

4. Colonic irrigation

4.1 General

Colonic irrigation is also known as colonics, colonic lavage, colon irrigation, high colonic or colon hydrotherapy. The practice involves cleansing the entire colon from the rectum to the caecum using filtered and temperature-regulated warm water, which enters and exits the colon through tubes connected to a rectal catheter.

Various forms of colonic therapy have been used over the centuries. The practice is based on the belief that irrigating the bowel cleanses the body of toxins, improves overall colon function, reduces gas and fever, controls infection, eliminates disease and relieves constipation, skin problems, sinus, backache, headache, fatigue, bad breath, coated tongue, indigestion and bloating.

If equipment is not sterile and infection control procedures are not followed, then there is the potential for transmission of bowel infections (including hepatitis A), as well as blood-borne viruses such as hepatitis B and C and HIV. There is also the potential for serious injury.

Victoria's *Health Act 1958* has no provisions requiring a colonic irrigation business to register with local government. These guidelines have been produced to assist operators to implement infection control requirements and safe practices.

4.2 The procedure

The first stage of a colonic irrigation procedure involves massage of the lower abdominal area. The operator or the client gently inserts a sterile single-use catheter into the rectum. Filtered, gravity- or pressure-fed and temperature-regulated warm water (and occasionally herbs or oxygen, for ozone therapy) is gradually introduced into the colon, and natural evacuation of faeces occurs. Where the intention is to use additives, the operator should check with the client before any procedure that the client does not have any allergies to the proposed substance. In addition, care should be taken to ensure the system's tubing does not become blocked during the procedure. A single session lasts 30–45 minutes and uses 18–20 litres of water.

Water temperature must be regulated to normal body temperature to prevent thermal shock or scalding. The temperature of the water delivery should be 34–40°C and should never exceed 40°C. Normal body temperature (37.6°C) should be the guide.

A water-based lubricant in a single-use sachet is recommended to assist catheter insertion. Single-use gloves should be worn by the operator when assisting a client to insert a catheter, and discarded immediately. If the client is positioning the catheter, then they should be provided with single-use gloves and wipes. Wipes or gloves should be discarded into the clinical and related waste bin. Care should be taken to avoid cross-contamination.

Operators should wear personal protective equipment, including a clean plastic apron and single-use gloves when cleaning the equipment and environment after the session. Operators should keep themselves and their clothing clean, and have no

exposed cuts, abrasions or wounds. Hands must be washed and thoroughly dried immediately before regloving before the procedure and on completion of the procedure (see part A, section 3.4).

Colonic irrigation differs from the enema currently used in the health care environment. Enemas use small amounts of electrolyte-based solutions to cleanse the small bowel before surgery and to assist in faecal disimpaction procedures. Protocols for urgent medical assistance should be in place (see part A, section 3.2).

4.3 Risks

People who have acute or chronic illnesses, are suffering from diarrhoea or are immunocompromised should seek medical advice before undertaking any colonic irrigation procedure. Potential risks for any client include:

- infection due to unsterile equipment or equipment that permits backflow of faecal material to the water system
- trauma to the colon, such as ulceration or perforation; exacerbation of chronic bowel disease such as diverticulitis, Crohn's disease or haemorrhoids; and thermal shock or scalding if controls regulating the water temperature fail
- a reduced capacity to control bowel movements for a period of time after the procedure
- the removal of normal intestinal flora, which may lead to such problems as gastrointestinal infections.

4.4 Set-up

See part A, sections 2.2 and 2.3. The procedure room should:

- be as hygienic as possible and protect the operator and the client from disease transmission
- have adequate ventilation, heating and cooling to ensure patient comfort (although moveable floor heating/cooling units should not be used because they constitute a safety hazard due to the presence of fluids)
- have smooth, impervious and washable floors
- be fitted with a hands-free hand basin with hot and cold running water supplied through a single outlet, liquid soap and paper towels
- have a toilet for the exclusive use of the client, located in the procedure room or as an en suite
- have an en-suite shower
- have paper towel on client couch
- have paper towel for each client to clean himself/herself after the irrigation procedure

- have two waste receptacles: one for clinical and related waste (for any item contaminated with blood) and the other for other single use items.

Clean and comfortable facilities should be made available for the client to change, and clean gowns, robes and towels should be provided. Separate toilets should be made available for public and staff use.

4.5 Equipment

Colonic irrigation equipment should have an Australian Register of Therapeutic Goods inclusion number. Policies and procedures for safe operation must be in place, and operators must follow the manufacturer's instructions, including maintenance procedures.

Under no circumstances should the colonic irrigation equipment be connected directly to a potable water supply system. A direct connection could result in: (a) serious (and possibly fatal) injury to a client due to application of mains pressure; and (b) under abnormal supply conditions (such as a sudden drop in mains water pressure), contamination of the potable water supply with faecal material. The following practices are also important.

- Controls should be placed so clients are unable to alter settings once the procedure commences.
- Suitable water filters (1–20 microns filtration) should be fitted to all systems to reduce/remove particulate matter. The water must be filtered before entering the storage tank. The filter elements must be replaced at the manufacturer's recommended intervals and as necessary. (It may also be necessary to install a pump to ensure adequate water flow to the storage tank.)
- For a gravity-fed system, the minimum vertical distance between the top of the couch and the tank outlet spigot should be 650 millimetres and the maximum distance between the couch top and the upper level of water in the feed tank should be 1300 millimetres.
- There should not be pumps, other pressure-enhancing devices or suction facilities on the client side of the tank. Mechanisms for regulating water temperature must be installed at the mains and the tank.
- The use of single-use tubing is recommended (AS/NZS 4815:2001, page 23). All reusable tubing poses a challenge to cleaning processes, and the cleaning processes have the potential to generate infectious aerosols (particularly given that tubing is difficult to sterilise). If equipment tubing requires lubrication, then each end should be moistened with water before connection.
- If UV light is used, then it must be fitted with screening to protect the client, because it can damage the skin and retina.

