

Medicines and Technologies Programme Adoption Scoping Report MTG315 Peristeen

SUMMARY – for MTAC1 meeting

Contributors questioned why NICE are writing guidance on this system alone when it is viewed and used as just one option from a suite of anal irrigation systems. Comments reflected that producing guidance with a positive recommendation on Peristeen may have a detrimental impact on the pathway as clinicians may not have access to the other systems that they currently use. Different systems are suitable for different patients and indications and contributors said it is important to have access to a range of options.

Adoption Levers

- Patient training is similar to that required for other anal irrigation systems and it was reported that high quality training and follow-up is available from the company.
- Patient experience was reported as being very positive.
- The system is already well established in practice

Adoption Barriers

- Patient acceptance: different anal irrigation systems will be more acceptable to individual patients than others. Those with weak/arthritis hands, those who prefer smaller catheters and those who can't tolerate high volumes of water introduced to the rectum may not find Peristeen a suitable system for them.
- Commissioning: agreements vary nationally which impact on equity of access.
- Patient safety: the small risk of perforation of the bowel may prevent clinicians from recommending use of Peristeen.

1. Introduction

The Adoption team has collated information from 10 healthcare professionals working within NHS organisations who have varying amounts (between 1 and 10 years) of direct experience of using the Peristeen anal irrigation system. This included 5 specialist nurses, 3 consultant gastroenterologists and 2 consultant colorectal surgeons.

This adoption scoping report includes some of the benefits, levers and barriers that may be faced by organisations when planning to adopt the technology into routine NHS use.

2. Use of Peristeen in practice

The MTEP analyst requested intelligence on the following 2 areas; patients in whom use of Peristeen may not be offered within the stated indications and the patient training requirements.

Contributors with experience of offering the system said:

Peristeen may not be offered (with some individual exceptions) to people in the following situations:

- recent intraspinal and/or bowel surgery
- pregnancy
- recent weight loss
- taking anticoagulants
- active rectal bleeding
- dementia
- mental health conditions that may prevent optimal use of the system
- limited hand dexterity caused by arthritis or any physical limitation that means the patient would struggle to reach the anus
- rectal hypersensitivity
- previous bowel perforations
- active IBS, Crohn's disease and colitis
- unable to be trained in how to use the system
- neurological conditions which effects memory and/or cognition
- cannot tolerate the volume of water added to the rectum.

As the majority of bowel dysfunction care is provided in tertiary centres, patients are often a distance from home. For this reason an element of training on how to use the system is usually provided by specialist nurses within these centres. Telephone and/or home follow up support is largely provided by the company and is reported to be high quality. In smaller non specialist settings, clinicians rely on the company visiting patient's homes to provide initial training and follow up support. See also ['training'](#) below.

Patients who require direct management of bowel dysfunction are usually under the care of a consultant gastroenterologist/colorectal surgeon and specialist nurses within gastrointestinal services at tertiary centres. Patients may also receive faecal incontinence and constipation care support from district/community nurses.

Anal irrigation may be offered to patients who do not see an improvement in their symptoms after trying all suitable conservative management options. Before offering anal irrigation, a healthcare professional will carry out a full assessment of the patient including impact of symptoms on quality of life and a rectal examination. Following this they work with them to suggest a system that may work for that individual.

Peristeen is, in some services, offered as one of the anal irrigation systems available and is a popular choice as it was the first system of this type available on prescription in some areas.

Contributing individuals highlighted the importance of being able to select from a range of anal irrigation systems to ensure patients have access to the best option for them. For this reason contributors questioned why NICE are writing guidance on this system alone when it is viewed and used as just one option from a suite of systems. Contributors felt that guidance on anal irrigation including all of the systems available would be beneficial.

3. Reported benefits

The benefits of adopting Peristeen, as reported to the Adoption team by the healthcare professionals using the technology are:

- This, and other anal irrigation systems, may improve symptoms of constipation and faecal incontinence and therefore may improve the quality of life for people with bowel dysfunction.
- Due to improved symptoms, there could also be a reduction in hospital admissions for bowel management reasons.
- Patient independence may be maintained as the system can be self-administered at home.

- Increasing patient choice.
- Beneficial to those with limited hand dexterity as the catheter does not need to be manually held in place due to the inflatable balloon component.
- Thorough emptying of the large bowel due to constant pressure.
- Provides a protective irrigation as the water flows from the tip of the catheter towards the balloon which is below the tip and thus water does not flow upwards or directly towards the bowel walls.
- Anal irrigation may reduce the incidence of urinary tract infections and associated costs in those with bowel dysfunction.
- Alongside other anal irrigations systems, reduces the need for/can delay irreversible surgical procedures such as implants and stoma surgery especially where the patient is adverse to these.

