



Brighton and Hove Clinical Commissioning Group  
 High Weald Lewes Havens Clinical Commissioning Group  
 Sussex Community NHS Foundation Trust

**JOINT FORMULARY**  
**APPENDIX 5 – CONTINENCE**  
[Formulary home page](#)

<b>Non-Specialist Drugs</b>	<b>Specialist Initiation WITHOUT Shared Care Guidelines</b>	<b>Specialist Initiation WITH Shared Care Guidelines</b>	<b>Specialist ONLY Drugs</b>
Suitable for <u>non-specialist</u> initiation.	For specialist initiation or recommendation only and specific on going monitoring (if required) but can then be prescribed by a GP <u>without</u> a shared care guideline.	For specialist initiation only and specific on going monitoring but can then be prescribed by GP <u>with</u> a shared care guideline.	For initiation and continuation (including monitoring) by a <u>specialist only</u> .

**The continence formulary is not retrospective.**

*There will be some patients on a named patient basis who will require products outside of the formulary to manage complex problems or sensitivity to product. If a patient is requesting items which they have not been prescribed before and you have concerns, please contact your patient's Specialist Bladder and Bowel Nurse for further advice and guidance.*

*For Brighton and Hove patients please email: [sdo-tr.continence@nhs.net](mailto:sdo-tr.continence@nhs.net)*

*For High Weald Lewes Havens patients: [sc-tr.hwlh-bandb@nhs.net](mailto:sc-tr.hwlh-bandb@nhs.net)*

**RETROSPECTIVE PRESCRIPTIONS**

[Click here to see the letter sent to DACs](#)

Device appliance contractors (DACs) may supply appliances direct to the patient BEFORE the prescriber has issued a prescription. This arrangement is a **breach of terms of service** by appliance contractors. This may lead to medico-legal issues when GP practices receive retrospective prescription requests from appliance contractors and anecdotally it has led to excessive supplies of appliances being issued to patients on a 'standing order' basis.

This formulary is a guide for all healthcare professionals that prescribe or request prescriptions for patients that require products due to either bladder or bowel dysfunction. The intention is that this formulary must be used for all new patients and for current patients when a re-assessment of their needs is completed. The Brighton Area Prescribing Committee will review the formulary within its rolling review schedule and at this point, any amendments or additions will be considered. Wherever possible there is a continuity of product use between primary and secondary care, and this has been achieved by joint working on this formulary.

**The term "specialist" in this formulary (highlighted in BLUE) refers to Bladder and Bowel Specialist Nurses, Urology Specialist Nurses and Urologists.**

This formulary was authored by Hilary Chiffins, Lead Specialist Bladder and Bowel Nurse for Sussex Community NHS Foundation Trust, with input from primary care, secondary care and the Medicines Management Team at Brighton and Hove CCG.

*We have made every effort to check that the information is correct at the time of publication. BH and HWLH CCGs / Sussex Community NHS Foundation Trust does not accept any responsibility for loss or damage caused by reliance on this information.*

<a href="#">A5.1</a>	Urinary Catheters	<a href="#">A5.11</a>	Night bag holders
<a href="#">A5.2</a>	Catheterisation packs	<a href="#">A5.12</a>	Intermittent urinary catheters
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<a href="#">A5.4</a>	Urinary catheter valves	<a href="#">A5.14</a>	Miscellaneous items
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<a href="#">A5.9</a>	Urinary catheter bed bags/2litre bags	<a href="#">A5.19</a>	Other useful information/links
<a href="#">A5.10</a>	Miscellaneous catheter supplies		

**Version Control**

Date of revision	Sections reviewed	Contributors
06.2016	DEVELOPMENT	Hilary Chiffins, Stacey Nelson, Jade Tomes
12.2016	APC approved (Nov 16)	APC members
05.2018	Amendments following the publication of <a href="#">NHSE guidance on conditions for which prescriptions could potentially be restricted.</a>	APC working group

Ctrl-f will activate the search window.

