(If possible, try to irrigate close to the time your bowels moved prior to surgery.)

Check your supplies and re-order as necessary.
(Do not wait until you run out of supplies to re-order, it may take time for them to come.)



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