

Development of a Transanal Irrigation Care Pathway in a Portuguese Health Unit

A structured pathway can make transanal irrigation easier to initiate, teach and monitor

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Transanal irrigation: an 8-step care pathway

ASSESS & PREPARE

01 Identify patients

Bowel dysfunction: faecal incontinence and/or constipation.

Raise awareness and enable clear GP referral.

Healthcare professionals

02 Specialist assessment

Refer by cause: neurological (PM&R), bowel motility / pelvic floor (Gastroenterology), or LARS (Colorectal Surgery).

Multidisciplinary specialist team

03 Confirm eligibility

Complete investigations; optimise conservative care. Check contraindications and barriers; discuss benefits and willingness.

Specialist medical team

Multidisciplinary review

04 Plan treatment

Record symptoms and quality of life. Agree goals, prescribe TAI, plan medication step-down and refer for training.

Specialist medical team

Designated clinician

TRAIN & FOLLOW UP

05 Supervised training

Confirm clearance and baseline. Teach equipment preparation, safe technique, hygiene and problem-solving.

Rehabilitation Nursing

06 Early follow-up

24–48 h: first attempt and safety.

2 weeks: diary review; adjust TAI.

4–6 weeks: autonomy and efficacy.

Rehabilitation Nursing

07 Evaluate at 3–6 months

Repeat symptom and quality-of-life measures. Decide whether to continue TAI and plan long-term follow-up.

Specialist medical team

Designated clinician

08 Long-term follow-up

Annual specialist review: diary, symptoms and quality of life. Nursing review to adjust technique when needed.

Specialist team + Rehabilitation Nursing

A defined patient pathway, a designated clinician, and validated symptom and quality-of-life measures support consistent TAI initiation and follow-up.