Available to buy Over The Counter. See <a href="#">policy statement</a> for more info.	<b>Non-Specialist Drugs</b>	<b>Specialist Initiation WITHOUT Shared Care Guidelines</b>	<b>Specialist Initiation WITH Shared Care Guidelines</b>	<b>Specialist ONLY Drugs</b>
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## A5.1 Urinary Catheters ([Back To Top](#))

- All patients with an indwelling urinary catheter need to be reassessed at each catheter change to see if they are suitable for a trial without catheter.
- Choice of product depends on:
  - Assessment
  - Patient choice
  - Local guidelines (SCT NHS Foundation Trust)
- Smallest size that provides adequate draining should be used to avoid bypassing problems.
- Only catheters that have a balloon filled with 10mls of sterile water should be used.
- Male/standard length urinary catheters must always be used for men. Female length urinary catheters are suitable for ambulant female patients, but not usually for obese, bed or chair bound female patients.
- All patients with supra pubic urinary catheters should be re-catheterised with male/standard length catheters.

Long term catheters can stay insitu up to 12 weeks. All urinary catheters should be:

- Prescribed in single units.**
- Prescribe 3 every 6 months unless notified.**

The following urinary catheters are suitable for both urethral and supra pubic catheterisation.

**N.B. The first supra pubic recatheterisation carried out in the community must be at least 8 weeks post initial insertion of supra pubic siting carried out in secondary care.**

### A5.1.1 Long Term indwelling catheters

#### Silicone MALE / Standard length (add size to end of order code)

<a href="#">Coloplast Folsyl silicone</a> Code AA8A	12 – 16 gauge/Ch size	1 <sup>st</sup> Choice <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.
<a href="#">Rusch Brilliant Aquaflate</a> Code DA3101	12 – 16 gauge/Ch size	2 <sup>nd</sup> Choice <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.
<a href="#">Rusch Brilliant Sifflate</a> Code DG3101	12 – 16 gauge/Ch size	Specialist only <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.

#### Silicone FEMALE (add size to end of order code)

<a href="#">Coloplast Folsyl silicone</a> Code AA8B	12 – 16 gauge/Ch size	1 <sup>st</sup> Choice <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.
<a href="#">Rusch Brilliant Aquaflate</a> Code DA2101	12 – 16 gauge/Ch size	2 <sup>nd</sup> Choice <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.
<a href="#">Rusch Brilliant Sifflate</a> Code DG2101	12 – 16 gauge/Ch size	Specialist only <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.

#### Hydrogel MALE / Standard length (add size to end of order code)

<a href="#">Bard Biocath</a> Code D2264	12 – 16 gauge/Ch size	1 <sup>st</sup> Choice <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.
<a href="#">Rusch Sympacath Aquaflate</a> Code DH3101	12 – 16 gauge/Ch size	2 <sup>nd</sup> Choice <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.

#### Hydrogel FEMALE / Standard length (add size to end of order code)

<a href="#">Bard Biocath</a> Code D2268	12 – 16 gauge/Ch size	1 <sup>st</sup> Choice <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.
<a href="#">Rusch Sympacath Aquaflate</a> Code DH2101	12 – 16 gauge/Ch size	2 <sup>nd</sup> Choice <b>ESTIMATED USAGE</b> 3 catheters every 6 months unless notified.

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<b>Open ended silicone (add size to end of order code)</b>		
Coloplast Folyxil X-Tra Standard length only Code AA8C	12 – 18 gauge/Ch size	Long term catheter. This catheter is suitable for both urethral and supra pubic use and may be a useful alternative for patients who have repetitive bypassing and blocking problems. <b>ESTIMATED USAGE</b> 1 up to every 12 weeks unless notified.
<b>A5.1.2 Silver alloy coated catheter (add size to end of order code)</b>		
Bardex I.C. Foley Catheter. Standard length Code D2365	12S – 22S	Urinary catheter reduces bacterial adherence and minimizes biofilm formation. <b>ESTIMATED USAGE</b> Only 3 every 3 months.
Bardex I.C. Foley Catheter. Female Catheter Code D2369	12S – 16S	

<b>A5.2 Catheterisation packs (<a href="#">Back To Top</a>)</b>		
Cath – it catheterisation packs Code 908410	small /medium	Two layer system. Community urinary catheter removal /insertion pack. <b>ESTIMATED USAGE</b> Prescribe 3 every 6 months unless notified.
Cath – it catheterisation packs Code 908420	medium / large	
Cath – it catheterisation packs Code 908430	large / extra large	

