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ENEMA

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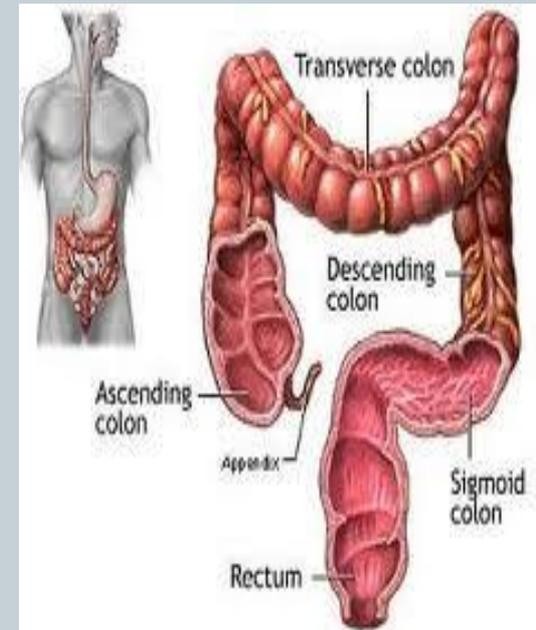
The gastrointestinal system (alimentary canal)



⇒ begins at the mouth and ends at the anus.

The small intestine is primarily responsible for the digestion and absorption of nutrients, vitamins, minerals, fluids, and electrolytes.

The digestive chyme (mixture of partially digested food and secretions) travels through the small bowel by a combination of segmental contractions and peristaltic waves.



The GI system comprises the alimentary canal and its accessory organs, beginning at the mouth; extending through the pharynx, esophagus, stomach, small intestine, colon, rectum, and anal canal; and ending at the anus.

FACTORS AFFECTING ELIMINATION OF STOOLS



- **Age**
- **Diet**
- **Exercise**
- **Medications**

The types of stool

the Bristol Stool Form scale, or the BSF scale



Type 1: Separate hard lumps, like nuts (hard to pass) **Typical for acute disbacteriosis, post-antibiotic treatments**

Type 2: Sausage-shaped, but lumpy **Typical for organic constipation.**

Type 3: Like a sausage but with cracks on its surface **Typical for latent constipation.**

Type 4: Like a sausage or snake, smooth and soft

Type 5: Soft blobs with clear cut edges (passed easily)

Type 6: Fluffy pieces with ragged edges, a mushy stool

Type 7: Watery, no solid pieces. Entirely liquid

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

I. Colonic constipation



A state in which an individual experiences a change in normal bowel habits characterized by a decrease in frequency or passage of hard, dry stools is called

Constipation

- ⇒ Dietary factors
- ⇒ Dehydration causes
- ⇒ Diverticular disease (common problem in the elderly, also reduces colonic transit, further increasing risk of constipation)

II. Diarrhea



Diarrhea is the state in which an individual experiences a change in normal bowel habits characterized by the frequent passage of loose, fluid, unformed stools.

The primary causes of diarrhea include:

- ⇒ infectious agents
- ⇒ malabsorption disorders
- ⇒ inflammatory bowel disease
- ⇒ short bowel syndrome
- ⇒ side effects of drugs and laxative
- ⇒ enema misuse.

III. Fecal Incontinence



Fecal incontinence is the involuntary loss of stool of sufficient magnitude to create a social or hygienic problem.

The primary mechanisms that predispose the adult to incontinence of stool are:

- ⇒ dysfunction of the anal sphincter,
- ⇒ disorders of the delivery of stool to the rectum,
- ⇒ disorders of rectal storage, and anatomic defects.

Enema



- An enema is the introduction of a solution into the rectum or lower colon to stimulate peristalsis, thereby causing elimination of stool. An enema may also be given to introduce medications or other therapeutic agents.
- Surgery to cleanse the bowel.
- Many diseases and conditions affect bowel function.
- Enema administration is a procedure used to introduce fluid into the lower bowel.

The purpose of an enema



- ⇒ Cleansing (e.g. before bowel surgery)
- ⇒ Therapeutic
- ⇒ Diagnostic – (e.g.colonoscopy)
- ⇒ Retention or return flow enemas

The most frequent types of solution used for cleansing enemas are:



- **hypotonic solutions (tap water)**, enema should not be repeated after first installation because water toxicity or circulatory overload can develop.
- **Isotonic solution (physiologic saline)** is safest. Infants and children can tolerate only this type because of their disposition to fluid imbalance.
- **A hypertonic solution (saline)** is useful for patients who cannot tolerate large volumes of fluid. Only of 12 ml to 180 ml is usually effective (e.g. commercially prepared fleet enema).
- **Soapsuds solution** may be added to tap water or saline to create the effect of intestinal irrigation. Only low volume hypertonic solution is available commercially and is administered in smaller volume (adult 70 to 130 ml). These solution draw water into the colon, which stimulates the defecation relax. They may be contraindicated in patients, for whom sodium retention is present, dehydrated patient and young infants.

