Methods and techniques

Modified technique for administration of retention enemata in colitis

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In 1956, Truelove introduced the successful topical corticosteroid treatment for ulcerative colitis, using a modified blood transfusion set. To simplify the technique Matts (1960) introduced disposable plastic enema bags.

We have extensively used both these methods. The modified blood transfusion set is better suited to in-patient than to out-patient treatment. The disposable bags, while simpler, have several disadvantages. The plastic nozzle with a terminal hole can be uncomfortable to introduce; some patients find the bag difficult to manipulate and empty; the ready-made solution is bulky; the concentration of steroid is fixed; and the expense of the treatment is considerable. We have tried to overcome some of these disadvantages.

TECHNIQUE

The patient is given (Figure) a 60 ml. plastic bladder syringe², a 12 EG rubber Jacques catheter, 38 cm. long, and effervescent solution tablets³, each containing 5 mg. of prednisolone (as prednisolone disodium phosphate). He is shown how to draw tap water into the syringe, expel the measured volume of water into an empty container, dissolve the tablets, and draw up the predni-

solone solution into the syringe. The rubber catheter is fitted and the tip lubricated. The patient now lies on his left side and is shown how to introduce the catheter so that the tip is about 5 cm. above the anal sphincter and administer the solution to himself over about a minute as a retention enema. He is then asked to lie prone for about five minutes, as described by Matts and Gaskell (1961). The syringe and catheter may be conveniently washed by withdrawing the plunger and holding the barrel and catheter under a running tap.

The advantages of this technique are: 1 The rubber catheter, being softer and having a side hole, is easier and more comfortable to introduce than a plastic nozzle. 2 The syringe can be lifted vertically above the buttocks; no difficulty is found in emptying the syringe as it is in view and the action of the plunger is simple. 3 The use of solution tablets is convenient, allowing a fresh solution of prednisolone to be given at any desired concentration. 4 The syringe is not expensive and, at the time of writing, the cost of the treatment is less than half that of the disposable enema bags.

Disadvantages of the technique compared with the disposable bags are the small inconvenience to the patient of making up the solution and washing the syringe and catheter.

CLINICAL EXPERIENCE

The initial therapeutic trial gave results comparable to those with the disposable enema bags. Most patients who have used both techniques prefer the syringe enemas. Other patients, given retention enemas for the first time, have found the syringe and catheter easy to use. The syringes appear satisfactorily robust and rarely need replacement, even if used nightly for several months. We have now adopted this technique for routine use in the out-patient clinic and frequently use it for in-patients.

REFERENCES

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- Truelove, S. C. (1956). Treatment of ulcerative colitis with local hydrocortisone. *Ibid.*, 2, 1267-1272.

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²The most satisfactory syringe we have found is the Stylex irrigating syringe (Pharmaseal Laboratories). This syringe is imported and the cost of the treatment might be reduced if a satisfactory British alternative became available.

³Prednesol tablets (Glaxo Laboratories Ltd.).