<b>A5.3 Lubricants (<a href="#">Back To Top</a>)</b>		
The following lubricants come in disposable syringes with / without local anaesthetic for instillation into the urethra prior to catheterisation which can help reduce injury to the urothelium and subsequent risk of possible urethral damage. <b>Prior to use</b> any allergies, sensitivities or contra indications must checked with the patient. <i>In some cases lubricant with anaesthetic <u>AND</u> lubricant only may be required.</i>		
<b>Lubricant with anaesthetic Prescribe 5 as single units.</b>		
Optilube active Code 1160	1 x 6ml (female)	Lubricants with anaesthetic should be used for both male and female urethral catheterisations. <b>ESTIMATED USAGE</b> 5 every 6 months unless notified.
Optilube active Code 1161	1 x 11ml (male)	
Cathejell with lidocaine Code CJL08501	1 x 8.5g	
Cathejell with lidocaine Code CJL12501	1 x 12.5g	
Instillagel Code 40-011	10 x 11ml	
<b>Lubricant only</b>		
Optilube Code 1125	1 x 6ml (female)	Lubricant only is required when carrying out supra pubic recatheterisation. <b>ESTIMATED USAGE</b> 5 every 6 months unless notified.
Optilube Code 1126	1 x 11ml (male)	
Cathejell Mono Code CJM08501	1 x 8.5g	
Cathejell Mono Code CJM12501	1 x 12.5g	

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#### A5.4 Urinary catheter valves ([Back To Top](#))

May be used by patient with long term urethral or supra pubic catheters. Prior to a catheter valve being fitted the patient needs to have a risk assessment completed which includes the following points:

- Have the cognitive awareness to remember to empty their bladder regularly.
- Have the dexterity to use the valve.
- Have an adequate bladder capacity.
- If patient has had surgery recently consultant agreement has been sought.
- Catheter valves must be changed weekly.

<a href="#">Ugo</a> Code 3000	1 x 5 valves	<b>ESTIMATED USAGE</b> 5 as single units every 4 weeks
<a href="#">Libra Lever Catheter Valve</a> Code 10540A	1 x 5 valves	
<a href="#">Coloplast Catheter Valve</a> Code CV3808	1 x 10 valves	

#### A5.5 Catheter restraining straps ([Back To Top](#))

Restraining straps must be worn by all patients that have a standard urethral urinary catheter insitu and use a leg bag or a bedbound and use a bed bag to ensure that any traction from the catheter bag is absorbed by the strap. A restraining strap can also help prevent meatal damage. These products are washable and reusable.

<a href="#">GB Fix It (leg strap)</a> Code 10644A	1 x 5 straps	<b>ESTIMATED USAGE</b> 5 as single units every 4 months as these products are washable and reusable.
<a href="#">Simpla G strap (leg Strap)</a> Code 383001	1 x 5 straps	

**Abdominal catheter tube restraining straps for supra pubic catheters are available if recommended by a Bladder and Bowel Specialist Nurse, Urology Specialist Nurse or Urologist.**

<a href="#">GB Fix It (abdominal Strap)</a> Code 10645B	1 x 5 straps	<b>ESTIMATED USAGE</b> 5 as single units every 4 months as these products are washable and reusable.
<a href="#">Simpla G Strap (abdominal Strap)</a> Code 383003	1 x 5 straps	
<a href="#">GB Fix It (Cut to fit 180cm length)</a> Code 10647D	1 x 5 straps	

#### Urinary Catheter Adhesive restraining clip

**Adhesive restraining clips are available if recommended by a Bladder and Bowel Specialist Nurse, Urology Specialist Nurse or Urologist.**

<a href="#">Ugo fix gentle</a> Code 3004	1 x 5 clips	Patient's skin integrity must be carefully monitored if this product is used. <b>ESTIMATED USAGE</b> 5 as single units every 4 weeks.
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### A5.6 Catheter maintenance solutions ([Back To Top](#))

These should only be used once a clear urinary catheter history is documented and a treatment plan has been written for that named patient. Plus it has been established that the patient may benefit from the planned use of a catheter maintenance solution to extend the life of urinary catheter as per treatment plan, **or** prior to the removal of a urinary catheter to dissolve crystal formation and prevent trauma. Getcliffe et al (2000) suggest that two sequential instillations of a small volume are more effective than a single administration. BBraun Uro-Tainer Twin, have a twin delivery system allowing for this sequential administration.

