

Author Year; Country Score Research Design Total Sample Size	Methods	Outcomes
<p data-bbox="237 898 440 968">Emmanuel et al. 2013</p> <p data-bbox="237 1010 440 1146">UK (international panel of experts)</p> <p data-bbox="261 1188 415 1283">N=20 non-pediatric articles</p>	<p data-bbox="480 758 938 894">Objective: To provide a consensus expert review of the treatment modality for transanal irrigation (TAI).</p> <p data-bbox="480 905 938 1430">Methods: a consensus group of specialists from a range of nations (Denmark, France, Germany, Italy, the Netherlands, UK) and disciplines (physicians, surgeons, physiology experts, rehab specialists) who have experience in prescribing and monitoring patients using TAI assimilated emerging literature and clinical experience, reaching consensus through a round table discussion process.</p> <p data-bbox="480 1440 906 1472">Databases: PubMed, Athens</p>	<ol data-bbox="979 478 1498 1755" style="list-style-type: none"> 1. Indications for TAI include: patients with NBD, primary or secondary functional bowel disorders. Contraindications for TAI include: stenosis, colorectal cancers, inflammatory bowel diseases, acute diverticulitis, ischaemic colitis. 2. Optimal patient selection: conservative treatment including biofeedback should be tried without success before TAI is performed. Low rectal volume at urge to defecate and low maximal rectal capacity were significantly associated with a successful outcome of TAI. 3. Clinical examination and preparation: a specialist health-care professional should be consulted before TAI. Bowel diaries and symptom scoring systems should be used. Fecal impaction must be excluded and treated before starting TAI. 4. Patient training: comprehensive training is essential - written info should be available, training a patient until they are comfortable with irrigation is necessary. Patients should be taught to recognise the symptoms of colonic perforation and what actions to take.