Stoma Irrigation with IryPump® S

Time machine – 48 hours of freedom ... over and over again
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General information on stoma irrigation

Modern medical care products which are gentle on the skin provide colostomates with a high degree of safety and comfort. However, the lack of control over stool discharge and gas emissions, as well as the associated aesthetic and psychological factors, continue to represent a great burden for many patients.

The method of flushing the intestine, also called irrigation, is recommended for colostomates in order to facilitate control over stool discharge. This makes it possible for such patients to reduce their usual care needs to a minimum and also benefit from considerably better comfort, discretion and quality of life, not to mention maximum independence.

See our website www.irypump.com for more information as well as video clips on how stoma irrigation works.
What does irrigation do?

The aim of the irrigation is to stimulate the intestine to increase the movement of its contents (peristalsis) by rinsing it regularly. This happens due to a tissue stretch stimulus triggered by the flow of water.

The enhanced movement of intestinal contents results in a complete evacuation of the colon at the desired time, and thus the patient can then enjoy up to 48 hours with no evacuation. The length of this period depends, amongst other factors, on the length of intestine which remains, as well as on the colostomate’s dietary habits.

In addition, this flushing of the intestine can reduce the amount of gas-producing bacteria in the intestine, resulting in a significant reduction in flatulence.

Such irrigation does not replace the functions of the intestine, but rather enhances the natural ability of the colon to empty itself. There is no decrease in effect over time as generally occurs, for example, with the regular and long-term use of laxatives.

Sticking to a regular schedule is a critical factor in the success of the irrigation method.
When can the irrigation method start to be used?

From a medical point of view, the irrigation method can start to be used just two to three weeks after the operation, as soon as the stoma is well healed.

Before beginning the irrigation method, however, the patient must become familiar with how to use a conventional pouch. Irrigation is ideally to be carried out in an appropriately sanitary environment.

The right moment in time

The time for performing irrigation should be adapted to match the patient’s habitual bowel rhythms prior to the operation. This will vary from individual to individual. The important thing is to use this regular moment in time for irrigation and integrate it into the daily routine.

In the initial treatment stages, up to one hour should be set aside to complete the irrigation procedure. However, with regular use this period can be reduced to about 30 minutes.
Where does the water flow go and what does it do?

The water flows in through the stoma ⑦, through the various sections of the colon ⑤, ④, ③ and on to the cecum ② (depending on volume of water and flow rate). The water cannot penetrate the small intestine, because a natural ‘valve’ prevents it (Bauhin’s valve).

The incoming water distends the colon to such an extent that mass peristalsis (enhanced movement of colon contents) is stimulated. The contents of the colon are forced towards the stoma and gradually empty out completely.

The amount of water required for irrigation is based on body weight as follows:

15–18 ml/kg of body weight
Irrigation must always be first discussed with the patient's doctor and all possible risks taken into account. Only on this doctor's written advice is irrigation to proceed, under the guidance of appropriately trained practitioners. Once the patient becomes familiar with the equipment and procedure of irrigation, then it can be done by the patient alone.

Irrigation is only suitable for colostomates who have a sufficient length of colon remaining. In the case of colostomates for whom treatment is hindered by skin folds, scar tissue or an awkward position, irrigation is often the sole safe method of treatment.

**Requirements for irrigation**

- The colostomy is located at the end of the descending or the sigmoid colon
- A normal bowel function exists with regular, formed stools
- The patient is familiar with the handling of the normal stoma treatment and is personally able to carry this out
- The patient can irrigate regularly at the same time
Contraindications

Existing complications can impede the irrigation procedure or even rule it out.

Irrigation is not to be used in the case of hernias, prolapse of stoma or an existing intestinal infection. Colostomates undergoing radiotherapy are also precluded from irrigation.

If a siphon effect is present (the intestine does not run in a straight line to the abdominal wall) then an irrigation schedule with a period between colon evacuations of up to 48 hours will not be possible.

Before setting out irrigation procedures, a physician/nurse consultancy is compulsory. It is recommended that the first irrigation with IryPump® should be carried out under the guidance of a trained physician/nurse in consideration of potential risks.
Contraindications

- Colon prolapse
- Hernia
- Siphon-effect
- Inflammatory bowel disease
- Colon stenosis
- Radiotherapy and chemotherapy
- Poor health conditions
- Cardiovascular disease
- Operation in the abdominal area or the rectum during the past 3 months
Irrigation with IryPump® S

The IryPump® S is the latest development from B. Braun in the field of electrical irrigation systems and sets completely new standards in irrigation therapy in terms of design, function and handling.

Safe and simple to use, adjustable to individual needs, surprisingly compact and totally portable thanks to the integrated high-performance battery – the IryPump® S will help you to achieve maximum comfort, discretion, quality of life and independence.
The procedure step by step

All the equipment needed for irrigation (IryPump® S, non-woven swabs, pouch, irrigation sleeve, face plate, etc.) should be laid out prior to starting irrigation.

Check that the battery in the IryPump® S is fully charged. Important: for safety reasons, irrigation with the IryPump® S is only to be carried out when operated by battery!

When using an electrical irrigation pump whilst travelling abroad, you may need an adapter for the power source.

You may also need an information leaflet for customs when travelling by air. Further information can be obtained from the manufacturer.

In countries with poor water quality, it is recommended to use shop-bought still bottled water instead of tap water.
Turn on the IryPump® S to check if the battery is properly charged.