Suby G Citric acid 3.23% Twin Code 9746609	2 x 30mls x 10	<b>ESTIMATED USAGE</b> Prescribe 10 at a time.
Solution R Citric acid 6% Twin Code 9746625	2 x 30mls x 10	<b>ESTIMATED USAGE</b> Prescribe 10 at a time.
OptiFlow S 0.9% Saline for mechanical flush only Code CSS50	1 x 50mls	<b>ESTIMATED USAGE</b> Prescribe 10 at a time.
NaCl for mechanical flush only Code FB99833	10 x 100mls	<b>ESTIMATED USAGE</b> Prescribe 10 at a time.
NaCl for administration prior to supra-pubic recatheterisation Code FB99849	10 x 50mls	<b>ESTIMATED USAGE</b> Prescribe 10 at a time.

### A5.7 Leg bag holders ([Back To Top](#))

Coloplast Aquasleeve Codes: 783678 783680 783686 783694 783708	Small 24-33cm x 4 Standard 34-39cm x 4 Medium 40-46 cm x 4 Large 47-64 cm x 4 Extra large 65+ cm x 4	To hold urinary catheter leg bag, so reducing the pull on the bladder neck and reducing urethral trauma. The sleeve can be worn on the thigh or on the calf but the area needs to be measured to ensure right size sleeve is ordered. <b>ESTIMATED USAGE</b> 4 as single units every 4 months as these products are washable and reusable.
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### A5.8 Urinary catheter leg bags ([Back To Top](#))

**Prescribe 10 bags alternate months**

The bags may be worn either on the thigh or the calf and this will determine the length of the inlet tube. There are also different types of outlet taps and this must be a consideration if the patient is self-caring. Urinary catheter bags need to be changed every 5-7 days. More frequently is not normally necessary and could put the patient at increased risk of infection by breaking the closed system more often than necessary.

#### Lever action tap (sterile)

GB Libra conform leg bag short Code: 10114Q	500ml x 10 bags	<b>ESTIMATED USAGE</b> Prescribe 10 bags every 2 months.
Simpla profile long Code: 21574	500ml x 10 bags	<b>ESTIMATED USAGE</b> Prescribe 10 bags every 2 months.

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<b>A5.9 Urinary catheter bed bags/2litre bags (<a href="#">Back To Top</a>)</b>		
<b>Single Use 2 litre bags (unsterile)</b>		
At night single use 2 litre bags should be attached to the bottom of the leg bag rather than drainable bags. The single use bags do not have any cost implications, when compared against drainable 2 litre bags but are recommended by infection control for use by all patients that have indwelling urinary catheters and require added drainage capacity overnight.		
<b>GB3 2 litre non-sterile night bag with non-return valve and single use T-tap</b> Code 10303V	10 bags	<b>ESTIMATED USAGE</b> Prescribe 3 packs per month.
<b>Single use 2 litre bags (sterile)</b>		
Sterile single use night bags should be used for all urinary catheter patients that require a 2 litre night bag that use a catheter valve at other times. At night these bags are attached to the catheter valve. The single use bags do not have any cost implications, when compared against drainable 2 litre bags but are recommended by infection control for use by all patients that have indwelling urinary catheters, and require free drainage overnight.		
<b>GB3S sterile single use 2 litre night bag with single use T-tap</b> Code 10GB3S	10 bags	<b>ESTIMATED USAGE</b> Prescribe 3 packs per month.
<b>Drainable 2 litre catheter bags (sterile)</b>		
These 2 litre catheter bags would be for patients that are solely cared for in bed at all times, and do not use a leg bag. They need to be changed every 5-7 days.		
<b>Simpla S5 night bag</b> Code 346145	10 bags	<b>ESTIMATED USAGE</b> Prescribe 10 bags every 8 weeks.

