

## Red Flags

**!** Report to appropriate clinician for consideration of a 2-week referral if there are red flags at any point.

- Abdominal/rectal mass seen or felt
- Anaemia
- Rectal bleeding
- Changes in bowel habit
- Lethargy
- Pain
- Sudden weight loss

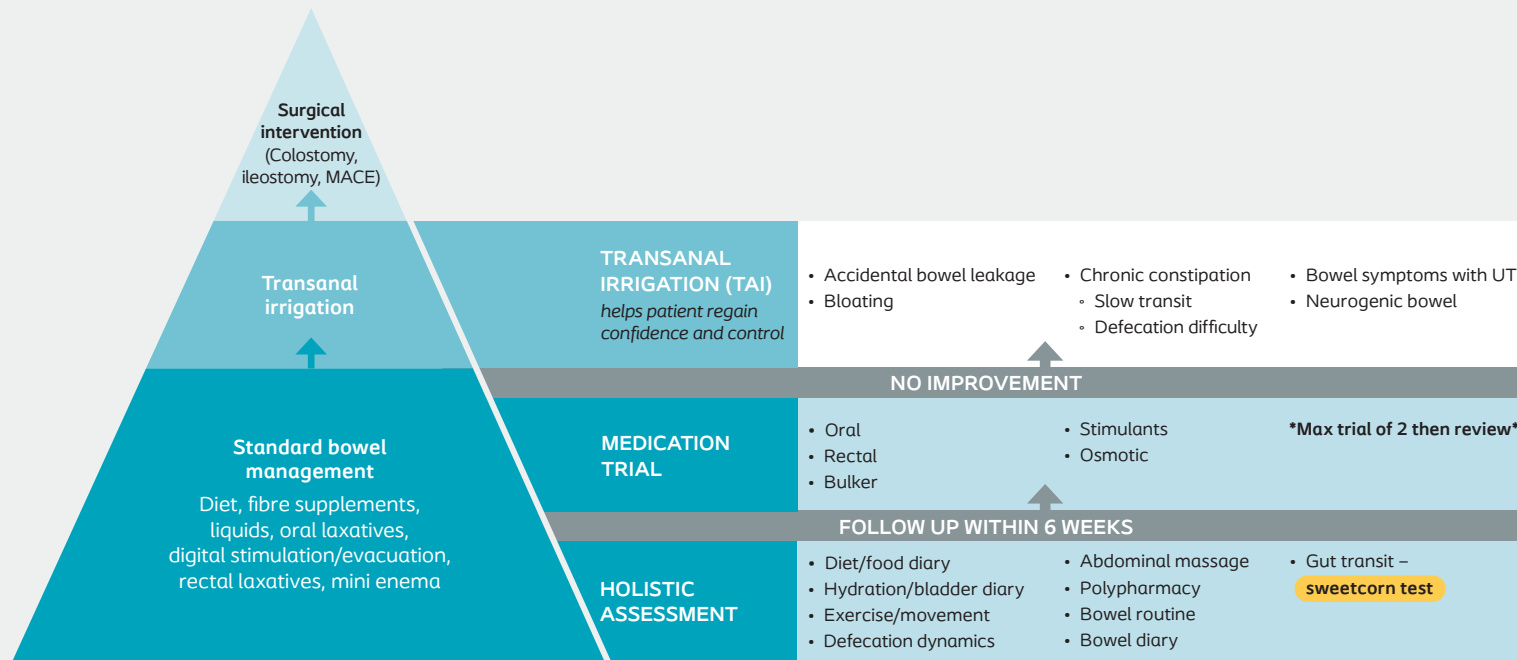
## Impact Score

Ensure you assess your patient's impact score at each assessment:

How do your bowel symptoms/management impact on your quality of life?



## Treatment Pyramid



## Let's get the conversation started

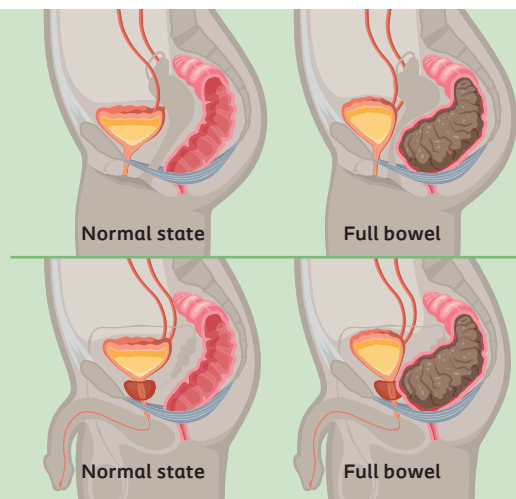
Here are some themes to begin discussion with your patient.

