Enema into a Colostomy

Purpose	Colostomates with faecal loading may benefit from this procedure as the colon is assisted to empty and the symptoms of constipation are relieved. This procedure may also be used to deliver specified medications via the enteric route.

Clinical Considerations	• Risks include vasovagal syncope and bowel perforation
	  ○ Vasovagal syncope is a potential reaction triggered by gastrointestinal stimulation that causes a temporary loss of consciousness due to a sudden drop in blood pressure and heart rate.
	  ▪ Monitor the patient throughout the procedure.
	  ▪ If any pre-syncope symptoms (including light-headedness, tunnel vision, hot flush, cold clammy sweat, blurred vision) stop the procedure, ensure the patient is safe, call for help, check with medical team if procedure should continue
	  ○ Ensure the 14-16fg foley catheter is made of soft material to reduce risk of damaging bowel
	• Underlying rationale for enema to be clearly identified prior to commencement of procedure
	• Enema fluid is usually administered at body temperature
	• The type of enema fluid is determined by the institution protocol

Procedure	• Check medication order and patient details • Identify construction of stoma ie loop or end. If loop stoma, determine whether proximal or distal lumen should be used • Digitally examine stoma with lubricated, gloved digit to ascertain direction of lumen • Clean and dry peristomal skin and apply preferred appliance – 2 piece high output or drainable pouch, 1 piece irrigation sleeve If low volume enema to be administered: • Insert lubricated Foley catheter into colostomy following direction of the bowel as indicated on digital examination. Do not force the catheter. If it does not pass easily, withdraw the catheter a short length and re-introduce it at a slightly different angle.

Australian Association of Stomal Therapy Nurses Inc. Education and Professional Development Committee. Developed March 2013. Last updated March 2025.

	• Balloon may be blown up with 5 mls of air to assist in retaining enema contents in the bowel lumen • Slowly insert enema liquid into the stoma through catheter tip syringe and foley catheter • Balloon must be deflated prior to catheter removal If high volume enema: • Attach lubricated Foley catheter (14 -16 Fr) to end of a disposable enema bag with a connector • Prepare enema fluid as per institution protocol and place in enema bag • Prime enema bag line • Insert Foley catheter into colostomy following direction of the bowel as indicated on digital examination. Do not force the catheter. If it does not pass easily, withdraw the catheter a short length and re-introduce it at a slightly different angle. • Inflate balloon as above • Allow volume of enema to slowly flow into lumen of bowel and enema bag to be clamped • Patient to retain enema fluid as indicated by local protocol (usually around 20 minutes) • Balloon must be deflated prior to removal of the catheter • Observe the output for results of the enema and document as per local policy
References	• Burch J (2006) Constipation and flatulence management for stoma patients *British Journal of Community Nursing* Vol 12, No 10 pp.449 – 452. • Kausik R. &McFall M. (2010) Large bowel enema through colostomy with a Foley catheter: a simple and effective technique. *Annals of The Royal College of Surgeons of England*, vol.92, pp.264