<b>A5.10 Miscellaneous catheter supplies (<a href="#">Back To Top</a>)</b>		
<b>Simpla Catheter leg bag straps</b> Code 380812	10 straps	<b>ESTIMATED USAGE</b> 10 straps as a one of prescription. Not to be added to repeat prescription.
<b>Sterile water for injection</b>	10 x 10mls	Plastic vials <b>ESTIMATED USAGE</b> No more than 1 box every 6 months.
<b>Clinipod (sodium chloride 0.9% irrigation solution)</b>	25 x 20mls	<b>ESTIMATED USAGE</b> No more than 1 box every 6 months.

<b>A5.11 Night bag holders (<a href="#">Back To Top</a>)</b>	
These are not available on the NHS, but may be obtained from the following companies if their products are being used free of charge.	
<b>Company</b>	<b>Tel no</b>
Simpla (Coloplast) Bed bag stand	0800 526177
ProSys (Clini Supplies) Bed bag stand	0800 0854957

 Available to buy Over The Counter. See <a href="#">policy statement</a> for more info.	<b>Non-Specialist Drugs</b>	<b>Specialist Initiation WITHOUT Shared Care Guidelines</b>	<b>Specialist Initiation WITH Shared Care Guidelines</b>	<b>Specialist ONLY Drugs</b>
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## A5.12 Intermittent urinary catheters ([Back To Top](#))

### Need to be prescribed as single items

There are a wide range of intermittent catheters and therefore each patient needs to be assessed individually by an appropriate practitioner skilled in ISC so that the correct catheter is prescribed to meet their needs.

The practitioner that assesses the patient will be able to guide the prescriber as to what needs to be prescribed and the quantity that needs to be prescribed on a monthly basis.

**Please note:** The prescription for intermittent catheters may need to be changed, either in quantity due to patient's needs, or as the patient becomes more skilled at intermittent self catheterisation the type of catheter requested may alter.

**Please remember to change the repeat prescription, and delete the old repeat prescription, otherwise there can be a huge cost implication if the wrong catheter is prescribed for your patient. If you have any concerns please contact the Bladder and Bowel Service for advice.**

	Available to buy Over The Counter. See <a href="#">policy statement</a> for more info.	Non-Specialist Drugs	Specialist Initiation WITHOUT Shared Care Guidelines	Specialist Initiation WITH Shared Care Guidelines	Specialist ONLY Drugs
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### A5.13 Sheaths and leg bags ([Back To Top](#))

Sheaths are a useful alternative method to manage urinary incontinence for men. However, it is essential that the sheaths are accurately sized and the appropriate drainage system is prescribed. It is recommended that sheaths are changed every 24 hours to relieve pressure and to allow for personal hygiene. There is a generic leaflet available that gives instructions on how to apply sheaths. (This leaflet is available from the Bladder and Bowel Service). There are several different companies list below, but this is to accommodate for good sizing both for girth fitting and length fitting.

#### Latex free, self-adhesive sheath (standard length only)

##### Manfred Sauer P-Sure

Codes:

97.20

97.22

97.24

97.26

97.28

97.30

97.32

97.35

97.37

97.40

Packs of 30

Small 20mm

22mm

24mm

Medium 26mm

28mm

30mm

Large 32mm

35mm

37mm

40mm

**ESTIMATED USAGE**  
30 single items every 28 days.

#### 100% clear silicone sheath

##### Great Bear Libra Sheath

Codes:

GBLSS24

GBLSS28

GBLSS31

GBLSS35

GBLSS40

GBLSP24

GBLSP28

GBLSP31

GBLSP35

GBLSP40

GBLSW24

GBLSW28

GBLSW31

GBLSW35

GBLSW40

Packs of 30

Standard 24mm

28mm

31mm

35mm

40mm

Pop On 24mm

28mm

31mm

35mm

40mm

Wide Band 24mm

28mm

31mm

35mm

40mm

**ESTIMATED USAGE**  
30 single items every 28 days.

#### Latex free, self-adhesive sheath

##### Conveen Optima

Codes:

22025

22028

22030

22035

22040

22121

22125

22130

22135

Packs of 30

Standard length 25mm

28mm

30mm

35mm

40mm

Shorter length 21mm

25mm

30mm

35mm

**ESTIMATED USAGE**  
30 single items every 28 days.



Available to buy Over The Counter. See [policy statement](#) for more info.

