

**Introduction**

This policy review is part of a wider project to review and update more than 100 health policies by six Clinical Commissioning Groups in Merseyside. The review is to ensure that the latest clinical guidance is being applied consistently across the area and that the latest treatments are made available to patients.

**Name of treatment or procedure**

Transanal irrigation (TAI)

**Description of treatment or procedure**

Transanal irrigation is a method of managing conditions such as bowel incontinence or constipation. It involves introducing water through the anus to flush faeces (poo) from the bowel (rectum and colon). TAI is only considered as an option if diet and medication have not been successful.

**Current policy**

Not applicable – this is a new policy for Merseyside CCGs.

**Proposed policy**

Transanal irrigation will only be offered to patients (of any age) who meet ALL the following criteria:

1. The patient has already tried all other options (such as diet, lifestyle, exercises and medication) but have not been successful. Note: All appropriate laxatives should also have been tried for several months at a time.
2. The patient has had all appropriate test and scans completed. Note: The most cost-effective system should be used, and the patient should be prescribed TAI by a specialist service.
3. The patient has committed to use the system on alternate days. Note: TAI should be stopped if the patient does not use it regularly or does not want to continue.
4. The patient has shown improved bowel function through appropriate clinical scoring systems.

**Reason for proposed policy**

Transanal irrigation is a highly specialist procedure. The individual must be given in-depth training and ongoing support to make sure that the condition is managed safely and efficiently.

The policy has been aligned with NICE Medical Technology Guidance February 2018.

**Summary**

CCGs currently have no policy in place for Transanal Irrigation despite cohorts of patients having previously been identified who would benefit from a policy being in place. The introduction of a policy will allow CCGs to more effectively manage these patient groups.



The policy applies to the following patient cohorts:

- adults and children with neurogenic bowel dysfunction
- post anterior resection syndrome
- congenital bowel malformations
- slow transit bowel
- obstructive defaecation
- and a limited number of patients with faecal incontinence.