This local ‘Peristeen letter to GP’ is an example used in the NICE medical technology guidance adoption support resource for Peristeen transanal irrigation system for managing bowel dysfunction. It was not produced for or commissioned by NICE.

**Nurse-Led Bowel Clinic**

XXXXXXXXXX

XXXXXXX

 XXXX

Manchester

 MXX XXX

Secretary XXXXXXXX Fax XXXXXXXXXXXX

**Our ref: TO/**

**NHS No:**

Typed: XXXXX

**PRIVATE & CONFIDENTIAL**

To: Dr XXXX

Address: XXXXXX

Dear Dr XXXX

**Re: XXXX**

I am writing to inform you that your patient was referred to the Nurse-Led Bowel clinic by XXXX Consultant Gastroenterologist/Colorectal Surgeon/ XXXXX to improve their bowel symptoms of; XXXXXXX e.g., chronic constipation, difficult defaecation, incomplete emptying, faecal incontinence and related abdominal pain.

XXXXXX has been under the care of Consultant XXXXXX and XXXXX for XXX years. So far they have tried XXXX treatments and undergone XXX surgery without success to improve their bowel symptoms. Current medications: : XXXXX, XXXX, XXXX.

XXXX would benefit from a trial of trans-anal irrigation, which is an effective way of establishing a regular bowel care routine to alleviate their bowel symptoms by inserting warm water into the lower colon and rectum via a soft flexible catheter. I can confirm I have explained to XXXX the risks and benefits of this treatment.

XXXX has been shown and taught how to perform trans-anal irrigation following consent and can now continue safe self-administration of this bowel treatment. XXXmL of warm water was inserted per rectum, using X air balloon pumps and a XXXXX e.g., fair, good, excellent result was recorded. We have also discussed their current laxative medication regime and I have advised to reduce/ stop XXXX laxative medications to XXXX.

XXXXX is going to perform irrigation XX to XXXX e.g., every day or other day or as required. They have been supplied with all the usual patient information literature including: A Guide to using Peristeen, Peristeen DVD and a Step by Step guide.

The prescription details for future reference are:

If the patent is using every **2 days** this will be an **accessory unit each month (29122)** and the **Peristeen system every 6-months (29121).**

If the patient is using every **3 days** this will be an **accessory unit every 6 weeks** **(29122)** and a **Peristeen system every 6 months (29121).**

**The accessory unit £131.57 (29122)**

This contains a water bag and 15 catheters

If the patient is using every 48 hours this will last 1 month

If the patient is using every 72 hours this will last 6 weeks

The patient would usually irrigate daily for the first week and then move to every 2 or 3 days.

**Peristeen system £75.49 (29121)**

The Peristeen system contains

•A travel bag

•A control unit with pump

•A water bag

•Two rectal catheters

•Tubing

•2 straps

I would be grateful if you or your local continence prescribing nurse could provide repeat prescriptions for this medical device as an effective treatment option for your patient. Your patient will be provided with regular telephone follow up and clinic appointments (if requested) we will keep you updated with their progress. If it is not successful on follow-up these prescriptions are stopped immediately and you will be informed by correspondence.

XXXX was shown and taught the correct toileting position, to lean forward, rest their forearms on their thighs, use a low foot stool and make sure their feet are well supported. I discussed how to use deep relaxation breathing from the bottom of your lungs with your mouth open to prevent straining and contracting the pelvic floor when toileting and how to relax the anal sphincter during evacuation. They have also been provided with an information leaflet on how to perform basic abdominal massage to practice during and after irrigations to encourage a more efficient bowel evacuation. Finally, everyone is taught the importance of abdominal muscle bracing and bulging to encourage effective evacuation without straining.

XXXX has my contact details; telephone number and email address for on-going support and advice. If you have any questions about this treatment options please do not hesitate to contact me.

Kindest Regards

XXXXXXXXXXXX

**Nurse**

C.C. Referring Consultant

C.C. Patient

