Background: Transanal irrigation (TAI) is an established therapy for patients with both neurogenic and idiopathic bowel dysfunction. Adherence to the therapy is a challenge and varies between conditions from 45-75% at 3 years, with most groups having significant drop off in the early stages of training. The reasons for this loss of adherence or failure to respond are likely to relate to multiple factors such as, lack of training, inability to handle the device, patient factors connected to the disease. Subjective data on adequacy of emptying correlated with objective aspects of irrigation may help address this.

Aim: We present data from >25000 separate irrigation procedures, showing the range of data that can be collected via the Navina™ Smart web portal both in terms of irrigation parameters as well as subjective patient report.

Materials and methods

Demographics (age, gender, diagnosis etc)
Rating of irrigation
Current bowel function

Irrigation volume
Water flow speed
Catheter balloon size

Access given by request
Anonymized data

Results (over 25000 irrigations with 30% response rate to follow up questions.)

Interpretation of results

Unlike other descriptions of reduced adherence with time, we have identified greater satisfaction with time. The information on the bowel portal may be fed back to the patient to encourage the patients to persist even though it may be perceived as difficult in the beginning.

The bowel portal may be used to give an indication of how irrigation is performed in a real-life setting in the community, especially in the early stages whilst initially adjusting to Navina TAI therapy. The information charted above can be searched across parameters to better understand the physiology of irrigation according to demographics or irrigation parameters. For example, selecting for spinal injury and age allows exploration of whether older spinal patients irrigate less often or with larger volumes, and to explore how this correlates with subjective efficacy.

In clinical practice it may be used as feedback to the individual patient, and used by the HCP to help modify therapy by correlating patient-reported subjective outcomes to objective identification of the TAI parameters used.

Beyond helping the individual patient, this data may also provide rich research data about irrigation parameters used by patients in a real life setting, and how this correlates with outcome.