Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

Literature search results

<table>
<thead>
<tr>
<th>Search completed for:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Search required by:</td>
<td>06/06/2014</td>
</tr>
<tr>
<td>Search completed on:</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>Search completed by:</td>
<td>Lesley Firth</td>
</tr>
</tbody>
</table>

Search details

Stoma patients. Administering suppositories and/or enemas via a colostomy. Performing digital examinations via a colostomy.

Resources searched

NHS Evidence; TRIP Database; Cochrane Library; CINAHL; EMBASE; MEDLINE; Google Scholar

Database search terms: (colostomy OR colostomies), exp COLOSTOMY, suppositor*, enema*, "digital* exam*", “exam* digital*”, exp SUPPOSITORIES, exp ENEMA/

Evidence search string(s): colostomy (enema* OR suppository* OR "digital" exam*** OR "exam" digital**)

Google search string(s): colostomy (enema OR suppository OR digital exam)

Summary

I’ve found a few references to enemas and suppositories via colostomies but nothing to do with digital examinations.

Guidelines and Policy

NICE
Percutaneous endoscopic colostomy - guidance, 2006
p. 2 Other reported complications included pain associated with the administration of an enema (1/15)
### Evidence-based reviews

Nothing found

### Published research – Databases

<table>
<thead>
<tr>
<th>Title</th>
<th>Author(s)</th>
<th>Citation</th>
<th>Publication Date</th>
<th>Source</th>
<th>Available in print from</th>
<th>Available in fulltext from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inserting suppositories and enemas into a colostomy.</td>
<td>Williams, Julia</td>
<td>Gastrointestinal Nursing, 01 February 2012, vol./is. 10/1(13-14), 14795248</td>
<td>01 February 2012</td>
<td>CINAHL</td>
<td>Lincoln County Hospital Professional Library</td>
<td></td>
</tr>
</tbody>
</table>
A pilot study assessing the effectiveness of a glycerin suppository in controlled colostomy emptying.

**Author(s)** McClees N, Mikolaj EL, Carlson SL, Pryor-McCann J

**Citation:** Journal of Wound, Ostomy, & Continence Nursing, May 2004, vol./is. 31/3(123-9), 1071-5754;1071-5754 (2004 May-Jun)

**Publication Date:** May 2004

**Abstract:** UNLABELLED: The focus of this research was to explore another way for the patient to manage their colostomy. It was hoped that by inserting a glycerin suppository into the colostomy one would be able to evacuate the lower large intestine more effectively and efficiently.OBJECTIVE: To determine if persons with a sigmoid colostomy could obtain fecal continence by instituting a daily self-administered bowel-stimulating suppository.DESIGN: Randomized crossover comparative study comparing usual ostomy emptying practice with emptying with a glycerine suppository to stimulate controlled emptying.SETTING AND SUBJECTS: Adult males and females with a sigmoid colostomy were studied in their homes.INSTRUMENTS: The instruments included a profile questionnaire, a take-home diary, crossover and end-of-study questionnaires, and an exit questionnaire.METHODS: Subjects were randomized to their usual pouching method or to the experimental suppository method for 14 days each.RESULTS: There was no difference in fecal output, fecal volume, or flatus between the 2 groups. The action of the suppository was affected by its failure to remain in the bowel for an adequate amount of time.CONCLUSION: Further research is needed to determine if an adjunct device/method to hold the suppository in place would produce successful results.

**Source:** Medline

Barium peritonitis--following barium enema of the proximal colon through a colostomy.

**Author(s)** Liew NC, Gee T, Sandra K, Gul YA

**Citation:** Medical Journal of Malaysia, December 2003, vol./is. 58/5(766-8), 0300-5283;0300-5283 (2003 Dec)

**Publication Date:** December 2003

**Abstract:** Perforation with extravasation of barium is a rare complication of contrast enema examination of the large bowel with a high associated mortality rate. The experience of performing a re-laparotomy in a patient previously exposed to barium peritonitis is even less common. We describe an elderly male patient with a Hartmann's procedure performed a year previously, presenting with peritonitis following barium enema evaluation of the proximal colon via an end descending colon stoma. Emergency laparotomy, segmental bowel resection and liberal peritoneal toilet resulted in a satisfactory outcome. The patient had a subsequent successful reversal of his Hartmann's procedure nine months later despite the presence of dense barium induced adhesions. This potentially preventable iatrogenic complication is discussed in this report, which is supplemented by a brief review of the English literature.

**Source:** Medline

A new universal colostomy tip for barium enemas of the colon.

**Author(s)** Williams JT, Scott RL

**Citation:** AJR. American Journal of Roentgenology, May 2003, vol./is. 180/5(1330-1), 0361-803X;0361-803X (2003 May)

**Publication Date:** May 2003

**Source:** Medline

Available in fulltext from American Journal of Roentgenology at Free Access Content
Comparative bioavailability of a morphine suppository given rectally and in a colostomy.

Author(s): Hojsted J, Rubeck-Petersen K, Rask H, Bigler D, Broen Christensen C

Citation: European Journal of Clinical Pharmacology, 1990, vol./is. 39/1(49-50), 0031-6970;0031-6970 (1990)

Abstract: In eight patients with a colostomy, plasma morphine levels were followed for 8 h after administration of 20 mg morphine chloride as a suppository, first rectally and after at least 48 h via the colostomy. The bioavailability after administration in the colostomy showed very great variation; the mean value compared to rectal bioavailability was only 43% (range 0.1-127%). In four patients the plasma concentrations of morphine after colostomy administration were lower at all times than after rectal administration, and in three only small amounts of morphine were detectable. One patient showed higher plasma concentrations after colostomy application than after rectal administration. It is concluded that administration of morphine suppositories in a colostomy cannot be recommended.

Source: Medline

Administering suppository via stoma.

Author(s): Bolinger B

Citation: Journal of Enterostomal Therapy, November 1989, vol./is. 16/6(272), 0270-1170;0270-1170 (1989 Nov-Dec)

Publication Date: November 1989

Source: Medline

Published Research - Google Scholar

From 1st fifty results:

Nothing extra found