4.5.1 Catheters

Catheters must be sterile and single use only. Operators should purchase only items that are on the Register of Therapeutic Goods, and they should ask suppliers for the Australian Register of Therapeutic Goods number.

4.5.2 Plumbing/sewage disposal

The consent of the local water authority must be sought before the installation of any colonic system, and installation must conform with the standards of the Plumbing Industry Commission (Victoria) and Standards Australia:

- Australian Standard/New Zealand Standard (AS/NZS) 3500.1:2003 Plumbing and drainage – Water services
- AS/NZS 3500.2:2003 Plumbing and drainage – Sanitary plumbing and drainage
- AS/NZS 3500.4:2003 Plumbing and drainage – Heated water services.

The following practices are also important.

- All plumbing should be easily accessible.
- The system must be odourless and prevent backflow to, and subsequent contamination of, mains water.
- A reduced pressure zone device (RPZD) should be fitted on the water supply line to the colonic equipment.
- Water authorities may also require a RPZD to be fitted at the water meter outlet to contain any possible backflow within the property.
- The storage tank should be vented to atmosphere. Gravity-fed tanks create a physical air gap, known as a registered air break, to prevent backflow.
- The treatment bed must be equipped with nonreturn and pressure-reducing valves to prevent backflow of faecal material.
- All waste must be discharged to a sewer, and there must be approval for this connection.
- A pressure hose should be available to clean the system.
- Hot water installations must deliver water at the outlet of all sanitary fixtures used primarily for personal hygiene at a temperature to ensure scalding does not occur.
- Hot water is to be stored at 60°C to inhibit the growth of Legionella bacteria.

4.6 Waste disposal, cleaning and disinfection procedures

See part A, sections 2.4, 3.4, 4 and 5.

4.6.1 Disinfectants

Hospital-grade disinfectants should be used in colonic irrigation premises for the couch, the external irrigation system and en-suite facilities. The internal water tank should be disinfected using a 5 per cent solution of sodium hypochlorite (chlorine). This solution should be left for 10 minutes and then rinsed thoroughly using at least two tanks full of water.

A 5 per cent chlorine solution can be obtained by either:

- 450 millilitres per 4.5 litre tank of a commercial product (for example, laundry bleach with 4–5 per cent available chlorine), or
- 225 millilitres per 4.5 litre tank of sodium hypochlorite (12 per cent available chlorine, but usually accepted as 10 per cent available chlorine).

Table 10 outlines a recommended cleaning, disinfection and disposal schedule.

Table 10: Colonic irrigation–cleaning, disinfection, and disposal schedule

	Equipment	Reason/risk	When	How	Additional information
High risk	Catheter Gloves	Faecal material harbours microorganisms.	Immediately after use	Use sterile rectal catheters only. ↓ Dispose of immediately after use.	Catheters and gloves are single use only, so cannot be cleaned and disinfected. If contaminated with blood dispose of in the clinical and related waste bin.
	Procedure couch		After each client and daily	Wash with warm water and detergent and dry.	Wear personal protective equipment when cleaning.
	En-suite toilet		As above	↓	
	En-suite shower		As above	Wipe over with a hospital-grade surface disinfectant.	
	Hand-wash basins		As above		

Table 10: Colonic irrigation–cleaning, disinfection, and disposal schedule *continued*

	Equipment	Reason/risk	When	How	Additional information
Intermediate risk	Single-use towels	Potential hazard	Immediately after use	Dispose of into clinical and related waste bin.	
	Linen		After each client	Wash in hot water (70–80°C) and detergent. ↓ Dry in open air or in clothes dryer on hot setting.	Place into washable leak-proof linen bin before laundering.
	Procedure room – Floors – Walls		Daily After each client Weekly and when visibly soiled	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital grade surface disinfectant.	Wear personal protective equipment when cleaning.
Low risk	Operator personal protective equipment	Potential hazard	Daily and when soiled	See linen section above	Wear personal protective equipment when cleaning.
	External tank equipment		Weekly	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital-grade surface disinfectant.	
	Internal water tank		Weekly	Fill tank with sodium hypochlorite solution. ↓ Leave 10 minutes. ↓ Rinse thoroughly using two tank fulls of water. (Also see disinfection section above)	Sodium hypochlorite is corrosive, leading to rinsing requirements.

4.7 Records

All client consultations should be conducted in privacy, particularly when taking a client history. A record should be kept of all staff, including name, date of birth, gender, home address and contact telephone numbers. The responsibilities of each staff member should also be documented.

Clients should read and sign a consent form, which contains details of name, address, age, medical history and other relevant information. An example is attached in part E, appendix 3. These forms and details of further procedures and progress should be kept in a secure location for at least seven years since the last visit or, in the case of minors, seven years after the client reaches the age of 18 years (that is, until 25 years of age). Clearly written after-care instructions should be given to all clients.

The operator should also record incidents of bleeding, complaints of pain, any required treatment or the need to seek medical treatment. If a client has been referred from another source, then a report of the treatment results, observations and recommendations should be recorded. All records should be kept confidential.

When the operator becomes aware of any infection, complication or disease resulting from any colonic irrigation procedure, these should be reported to the local government environmental health officer or the Department of Human Services within 24 hours. In the event of an investigation, the records should be made available on request to local environmental health officers and the department officers, who will deal with them according to State privacy legislation.