Scottish SPINA BIFIDA Association

Anal Plug

With thanks to Mr George Youngson Ph.D., F.R.C.S., Professor of Paediatric Surgery, Grampian University Hospitals, Royal Aberdeen Children's Hospital.

One of a series of fact sheets produced by the Family Support Service

Introduction

Many people have problems with involuntary bowel movements and this condition is called faecal incontinence. Some estimates indicate that up to 1 in 200 people living in Great Britain suffer from this condition, but because of its embarrassing nature no one knows how accurate this figure really is. Many people find it very difficult to talk about faecal incontinence, but 'suffering in silence' will not improve the condition. No-one who has experienced faecal incontinence is ever likely to underestimate the restrictions which it imposes on their daily living capabilities; this is not only on themselves, but also on their family and friends. All areas of an individual's social wellbeing can be severely restricted with employment opportunities curtailed or denied.

How the Bowel Works

The bowel takes the nourishment your body needs from the food that you eat and gets rid of the waste that is not required by your body. This waste, called faeces, travels along the large bowel where it is formed into a stool. When the stool arrives in the rectum (the lower end of the large bowel) it creates a feeling of fullness and an urge to go to the toilet.

The individual then responds by 'going to the toilet' where the rectum (which is also called the back passage) squeezes the stool out of the body through the anal opening (anus). The passing of the stool is sometimes called a bowel motion, bowel movement or bowel opening.

The anal opening is surrounded by a muscle called a sphincter which tightens to close. In some people who have spina bifida this sphincter muscle does not tighten, and this makes it very difficult to keep the stool in the rectum until a toilet has been reached.

Many people who have faecal incontinence use a pad to contain the stool but few people find this to be a satisfactory solution. Stools are still passed when least expected, frequently at a time that is inconvenient. This problem alone is most difficult to cope with, but one of the most distressing aspects is the uncertainty of not knowing if other people can see or smell anything.

To be able to offer better options in the management of faecal incontinence, Grampian University Hospitals have evaluated an Anal Plug. This plug is designed to be inserted into the anus/back passage, where it will be used to stop the stool leaking out of the body.

THE ANAL PLUG

The anal plug is made of a soft foam material. During its manufacture it is compressed to the size of a small suppository. To maintain its shape in the dry state it is covered with a thin water soluble film. This film keeps the plug in a compressed state, which makes insertion into the anus easier. A gauze string, attached to the plug during the manufacturing process, is used to remove the plug from the back passage.

The film which covers the plug should **not** be removed as once the plug is inserted into the back passage the water soluble film dissolves as it comes into contact with the warmth and moisture of the lower bowel. The plug will slowly expand to its final shape and act as a barrier to the passage of a stool. This whole process will take about 1 minute.

The plugs are available in two sizes and are individually packaged in discreet plastic bags which can be carried in a pocket or handbag. Both sizes should be tried to determine the one best suited to your needs. It is not possible to recommend a particular size, as this will be according to individual preference. The best size of plug is not necessarily associated with overall body size.

STORAGE OF ANAL PLUG

Once supplies are received it is recommended that the plugs are stored in a dry place. It is inadvisable to store supplies in the bathroom where heat and moisture may cause the plugs to expand and become unsuitable for use.

DIRECTIONS FOR USING THE ANAL PLUG

Preparation

1. Wash hands. If the finger nails are particularly long it is recommended that plastic gloves are worn to prevent scratching of the anal area.

2. Adjust clothing as necessary.

3. Ensure the anal area is clean and dry. It is important to clean thoroughly after passing a bowel motion, wiping should be from the front backwards.

4. If washing is necessary, again gently wipe from front to back. The area should then be patted dry. DO NOT use talcum powder in this area prior to inserting the plug.

5. The body position for insertion will be an individual choice. For self insertion it will most likely be whilst sitting on the toilet or whilst standing. If a carer is inserting the plug then the individual would probably lie on their side with their knees drawn slightly upwards.

It is important that each individual finds the most comfortable and practical insertion position that suits them best.

Insertion

1. Tear open the plastic bag and remove the plug.

2. Pull the gauze string downwards so that it hangs down below the plug.

3. Apply Vaseline onto the tip of the plug, being sure to cover the whole tip.

4. The plug is now ready to be inserted into the back passage; insertion should be undertaken in a calm and relaxed manner.

5. The plug is pushed gently into the anal opening/back passage, just as a suppository would be inserted. Continue to push gently until the whole plug is inside. Once inside, do not continue to push as this is now the position the plug should be in. The gauze string should at all times remain hanging from the anus/ back passage. The string may be taped to the buttock or left hanging, if this is preferred.

6. Wash hands and re-adjust clothing.

7. The plug is now in position.

Once inserted the plug will slowly expand to its full size as the outer film dissolves. The plug should be worn for a **MAXIMUM period of 12 hours.**

Removal

1. Wash hands

2. Gently pull on the gauze string. As for insertion, the body position for removal will be an individual preference and removal needs to be undertaken in a calm and relaxed manner.

The downwards pulling action will close the plug as it comes through the anus. This should not cause any discomfort. Once removed the plug will regain the shape it had whilst being worn.

Disposal of the Anal Plug

DO NOT attempt to flush the plug down a toilet, it may be discarded in a wrapped state.

Hands must be washed immediately following disposal.

A new plug may be inserted for a further 12 hour period but it is most important that plugs are not continually reinserted without passing a stool. If two plugs have been used in the previous 24 hour period, then time should now be taken to use the toilet to allow a stool to be passed.

CHILDREN

When a child uses an anal plug, parents and carers should follow the general instructions for insertion and removal. Depending on the child's skills, self insertion and removal can be taught, but it remains important that the passage of all stools is monitored.

QUESTIONS

What shall I do if...

...the plug will not go in?
Do not attempt to use force, instead take a few minutes to relax and try again in a calm and gentle manner.

...the plug will not come out?
The plug is specifically designed so that it will not creep up into the bowel. As in insertion, relax a few minutes and re-apply gentle tension on the gauze string.

...I have wind?
The plug is designed so that bowel wind can be passed out.

...the plug is the wrong size?
During your time wearing a plug the sizing may become inappropriate and a different size may have to be used.

...if I am in pain?
It is important not to keep wearing the plug if there is continual pain. Remove the plug and do not re-insert a new plug until you have discussed the problem with your advisor.

If you have any questions or would like further information, please do not hesitate to contact the Family Support Workers at:

Scottish Spina Bifida Association - Family Support Service

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