

GMMM supports the use of trans-anal irrigation systems for those patients with long-standing (over 6 months) incomplete bowel emptying, chronic faecal incontinence, slow-transit constipation or neurogenic bowel dysfunction. Initiation must be following a full assessment and after considering other methods of management (e.g. Biofeedback, digital stimulation, colorectal surgery). A robust specialist treatment pathway must also be in place. Please note if patient reports 'red flag' symptoms then refer using a suspected cancer pathway referral:

[NICE NG12: Suspected cancer: recognition and referral, June 2015](#)

[NICE pathways: Suspected lower GI tract cancer recognition and referral.](#)

- If above standards are met and check list completed then consultant, specialist nurse can refer patient to a specialist GI department, pelvic floor service or specialist community continence service where TAI training is available

- Complete a full bowel assessment form
- Ensure suitability for TAI training: Check for red flag symptoms. Record medical and surgical history (especially colorectal), patient concordance, water volume requirements (normal or low) and patient dexterity
- Review options and TAI systems with patient i.e. catheter, cone, low volume mini devices or bed system
- Trained healthcare professional\*(HCP) to advise patient/carers how to use chosen TAI system (some HCP's will perform the procedure in clinic or during a home visit; others may provide a trial kit if available).

**\*Trained HCP** is a qualified nurse, physiotherapist or GI physiologist who has received specific bowel care education and training which includes; anatomy & physiology, colorectal surgery and attended study days relating to TAI. They must have experience and evidence of competence regarding teaching TAI.

Depending on the local service, the trained HCP either prescribes or requests GP to prescribe after providing:

- information on the TAI system required for the patient
- supporting treatment information including expected frequency of use, continuation / discontinuation of laxatives
- details of referrer & review process
- the required prescription and supply route (direct supply or community pharmacy)

GP confirms acceptance to prescribe with specialist HCP

Patient confirms with the HCP that they want to proceed with using the TAI system

**Patient is contacted at 2-6 weeks, 3 months, 6 months and 12 months post start date by trained HCP** to discuss progress, review results, check frequency of use and provide advice and support

GP informed of any change in use e.g. frequency, discontinuation

Patient's local community bladder and bowel team should be notified of all TAI users

Referrer, supplier and GP advised if the patient stops using TAI, giving the reason for discontinuation

Longer term patients to be reviewed annually by appropriate HCP. If patient discharged from service then referrer and GP informed

Patients are given initiating HCP telephone and email details to be able to contact the department at any time for ongoing support with their TAI treatment. Patient is instructed to stay in contact with the department and to contact them if they are no longer irrigating.