**Non-Specialist  
Drugs**

**Specialist Initiation WITHOUT  
Shared Care Guidelines**

**Specialist Initiation WITH  
Shared Care Guidelines**

**Specialist ONLY  
Drugs**



A5.13 Sheaths and leg bags continued ( <a href="#">Back To Top</a> )		
<b>Non-sterile adjustable anti-kink tubing leg bags for use with <b>sheaths only</b>.</b> <b>Not to be used with urinary catheters.</b>		
Coloplast Conveen Security Plus Leg bags Codes: 5164 5165 5160 5161	Packs of 10 350ml 30cm tubing non sterile 350ml 50cm tubing non sterile 500ml 30cm tubing non sterile 500ml 50cm tubing non sterile	<b>ESTIMATED USAGE</b> 10 bags every 8 weeks.
Conveen Activa Code 25501	250ml 7cm adjustable inlet tube x 10	This is a small thigh bag (250ml capacity) that is useful for sheath use only when dribbling via the penis is experienced when a supra pubic is insitu or if dribbling incontinence is experienced some of the time and the patient doesn't want to use an incontinence pad all of the time. <b>ESTIMATED USAGE</b> 10 bags every 8 weeks.

A5.14 Miscellaneous items ( <a href="#">Back To Top</a> )		
<b>Need to be prescribed as single items as indicated in pack size i.e. Conveen prep wipes 54 wipes</b>		
Conveen prep – wipes used prior to applying sheaths to add adhesion Code 62042	54 wipes	<b>ESTIMATED USAGE</b> 2 packs every 3 months.
ConvaTec Niltac Sting Free Medical Adhesive Remover Code TR101	1 x 50mls	1 <sup>st</sup> line. <b>ESTIMATED USAGE</b> 1 aerosol per month.
GB soft Skin No Sting medical adhesive remover aerosol Code 10380A	1 x 50mls	2 <sup>nd</sup> line. <b>ESTIMATED USAGE</b> 1 aerosol per month.
Hollister Retracted Penis Pouch Code 9811	Pack of 10	<b>ESTIMATED USAGE</b> 3 per month.
Manfred Sauer p.hold 2cm (Penis Holder) Code PHN	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Not to be added to repeat prescription.
Manfred Sauer p.hold 4cm (Penis Holder) Code PHW	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Not to be added to repeat prescription.

A5.15 Anal plugs ( <a href="#">Back To Top</a> )		
Patient needs to have an assessment by an appropriate healthcare professional prior to being prescribed this product. Anal plugs are used for patients with ano-rectal incontinence problems - most suitable for neurogenic conditions with impaired sensation. Plugs can be left in place up to 12 hours, if inserted correctly, with reasonable degree of comfort.		
Peristeen Anal Plug (Coloplast) Codes: 1450 1451	Small x 20 Large x 20	<b>ESTIMATED USAGE</b> 20 at a time as requested.

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### A5.16 Faecal collectors ([Back To Top](#))

Useful for bed bound patients experiencing semi-solid or liquid stools, protecting skin from irritating faecal discharge.

<b>Faecal collectors (Hollister)</b>		
Codes:	(Packs of 10)	<b>ESTIMATED USAGE</b>
9822	50cm tubing non sterile 500ml	Prescribe 10 at a time as requested.
9821	50cm tubing non sterile 1000ml	
<b>Pads for rectal bleeding</b>		
<b>PremierPad</b>	1 x 10cm x 20cm 1 x 20cm x 20cm	<b>ESTIMATED USAGE</b> Maximum quantity to be prescribed at any one time = 100 pads.

### A5.17 Anal irrigation ([Back To Top](#))

If this option is to be considered for a patient, please refer the patient to either the Bladder and Bowel Service or Secondary Care for a specialist assessment prior to prescribing any equipment so that the patient is well informed about the procedure.

If the patient is suitable for anal irrigation they will need to be taught the procedure which will normally be done in the community by the Bladder and Bowel Service. Patients usually need support / advice from the Bladder and Bowel Service when they initially use the system.

Please note: Catheters are single use only. Water bag can only be used 15 times. Lid and control unit can only be used 90 times. When initiated, patients may require rectal wash out daily but once established this should be reduced to alternate days.