- Ring lights up green >>>
  the IryPump® S is charged and irrigation can begin.
- Ring lights up red >>>
  the IryPump® S must be charged before the next irrigation can be performed.

- If the ring starts to blink during the course of irrigation, it will still be possible to complete the irrigation procedure which has already begun.
- The control dial of the IryPump® S will slowly blink green, while charging.

Remove the water container from the pump module by pressing the side release tab.
Extend the water container; to do so just pull the inner section up until it audibly clicks into position (first right side, then left side).

Fill the water container with the prescribed amount of water.

Check that the water is at the correct temperature (36 to 38°C). The temperature indicator is located at the bottom of the water container.

Attach the filled water container back onto the pump module.
Use the quick connector to fasten the tubing system onto the pump.

Connect the other end of the tubing system to the cone.

Expel all air from the tubing system by turning on the IryPump® S and setting it to flush level 3.

When the tubing system is completely full with water and no more air can be seen in the tubes, turn off the IryPump® S.
There are 3 different possibilities:

- The irrigation sleeve can be attached to the skin directly.
- The irrigation sleeve can be attached to the irrigation face plate.
- The irrigation sleeve can be attached to the two-part Softima®/Flexima® Key base plate with a 60 mm lock ring.

Remove your stoma pouch.

Take an IrySleeve® irrigation sleeve and attach it to your stoma.

Let the lower end of the irrigation sleeve hang over the lavatory.

Fix it in place on the belt using the integrated coupling system.
Carefully guide the cone into the stoma through the upper opening in the irrigation sleeve.

Start the IryPump® S at the flow rate recommended by your stoma nurse.

If the water does not flow into the intestine, reinsert the cone.

In exceptional cases a pre-rinse procedure using approx. 150 – 200 ml of water prior to the actual irrigation process is advisable in order to achieve a more effective result.

When all the water has poured into the intestine, turn off the IryPump® S again.

Wait about 2 or 3 minutes before removing the cone from the stoma: The evacuation process should last approximatively 45 minutes.
Fold up the sleeve.

The 2 sleeve edges should be side by side.

Start closing the sleeve by rolling back the clamp.
The clamp should be rolled three times.

Then, close the sleeve by pressing the clamp edges.

Make sure the clamp is in place.
Once the evacuation starts, reopen the sleeve and hang it over the toilets.

When irrigation is complete, dispose of the irrigation sleeve with your household waste.

Remove the face plate if there is one, clean your stoma and apply a suitable stoma cap to stay in place until the next irrigation is scheduled.

Clean and dry your irrigation system and recharge the battery of the IryPump® S, if needed, to be ready for the next irrigation.
Products for stoma irrigation from the B. Braun range

IryPump® S | Stoma irrigation
### IryPump® S Set

**Complete starter set, contains**

1. IryPump® S (electronical pump, water container and power supply)
2. IryCone®+ (cone and tubing)
3. IrySleeve® Irrigation Sleeves 60 mm
4. Iryflex® Faceplate
5. B. Braun StomaCare Belt
6. Iryfix®
7. B. Braun Petite
8. Softima®/Flexima® Active Mini
   - Carrying case

### IryPump® S Accessories

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<thead>
<tr>
<th>Item</th>
<th>Quant.</th>
<th>REF</th>
</tr>
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<tbody>
<tr>
<td>IryPump® S Set</td>
<td>1 set</td>
<td>29120</td>
</tr>
<tr>
<td>IryCone®+ (cone and tubing)</td>
<td>1 piece</td>
<td>29220</td>
</tr>
<tr>
<td>IryPump® Power supply</td>
<td>1 piece</td>
<td>29030</td>
</tr>
<tr>
<td>IryPump® Water container</td>
<td>1 piece</td>
<td>29240</td>
</tr>
<tr>
<td>IrySleeve® Irrigation Sleeves 60 mm</td>
<td>20 pieces</td>
<td>60620</td>
</tr>
<tr>
<td>IrySleeve® Irrigation Sleeves 60 mm</td>
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<tr>
<td>IrySleeve® Irrigation Sleeves 60 mm</td>
<td>50 pieces</td>
<td>60650</td>
</tr>
<tr>
<td>Iryflex® Faceplate</td>
<td>1 piece</td>
<td>F05064</td>
</tr>
<tr>
<td>B. Braun StomaCare Belt</td>
<td>1 piece</td>
<td>5028</td>
</tr>
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### Stoma caps, Mini pouches

<table>
<thead>
<tr>
<th>Item</th>
<th>Size</th>
<th>Quant.</th>
<th>REF</th>
</tr>
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<tbody>
<tr>
<td>Iryfix®</td>
<td>Stoma cap with integrated filter</td>
<td>ø up to 35 mm</td>
<td>15 pieces</td>
</tr>
<tr>
<td>B. Braun Petite</td>
<td>Mini pouch 82 x 71 mm</td>
<td>≯15–35 mm</td>
<td>30 pieces</td>
</tr>
<tr>
<td>Softima®/Flexima® Active Mini</td>
<td>Mini pouch beige (~220 ml)</td>
<td>35 mm</td>
<td>30 pieces</td>
</tr>
<tr>
<td>B. Braun StomaCare Belt</td>
<td>≯15–45 mm</td>
<td>30 pieces</td>
<td>4610215</td>
</tr>
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Discover the advantages of the new, innovative IryPump® Irrigation system with our new IryPump® App.
Get it in the App Store for free now.