**(This is not a comprehensive assessment)**

- Is your patient toilet mapping? (Does your patient only plan outings when there's a known toilet facility?)
- Does your patient have a fear of outings or a decline in social/work activities?
- Does your patient have accidental bowel leakage (incontinence of faeces)?
- Does your patient open their bowels less than 3 times per week?
- Is your patient experiencing UTI's?

## Influence of bowel dysfunction on the bladder

A full bowel, for example due to untreated constipation, can put pressure on the bladder and urethra so that it cannot fill/empty properly, which can lead to frequency and/or UTI due to incomplete bladder emptying.



## Top Tip! - sweetcorn test

Do you know about the sweetcorn test?

This basic non-invasive gut transit test is useful for primary care assessment to support patients to understand their bowel dysfunction.

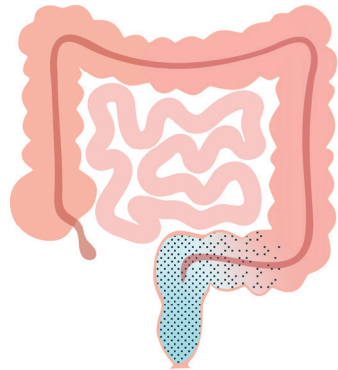
- 1 Consume half a tin of sweetcorn
- 2 Note date eaten
- 3 Wait to see sweetcorn in stool
- 4 Note date seen
- 5 Normal transit: 48-72 hours (Refer to pyramid)

**Consider further intervention or referral:** If the bowel diary and/or sweetcorn test indicate bowels not open for 3-5 days or more.

## Transanal Irrigation (TAI) Menu

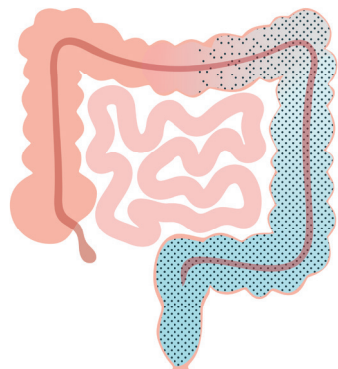
### Low Volume

Up to ~250ml



### High Volume

Greater than ~250ml



#### Low Volume

Up to ~250ml  
Cone catheter only



Peristeen  
Light

#### Symptoms and other considerations:

- Clustering (multiple evacuations in quick succession)
- Defecation difficulty
- Incomplete defecation
- Passive incontinence of faeces, mucus or flatus
- Post-defecation leakage
- Strategy for building confidence

#### Conditions:

- Ileo anal pouch
- LARS
- Rectocele

#### Indications for reassessment

- Bloating
- Excessive wiping
- If using low volume twice or more in one irrigation **and/or** more than 3 times per day
- Passive faecal incontinence
- Urge faecal incontinence

#### High Volume

Greater than ~250ml  
Cone or Balloon catheter



Peristeen  
Plus Cone



Peristeen  
Plus Balloon

#### Symptoms and other considerations:

- Clustering (multiple evacuations in quick succession)
- Constipation - with or without bloating or cramping
- Obstructive defecation
- Passive incontinence of faeces, mucus or flatus
- Slow transit
- Urgency
- Urgency with faecal incontinence

#### Conditions:

- Flaccid bowel
- Idiopathic bowel
- LARS
- Reflexic bowel
- Neurogenic bowel
- Neuropathy

### Top Tip!

Consider low volume as an adjuvant to high volume for lifestyle factors e.g. travel, socialising, exercise and intimacy.

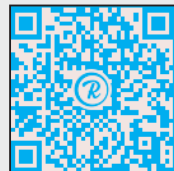
### Balloon or Cone?

#### Balloon

Commence on a balloon catheter unless a cone catheter is clinically indicated or preferred by the patient.

#### Cone

- Ileo anal pouch
- LARS
- Painful rectum



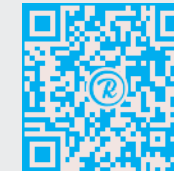
#### The Bristol Stool Chart

Scan here to access this chart to see what different stool types may mean.



#### Contraindications

Scan here to access contraindications, warnings, and cautions via IFU.



#### Additional information

Scan here to access bowel management resources and step-by-step guidance via Coloplast Professional.

**References:** RCN Bowel Care Guidelines | Bowel Interest Group Cost of Constipation Report | International Continence Society | APPG – Cost Effective Commissioning for Continence Care

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