#### **Peristeen anal irrigation (Coloplast)** (Packs of 1)

<b>Peristeen system</b> Code 29121	Contains: 1 control unit, 2 rectal catheters, 1 water bag, 1 strap set, 1 toilet bag.	<b>ESTIMATED USAGE</b> Prescribe 1 pack to last 3 months when initiated.
<b>Peristeen system small</b> Code 29126	Contains: 1 control unit, 2 small rectal catheters, 1 water bag, 1 strap set, 1 toilet bag.	Prescribe 2 packs of rectal catheters alongside system. Interim accessory unit will be required until new system is prescribed. When established on product, prescribe 1 pack to last 6 months.
<b>Peristeen rectal catheters</b> Code 29123	Contains: 10 rectal catheters.	<b>ESTIMATED USAGE</b> Prescribe 2 packs each time system is issued.
<b>Peristeen rectal catheters small</b> Code 29128	Contains: 10 small rectal catheters.	
<b>Peristeen accessory unit</b> Code 29122	Contains: 15 rectal catheters, 1 water bag.	<b>ESTIMATED USAGE</b> Prescribe 1 pack to last 2 weeks when initiated. When established on product, prescribe 1 pack to last 1 month.
<b>Peristeen accessory unit</b> Code 29127	Contains: 15 small rectal catheters, 1 water bag.	
<b>Peristeen straps</b> Code 29124	Contains: 1 set of straps.	<b>ESTIMATED USAGE</b> Prescribe 1 pack at a time as requested.
<b>Peristeen tubes</b> Code 29125	Contains: 2 tubes and blue connectors.	

 Available to buy Over The Counter. See <a href="#">policy statement</a> for more info.	<b>Non-Specialist Drugs</b>	<b>Specialist Initiation WITHOUT Shared Care Guidelines</b>	<b>Specialist Initiation WITH Shared Care Guidelines</b>	<b>Specialist ONLY Drugs</b>
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## A5.17 Anal irrigation continued ([Back To Top](#))

If this option is to be considered for a patient, please refer the patient to either the Bladder and Bowel Service or Secondary Care for a specialist assessment prior to prescribing any equipment so that the patient is well informed about the procedure.

If the patient is suitable for anal irrigation they will need to be taught the procedure which will normally be done in the community by the Bladder and Bowel Service. Patients usually need support / advice from the Bladder and Bowel Service when they initially use the system.

Please note: Catheters are single use only. Water bag can only be used for 1 month. Balloon system control unit can only be used 90 times. When initiated, patients may require rectal wash out daily but once established this should be reduced to alternate days.

### Qufora anal irrigation systems

<a href="#">IrriSedo Mini System (15 irrigation set)</a> Code 53601-015	Contains: 1 pump, 15 hydrophilic coated cones, 15 waste bags	<b>ESTIMATED USAGE</b> Prescribe 1 pack to last 1 month if wash out occurring on alternative days (when established).
<a href="#">IrriSedo Mini System (30 irrigation set)</a> Code 53601-030	Contains: 1 pump, 1 cone bag, 30 hydrophilic cones	<b>ESTIMATED USAGE</b> Prescribe 1 pack to last 1 month if wash out occurring daily (when initiated).
<a href="#">Balloon System - Base Set</a> Code 58101-002	Contains: 1 control with velcro strap, 1 water bag, 2 rectal balloon catheters medium	<b>ESTIMATED USAGE</b> Prescribe 1 pack to last 3 months when initiated.
<a href="#">Balloon System - Base Set</a> Code 58102-002	Contains: 1 control with velcro strap, 1 water bag, 2 rectal balloon catheters small	When established on product, prescribe 1 pack to last 6 months. Prescribe 2/3 packs of rectal balloon catheters alongside depending on whether wash out occurring daily or alternate days. Interim rectal balloon catheters and water bag sets will be required.
<a href="#">Balloon System - Accessory Set</a> Code 58201-015	Contains: 1 water bag, 15 rectal balloon catheters medium	<b>ESTIMATED USAGE</b> Prescribe 1 pack to last 1 month. If wash out occurring daily
<a href="#">Balloon System - Accessory Set</a> Code 58202-015	Contains: 1 water bag, 15 rectal balloon catheters small	prescribe 2 packs of rectal balloon catheters alongside.
<a href="#">Balloon System - Catheter Set</a> Code 58301-010	Contains: 10 rectal balloon catheters medium	<b>ESTIMATED USAGE</b> Prescribe 2/3 packs each time a control unit is issued.
<a href="#">Balloon System - Catheter Set</a> Code 58302-010	Contains: 10 rectal balloon catheters small	

