

Blowout Prevention

By Vonnie Schultz Albrecht, RN
Very Special Alternatives
July 3, 2011

It's a mess we all want to avoid! For our clients, it is one of their greatest fears. For us, it's a lot of smelly laundry! Communication from the client about how they are feeling is the primary tool for prevention.

I use a few techniques that were taught to me and have little problem with blowouts. Perhaps they will help others.

1. All clients are started in a left, side-lying position. This allows me to ensure that my lines are clear of air without it entering the client, and it allows gas to escape easily from their rectum (air rises). It also allows a little soaking time for stool that may be in the sigmoid, thus clearing the way for the deeper work once they are turned to their back.
2. Initial fills are very gentle and low volume to 'introduce' the water and allow the colon to 'warm up' to what's happening. (I call this stacking the water.) This also gives me the opportunity to assess their colon's response to water flow. Is the return pulsing smoothly or is it spastic and jerky?
Note: While the patient is on their side, I maintain secure placement of the speculum manually. This reassures them that it will stay in place, and they are able to relax and become accustomed to its presence.
3. I cut a 1" wide strip off the edge of the underpad and use it to anchor the speculum. Lay it between the water and waste line attachments (the 'V') and extend both tails under their bottom as they turn to their back. I always hold the tails and the spec as they turn over, instructing them to lift their bottom and turn without exerting pressure or squeezing their buttocks together. Once they are on their back, they are lying on the tails of the strap, and the spec isn't going anywhere - even if they cough or sneeze! :-)
4. Once they are on their back, I check spec angle by having them lift their bottom a little while I ensure that there is no tension on the spec from the strap or their anatomy. This is a gentle and delicate adjustment, barely perceptible to the client. Sometimes I slip a folded towel under the underpad to support the end of the speculum at their correct anatomical angle.
5. I use tapered specs primarily (SHP). They prevent deep insertion that may lodge the tip of the spec up against the wall of the colon at its bend into the sigmoid. Occasionally, a large, well-built, male client will have thick sphincter muscles, so this spec may not have sufficient length for them. This is rare in my experience.
6. VERY slow, low pressure, low volume fills throughout the treatment. This allows excellent hydration of the tissues (and their system), thorough softening of stool, and excellent coordination of the large intestine to release.

In my humble experience, blowouts are usually about client behavior or hard stool in the lower third of the large intestine (sigmoid and/or rectum) and are easily managed through instruction and communication guidelines.

These are some of my observations:

1. Client is anxious and unable to relax in order to allow the speculum to sit comfortably. If relaxation techniques aren't successful, I have used one piece speculums sometimes so that I can simply slide it back in.
2. Client thinks they have to 'hold' the speculum in place with their sphincter muscles. They don't understand that if they do that, they will actually push it out.
3. Client feels the pressure building and thinks they have to 'push' like they do on the toilet. I instruct them that the goal is to allow their colon to do the work - that this is what 'exercises' and 'strengthens' their colon. I watch carefully that they do not use their abdominal muscles.
4. Client is waiting too long to advise the therapist that they are 'full'. Some can only receive very short fills. Their colons may be sensitive or tense, so 'gentle persuasion' through gentle filling can help.
5. Hard stool is blocking the speculum. Hallmark sign is that the returns contain only colored water and the client cannot receive more than a few seconds of inflow. A full rectum has triggered a vasovagal episode on occasion, so I don't let this go on for more than a few short fills. Up to the bathroom they go! When they return to the table, we get down to business.

Vonnie Schultz Albrecht, RN, a holistic nurse, has been providing colonics since 1996 in Tucson, Arizona. She can be reached by phone at 520.403.1686 or email at WholeLifeVonnies@yahoo.com.