

Using the Braun Irrimatic Pump

The following notes are intended to enable a user who is experienced with irrigation by a suspended bag to gauge the potential advantages of switching to the Braun Irrimatic electric pump.

1. The time taken in introducing the water is approximately halved compared with a suspended bag, typically about 4 minutes instead of around 8 minutes, which is the sort of time a stoma which is gravity fed takes to receive the water.
2. The Irrimatic cone is well rounded and very smooth, making it somewhat easier to feel it right in than is the case with the Coloplast cone (although that one falls not far short), or the Hollister, which is relatively crude.
3. The Irrimatic plastic tube incorporates a non-return valve, which prevents a mischievous colon pushing water back up the tube. When using gravity feed, it is necessary to keep a finger continuously on the control valve, in order to shut it immediately the flow reverses, otherwise the whole bag gets contaminated and has to be sterilised (Milton).
4. The Irrimatic pump can be placed anywhere from on the floor to the level of the stoma, avoiding the need to rig up a suspension for the water bag.
5. Reducing the time required for the introduction of the water appears to result in a slightly quicker and more complete evacuation. I can't offer a particularly scientific explanation, but my feeling is that a colon which has taken in liquid in its own time (gravity fed) isn't in so much of a hurry to expel it again, whereas a colon which has had liquid pushed in, whether it likes it or not, appears more determined to push it out again.
6. Unless the pressure control is turned well down, the pump delivers water at a substantially higher pressure than a suspended bag, and it is correspondingly more difficult to achieve a good seal between the cone and the stoma. In my experience of diagnosing the causes of irrigation problems, leakage around the cone, so that only part of the water enters the stoma, is one of the commonest causes of poor irrigation effectiveness. It will help if the left knee is dropped, to reduce the flexion of the hip, and correspondingly minimise any creases in the abdomen. It will also be found necessary to push the cone in almost up to the flange, and to align it correctly, to obtain a good seal. This is most easily achieved by putting the middle two fingers of the left hand into the cone, one each side of the tube, rather like a glove puppet, and "wriggling" it in. Sometimes there is a sort of "atrium" opening out just inside the stoma, and the cone needs to find the actual end of the colon. It is essential also to ensure that it is centred on the stoma. Check that the flange carrying the irrigation sleeve is centred on the stoma and the cone, and is not pushing the cone off centre. I use a Coloplast flange held in place by an elasticated belt, and since it is a fairly snug fit on the Braun cone, I lift it away from the skin and check that it is not disturbing the cone before actually starting the pump.
7. It is quite unnecessary to keep the unit on charge all the time, and in my opinion has no benefit for the battery. Obviously you don't want it running down in the middle of an irrigation, but 24 hours between irrigations is ample. Possibly 12 hours would suffice, until the battery gets a bit old..
8. Filling the pump. The temperature indicator on the pump is not a lot of use for filling it, since it only tells you whether the water temperature is between 36°C and 38°C, or above or below. The core temperature of the body is approximately 37°C, so bearing in mind that the water is cooling all the time, and cooling in the tube, one should be aiming at the top end of the range. At normal room temperature it actually needs water put in at just under 40°C if it is going to start off in the green and not cool to below 36°C during irrigation or if there is a delay for any reason, because the water has itself to warm the pump. I can get it fairly accurately with my fingers (years of experience checking swimming pool temperatures helps), but I use a Kodak film processing thermometer to make sure it is right, because it's a considerable waste of time if it's wrong.

9. To expel air from the pump and tube, I hold the cone up in the air, and turn the pump on gently to raise the water level slowly up the tube. Turning the pressure up higher tends to prolong the time it takes to expel the air. When the tube is full and air free I then direct the surplus down the loo until the amount I want is left in the reservoir. As I mention in my ***Optimising Your Irrigation Technique***, I now use about 1¾ litres, and only have to irrigate every three days. Typically, if you have only lost an amount of colon required to put the stoma in the right place, you will probably find that you get on well with about 1¼ litres, for a two day interval, or 1¾ litres for three days, but you may prefer to start with about a litre and see how you get on.
10. I recommend using the Coloplast flange, belt, and irrigation sleeve, which are much better engineered for the job than the Braun equivalents. In particular, the Coloplast sleeve is nicely tapered, so that it is easier to rinse out, and the top end has a stiff wire clip which makes it easy to close it while the stoma is expelling the output, and then to loop the end up. The Braun version seems very complicated, with a metal rod and two bulldog clips which I have never really worked out how to use.
11. With the Irrimatic, you have a wide range of control over the pump speed (= pressure). Braun recommend that if the pump is on the floor you can turn the control up to about the three o'clock position, whereas if it is on the same level as the stoma, just past twelve o'clock should be regarded as the maximum. You will probably find that you are the best judge of the pressure. Initially, you may experience a degree of discomfort with these settings, and you will probably want to take things more gradually. I start each time with quite a low setting until I am satisfied that the water is going in, and not leaking away, and then I turn it up gently to the settings mentioned. I would suggest that if it is taking around 4 minutes to get the water in, that is about right.
12. Braun have some peculiar ideas about stoma irrigation, as is evidenced by their remarks about Preliminary Flushing and Secondary Flushing. Your stoma nurse will probably have her own ideas about this, but in my view it's a load of nonsense with a stoma that is responding well to irrigation. If I am having a "bad stoma day" (I haven't enough hair to have a bad hair day!), and there are faeces just inside the stoma I usually squeeze them out with finger pressure around the stoma, so that they don't get poked up the cone, and I might even introduce 50-100ml of water to wash it out, but that is as far as I would go, and I don't do that very often.
13. A final point from the Irrimatic User Guide: because of the non-return valve, I don't find it necessary to sterilise the tube very often. I anticipate that you will find every three to six months is adequate, provided that the cone is well washed with hot water and soap after each use, and the remaining water drained out.

Adrian March
C A Consultant
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