 Available to buy Over The Counter. See <a href="#">policy statement</a> for more info.	<b>Non-Specialist Drugs</b>	<b>Specialist Initiation WITHOUT Shared Care Guidelines</b>	<b>Specialist Initiation WITH Shared Care Guidelines</b>	<b>Specialist ONLY Drugs</b>
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<b>A5.18 Contenance appliances (<a href="#">Back To Top</a>)</b>		
NB. Items with * need to have two litre drainable catheter bags also prescribed. There are a range of reusable appliances that can be prescribed that patients can use to enable them to remain continent even if their mobility is poor or they are chair or bed bound. Listed below are a range of products, but this is not extensive. Please phone the Bladder and Bowel Service for further advice. Numbers at end of document.		
Beambridge male draining jug with tap* Code 6-50T	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Do not add to repeat prescription.
Beambridge female saddle urinal Code 6-26	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Do not add to repeat prescription.
Beambridge Lady Jug * Code 6-45	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Do not add to repeat prescription.
Beambridge Bridge urinal Code 6-18	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Do not add to repeat prescription.
Beambridge Funnel * Code 6-35	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Do not add to repeat prescription.
Manfred Sauer Uribag (male) Code Uribag	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Do not add to repeat prescription.
Manfred Sauer Uribag (female) Code URIBagF	Pack of 1	<b>ESTIMATED USAGE</b> 1 as a one off prescription. Do not add to repeat prescription.
<b>Skin Barrier films</b>		
Skin barrier films are used to protect skin that is at risk of breakdown due to urinary or faecal incontinence. These products are neither alcohol nor solvent based and therefore will not sting when applied to the skin. Cream /spray may be applied directly to excoriated or irritated skin. Incontinence pads absorbency is not affected by the use of these creams / sprays. NB: These creams /sprays should not routinely be used for patients with urinary incontinence if their skin has been kept appropriately moisturised.		
Zerolon Barrier cream Code 162758	1 x 28g	Cream needs only to be reapplied after 3 washes or episodes of incontinence. Only a pea size amount should be applied at each application.  <b>ESTIMATED USAGE</b> Maximum 1 tube per month. Should not be repeatedly prescribed as it should only be used if the skin needs protecting, not routinely.
Cavilon Durable Barrier spray Code 3346P	1 x 28ml	Spray needs to be reapplied once every 48 / 72 hours unless incontinence is severe then reapply every 24 hours.  <b>ESTIMATED USAGE</b> Maximum 1 tube per month. Should not be repeatedly prescribed as it should only be used if the skin needs protecting, not routinely.

<b>A5.19 Other useful information/links (<a href="#">Back To Top</a>)</b>	
Bladder and Bowel Service:	Brighton and Hove Office: 01273 265912 Lewes Office: 01273 511824
Bladder and Bowel Foundation:	<a href="http://www.bladderandbowelfoundation.org">www.bladderandbowelfoundation.org</a>
Contenance Foundation:	<a href="http://www.contenance-foundation.org.uk">www.contenance-foundation.org.uk</a>
<b>Contenance Formulary Questionnaire, Patient Information Leaflet and prescription process</b>	
We would welcome your feedback. Please click on this link: <a href="https://www.surveymonkey.co.uk/r/PTFVFP6">https://www.surveymonkey.co.uk/r/PTFVFP6</a>	
PIL: <a href="http://www.gp.brightonandhoveccg.nhs.uk/file/8441">http://www.gp.brightonandhoveccg.nhs.uk/file/8441</a>	
Process for dealing with prescription requests: <a href="http://www.gp.brightonandhoveccg.nhs.uk/file/8446">http://www.gp.brightonandhoveccg.nhs.uk/file/8446</a>	

 Available to buy Over The Counter. See <a href="#">policy statement</a> for more info.	<b>Non-Specialist Drugs</b>	<b>Specialist Initiation WITHOUT Shared Care Guidelines</b>	<b>Specialist Initiation WITH Shared Care Guidelines</b>	<b>Specialist ONLY Drugs</b>
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