The maximum volumes of solution used for cleansing enemas are

- ⇒ infant (150 to 250 ml)
- ⇒ toddler (250 to 350 ml)
- ⇒ schoolager (300 to 500 ml)
- ⇒ adolescent (500 to 750 ml)
- ⇒ adult (750 to 1000 ml)



Position used for administering of enema

1. Lying on the right side, knees bent up.
2. Lying on the left side, knees bent up.
3. Head down and backside up.



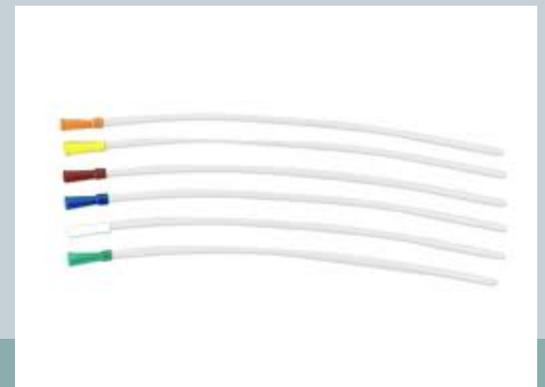
A rectal tube/rectal catheter



is a long slender tube which is inserted into the rectum in order to relieve flatulence which has been chronic and which has not been alleviated by other methods. A rectal tube are **made of silicon or plastic.**

Size of rectal tube:

- Infant G 12
- Toddler G 14 - 16
- Schoolarger G 16 – 18
- Adults G 22 - 30



Cleansing enema



is given to remove feces from the colon.

They are used for following purposes:

- to relieve constipation or fecal impaction,
- to prevent involuntary escape of fecal material during surgical procedures,
- to promote visualization of the intestinal tract by X-ray film or instrument examination,
- to help establish regular bowel function during a bowel training program.

Retention enema



- is retained in the bowel for a prolonged period for different reasons as given below:
 - Oil retention enema* – lubricate the intestinal mucosa, making defecation easier. About 150 to 200 ml of solution is administered to adults.
 - Carminative enema* – help to expel flatus from the rectum and provide relief from gaseous distention.
 - Medicated enema* – used to administer medications that are absorbed through rectal
 - Anthelmintic enema* – administered to destroy intestinal parasites.
 - Nutritive enema* – administered fluids and nutrition rectally.

The return - flow enema (Harris flush)



- is prescribed to relieve intestinal gas and distension, which causes pain.
- the goal of this process is to stimulate the expelling of flatus, thereby relieving abdominal distension and „gas pains“.
- This process is repeated five or six times, and the alternating flow of solution stimulates peristalsis and helps on the expelling flatus. The procedure is terminated when abdominal distension is released. If the return solution becomes thick with faeces it is replaced by fresh solution.

A fecal impaction



- Fecal impaction removal is the digital (using the finger) means of breaking up and removing a fecal impaction, or mass of hardened, clay-like stool lodged in the rectum.
- Fecal impaction is the result of extreme constipation (**skybalum**)

Appendices



- Do not administer enemas to patient who have severe abdominal pain, bowel obstruction, bowel infection or after rectal, prostate or colon surgery.
- Digital removal of faeces is contraindicated for most patients with cardiac conditions and after reproductive surgery, abdominoperineal repair, rectal surgery, colostomy and genitourinary surgery. It is also contraindicated in patients who are receiving radioactive isotope therapy (especially in the abdominopelvic area) or perineal perfusion of anticancer drugs.

Appendices



- Geriatric patient are prone to constipation and impaction because of decreased metabolic rate, decreased activity levels, inadequate dietary intake and tendency to over use laxatives and enema as a routine means of promoting bowel evacuation.
- Remember that faces are highly contaminated.



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Questions



- *Why do women get constipated more often than men?*
- *Does alcohol cause constipation?*
- *What causes traveler's constipation?*
- *Can you relieve constipation by drinking more water?*
- *Does smoking cause constipation?*
- *Why does hot weather cause constipation?*
- *Can constipation cause acne?*