

# Enema

## Enema History

We can meet with the administration of enema already in ancient history. In ancient times, the first enemas with a laxative effect were first administered using a hollow cow's horn, later with a point placed on a bellows. Enema aids underwent an interesting development. In the Middle Ages, when enemas were frequent treatment methods, especially in aristocratic circles, wooden tubes began to be used, which were later replaced by gold and silver decorated tubes. The stream of liquid from the leather bag was directed by a tap on the tube. Instead of a bag, a rubber balloon or a large syringe gradually began to be used. At the end of the 19th century, enema aids were already similar to today's.

## Enema - concept and purpose

An enema is the insertion of a liquid through the anus into the large intestine. We distinguish enemas according to their purpose: cleansing, laxative, therapeutic, diagnostic.

### Cleansing Enema

The purpose is to cleanse the intestine from stool. For ambulatory patients, we perform the procedure in a room designated for this purpose, for bedridden patients in the room, we respect the patient's privacy and intimacy.

A cleansing enema is performed, for example, before X-ray examination of the large intestine, before surgery, before childbirth.

### Utilities

Rectal tubes of the appropriate size according to the age and body constitution of the patient, irrigator with a hose ending in an extension with a tap, pean to interrupt the flow of water through the hose, petroleum jelly, gloves, squares of pulp, emission dish, infusion stand for hanging the irrigator, base bowl, 1-1, 5 l of lukewarm water.

### Procedure

- **Preparation of the patient':** we will explain the procedure, we recommend that he breathe deeply through his nose during the procedure, if he feels a strong urge to stool, to report it to us. We warn the patient that he will have to try to hold the liquid in him for as long as possible (10-20 minutes).
- **Position:** on the left side with the right lower limb bent at a right angle. This position facilitates the flow of fluid into the colon sigmoideum and colon descendens. For patients who cannot turn on their side or who cannot hold fluids, we perform the procedure in a supine position on a base plate.
- We prepare water for the irrigator and hang it on the stand, release the air from the set, close the hose with a pipe.
- Coat the end of the rectal tube with petroleum jelly.
- We put on gloves, insert the rectal tube into the anus about 6-8 cm away, we have to expect gas to escape. We connect the rectal tube to the hose of the irrigator and slowly let in the liquid.
- We give the liquid slowly, intermittently. If the patient has a strong urge to defecate, we stop the liquid administration for a while and try to get the patient to focus on deep breathing and try to relax.
- Before all the water flows out of the irrigator, we break the hose with a pean or close the cock, we pull out the rectal tube with one hand and simultaneously wipe it with pulp with the other.
- We ask the patient to keep the liquid in him for as long as possible.
- We give the bedpan to the lying patient.
- With a question, we will check whether the patient has voided and make an entry in the patient's documentation.

### Laxative Enema

The purpose is to empty the stool during constipation. The administered liquid grinds up the hard stool, so that the patient can empty it more easily. It is given in the form of a micro-enema or as a drip enema.

### Micro enema

It is an enema with a small volume of liquid.

**Tools:**

Castor or glycerine oil 150-200ml, Janet's syringe, rectal tube, other aids as for cleansing enema.

**Method:**

- The position and instruction of the patient is the same as for a cleansing enema.
- We draw 100-200 ml of oil into the syringe, we put the syringe on the rectal tube, we slowly administer the preparation into the anus.
- After pulling out the rectal tube, we ask the patient to inform us about the effect of the enema. The stool is usually emptied in 1-4 hours.

In the form of a ``one-time microenema *we can ensure the emptying of the intestines and the preparation of the patient before the examination of the intestines and organs of the abdominal cavity or before surgery.* The product, for example YAL, is used in the amount of 70-150 ml.

**Droplet Enema**

droplet edema, as the name suggests, is the administration of liquid into the colon drop by drop.

**Tools:**

Infusion bottle with physiological solution heated to body temperature, infusion transmission set, disinfectant solution, pulp squares, infusion stand, weaker rectal tube, scissors, plaster, other aids as for cleansing enema.

**Method:**

- Preparation of the patient.
- Position: on the side or on the back, the performance lasts about 60 min.
- Place the infusion bottle in a container of warm water. We disinfect the rubber stopper of the infusion set, we introduce the spike of the transmission set into the bottle. Let the air out, hang the bottle on a stand.
- We put on gloves, insert the rectal tube into the anus, connect it to the infusion set, adjust the number of drops to about 60/min.
- We fix the rectal tube with plaster - we wrap the strip of plaster around the tube at a distance of about 4 cm from the anus and glue the ends of the strip to the buttock.
- During the procedure, we monitor the patient until all the solution has dripped out, we cut off the hose by pressing and remove the tube.
- With a question, we will check whether the patient has voided and make an entry in the patient's documentation.

## Links

**Source**

- Adapted with permission of the author ZÁRUBOVÁ, Ivana. Adjusting the bed. In WikiScript [online]. Prague: MEFANET, 2008- [cit. 2011-07-22]. Available from WWW: <[https://www.wikiskripta.eu/index.php?title=Úprava\\_lůžka&oldid=1483](https://www.wikiskripta.eu/index.php?title=Úprava_lůžka&oldid=1483)>. ISSN 1804-6517.

**External links**

- Osack Petronela: Emptying of urine and stool. Multimedia support for the teaching of clinical and medical disciplines :: Portal of the Jessenius Faculty of Medicine of the Comenius University [online] February 5, 2011, last update December 2, 2011 [cit. 2011-12-23] Available from WWW: <<https://portal.jfmed.uniba.sk/clanky.php?aid=143>>. ISSN 1337-7396