Irrigation Care Tips

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<tr>
<th>Description</th>
<th>Quantity/Box</th>
<th>Stock No</th>
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<tr>
<td>1000 mL Irrigation Bag</td>
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<td>31005</td>
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Hospital Specific Information

Catheter Insertion Date: 
Catheter Size (circle one): 4 cm 6 cm
Irrigation Volume (circle one): 200 mL 300 mL 400 mL 500 mL
Frequency (circle one): q8 hr q12 hr q24 hr
Irrigation Times:

This Care Tips sheet is only intended to highlight select aspects of catheter irrigation.*

**NOTE:** Regular irrigation (e.g., every 12 hours) and/or stool modification is recommended (as prescribed by physician) to optimize stool consistency and to facilitate evacuation through the catheter. Patients with very loose or watery stool may require less irrigation.

One method of irrigation—using a gravity bag with the stop-flow balloon deflated—is described below. This is the preferred method for routine irrigation of the catheter, except for patients with thick stool consistency and for scheduled evacuations, when the stop-flow balloon should be inflated.

**Patient Positioning**
- Position on left side in slight Trendelenburg position
- Fully inflate the air bed (if one is in use)

**Irrigant Administration**
- Fill the ActiFlo irrigation bag with 300 mL to 500 mL of lukewarm water or saline (as prescribed by physician)
- Hang the irrigation bag from an IV pole 2-3 feet higher than the patient’s anus
- Connect the irrigation bag administration tubing to the CLEAR connector (IrrigRx) after removing the white-capped tethered adapter. (See Figures 1 and 2.) WARNING: Verify connection to the correct catheter connector.
- Open the roller clamp on the irrigation tubing. Allow the fluid to drain by gravity into the rectum and colon over approximately 10 minutes. If the irrigant will not infuse or infuses slowly, squeeze the gravity bag to clear the occlusion

**NOTE:** If the patient experiences cramping or leakage, it may be related to irrigation volume, irrigation rate, or irrigant temperature. These may need to be adjusted for each patient. NEVER use a hot liquid as an irrigant.

**Post Irrigant**
Allow drainage of the fluid and feces out of the rectum and colon. Drainage may be facilitated by positioning patient in a slight reverse Trendelenburg position to assist gravity. The return may not be complete or immediate. Strip the catheter tubing (starting at the anchor straps) to push remaining stool and fluid into the collection bag. Empty or replace the collection bag as needed.

*Caution:* Prior to using the ActiFlo indwelling bowel catheter system, be sure to read the entire ActiFlo indwelling bowel catheter system Instructions for Use package insert supplied with the product for device Intended Use, Description, Contraindications, Warnings, Precautions, Adverse Events, and Instructions for Use.

**Warning:** Prior to use of the ActiFlo irrigation bag read the ActiFlo irrigation bag instructions including all illustrations that is supplied by the manufacturer.
WARNINGS (Failure to comply with the following warnings may result in patient injury)

- Do not use if package is open or damaged.
- Do not use improper amount or type of fluids for irrigation or cuff/balloon inflations. NEVER use hot liquids.
- Do not over inflate retention cuff or stop-flow balloon.
- Inflation of the stop-flow balloon causes complete-catheter occlusion. Do not leave stop-flow balloon inflated in an unattended patient. To verify complete deflation of the stop-flow balloon, aspirate all air until RED connector (STOP FLOW 25 mL AIR) pilot balloon is collapsed when the syringe is removed from the connector.
- Use only gravity or slow manual irrigation. Do not connect manual pumping devices to catheter irrigation lumen. Do not irrigate patient with compromised intestinal wall integrity.
- Extreme caution should be exercised in patients at risk for the development of toxic megacolon. Occluding the tube by inflating the stop-flow balloon could aggravate this situation.
- Perform irrigations, enema/medication administrations, via the CLEAR connector (IRR/RO) AND NOT via the BLUE connector (CUFF 35-40 mL, H2O) or RED connector (STOP FLOW 25 mL AIR).
- Blood per rectum should be investigated to ensure no evidence of pressure necrosis from the device. Discontinue use of the device if evident.
- Abdominal distention that occurs while using the device should be investigated.
- Excessive prolonged traction on the catheter, resulting in the retention cuff migrating into the anal canal, could result in temporary or permanent clinical sphincter dysfunction, or catheter expulsion.

ADVERSE EVENTS

The following adverse events may be associated with the use of any rectal device:
- Perforation
- Pressure necrosis
- Loss of sphincter tone
- Obstruction
- Infection
- Excessive leakage of fecal contents

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For orders only: 1.800.323.4060
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