4. Levers and barriers to adoption

The key considerations for adoption highlighted through discussions with expert contributors are:

Patient Selection/acceptance

It is important that healthcare professionals offering Peristeen to patients understand the process of anal irrigation generally and the contraindications of this particular system.

Two contributors mentioned that the pressure needed to be applied to the hand operated pump to introduce water into the bowel is slightly different to other systems which means those with arthritic/weak hands may struggle to self-administer Peristeen.

One contributor highlighted that this system may not be suitable for those who prefer a smaller catheter (Peristeen's catheter is wider in diameter to some other systems) and those not keen on inserting the catheter higher up. The Peristeen catheter must be inserted beyond the anal canal and into the rectum. Additionally those who can only tolerate low volumes of water being introduced to the bowel may prefer a different system to Peristeen as this is a high (300mls +) volume system (some patients experience discomfort and cramping with high volume systems).

Three contributors felt this may be an ideal system for those who are physically impaired and may struggle holding the catheter in place as the balloon catheter does this for them.

Training

Contributors emphasised the importance of high quality patient training to ensure safe and effective use of any anal irrigation system. Also emphasised was the fact that patient training requirements for Peristeen are no more or less intensive than those for other irrigation systems.

When provided within specialist tertiary centres training is delivered by a band 7 Specialist Nurse. Duration is 45 minutes to 1 hour and includes assessment of rectal capacity and sensation, demonstration of the system to the patient and/or their carer and practice either directly or using a plastic rectum. Telephone follow up support is usually provided by NHS staff and by the company. Home visits by the company can also be arranged to carry out further assessment and training.

Other contributors (both in smaller non specialist services and specialist tertiary centres) utilise the company to provide all patient training and follow up. This is provided for every patient free of charge for the first year. If the company feel that a patient is struggling in any way, they write to the referring nurse/consultant and ask them to review the patient which adds an additional safety element. All contributors commented that the patient training and follow up support provided by the company was very good quality. The company are also willing to train health care professionals on anal irrigation and use of the Peristeen system.

Commissioning/procurement

Prescribing and provision of the system and consumables varies in different areas. Variable funding sources and reluctance to prescribe by some GPs/CCGs may lead to delays and inconvenience to patients. The different approaches reported were:

- Tertiary centres providing patients with the system and 1-4 catheters (purchased using equipment and devices budget).
- Non specialist tertiary centres recommend use of the system to patients' GPs and the final decision and prescription is made by them.
- Ordering the system directly through Charter Healthcare (the companies ordering system) and writing to the patient's GP (who pays for the system) explaining the clinical rationale for prescribing use of Peristeen.
- There has been resistance from some GPs to pay for this and for the continued prescribing of consumables and some CCGs are not funding the technology at all due to limited resources. In other areas there are no issues as they recognise that stoma packages have a similar cost.

Resource Impact

Anal irrigation is more expensive than conservative management options and so contributors highlighted that recommendation of this must be carefully considered and only offered once all appropriate conservative options have been tried. Peristeen is reported to be more expensive than some of the other anal irrigation systems available and so when suggesting use of this system, healthcare professionals must be confident of the rationale for this. Anal irrigation (including use of Peristeen) was reported to have a similar cost to stoma packages and so this may help to overcome these issues as it may act as an appropriate treatment option and negate the need to consider surgery.

Care pathway

As Peristeen is a well-established option to those requiring anal irrigation (following exhaustion of conservative management options) no care pathway changes are required and thus this may serve as an adoption lever.

Patient safety

Three contributors mentioned the small risk (1 in 500,000) of perforation of the rectum. One of these said that this risk is greater in those with neurological conditions who may have limited or no sensation in the rectal area. They highlighted that this risk is reduced when using other systems with a smaller cone catheter as they are not inserted as far or sealed with a balloon and the pressure of water pushes the cone out. A suggested technique to reduce the risk of perforation was to introduce the water to the bowel in a stepped manner by adding a smaller amount, then releasing, then introducing a similar amount.

Patient experience

Contributors reported positive patient feedback with specific benefits mentioned being:

- autonomy
- independence
- being an effective treatment
- better overall support provided by the company (compared to other irrigation system companies)
- reduced associated anxiety and depression because of greater independence and ease of use.

Many found the system to be an acceptable long term treatment option for faecal incontinence/constipation.