



Contraindications For Colon Hydrotherapy Treatment. May 2024.

Absolute Contraindications

- 1. Abdominal Hernia including inguinal and umbilical**
Defect in abdominal wall, risk of strangulation of the bowel.
- 2. Active Fissure**
Tear or crack in the anus, usually very painful when active.
Varies from small crack to open fissure that requires surgery.
- 3. Inflammatory Bowel Disorders – Colitis, Ulcerative Colitis, Crohn's Disease, Diverticulosis, Diverticulitis.**
If clients are suffering with a flare-up, recent flare up, or have an unstable pattern of flare-ups there is a risk of bleeding, tissue damage and colonics may exacerbate symptoms.
Don't treat within 3 months of any flare up and then take into account the history over a longer period, at least over the last year or so.
Relative contra indication exceptions. Clients who are fully in remission.
We have concluded that it is fine to treat people who have been diagnosed with inflammatory bowel disease as long as you are satisfied that they are in a stable state of remission and, very importantly, you feel you have the knowledge and experience to be able to decide it is safe to treat them.
It's very tricky to be black and white with things like this, but we recognise that lots of therapists have a long experience of treating people with IBD very successfully and without issue.
Overall, this is for you as a therapist to decide based on how you feel about things.
Always the advice is if in doubt, don't treat. Don't say yes if you aren't comfortable with it.
You can always ask for advice and opinion but it's your choice.
- 4. Active Rectal Fistula**
Caused by an abscess 'tunnelling into the rectum' sometimes requiring surgery.
- 5. Anti-Coagulants**
Warfarin is administered to artificially affect and reduce blood clotting time. If the client is on Warfarin, or a treatment dose of an injectable anti-coagulant (e.g., Daltaparin, Tinzaparin,) then it is contraindicated. However, if they are on low dose prophylactic anti-coagulant and not being monitored by medical staff, then fine to treat.
- 6. Atrial Fibrillation**
Do not treat due to sudden changes in heart rate.
- 7. Autonomic Dysreflexia (occurs in spinal injuries at or above T6)**
Danger of general body spasm, particularly related to insertion of speculum.
- 8. Bowel Obstruction e.g., adhesions, volvulus, tumour, etc.**
With a bowel obstruction no gas is passed and client would be requiring medical attention.
(Not to be confused with faecal impaction which is caused by chronic constipation.)
- 9. Bowel Prolapse or Rectal Prolapse**
Due to weakened tissues not supporting the organs properly. Risk of making the condition worse.

- 10. Carcinoma, (Cancer) of the colon or rectum**
Risk of perforation and bleeding. Bowel is diseased and may be damaged.
- 11. Chemotherapy**
No-one to be treated whilst receiving chemotherapy. High risk of infection due to no, or low immune response (neutropenia). Minimum of 3 months once bloods levels to return to normal. Reference - <http://www.bnf.nice.org.uk/>
- 12. Diabetes – Uncontrolled/Unbalanced.**
Risk of hypoglycemia during a treatment. (See FAQ's for general treatment information.)
- 13. Epilepsy**
Do not treat unless the client has a driving licence, (or would qualify for one.)
- 14. Heart Failure**
Requiring care of medical professional, ongoing monitoring, and medication. Do not treat. (On advice from Cardiac consultant, St Bartholomew Hospital. April 2021.)
- 15. Hypertension (High Blood Pressure)**
Uncontrolled and known not to be in normal range. Risk of stroke or heart attack.
(See FAQ's for more information)
- 16. Inflamed Haemorrhoids (Piles)**
May exacerbate symptoms and cause pain and bleeding.
- 17. Intussusception**
Do not treat as the bowel 'telescopes' on itself.
- 18. Liver function**
Any condition that affects the liver and decreases its function needs to be assessed and if the client is under the care of a medical professional. See FAQ's for more information.
- 19. Neutropenia**
Low or no immune system. Severe risk of infection. Do not treat.
- 20. Pregnancy**
Risk of miscarriage.
- 21. Prolapse of colon**
Do not treat. Tissue is structurally weak and unsupported. Could make the condition worse and become a medical emergency.
- 22. Radiotherapy of abdominal area not discharged from medical care**
Radiotherapy burns and damages other tissues as well as the tumour. Risk of perforation.
Do not treat for 2 years.
- 23. Rectal bleeding**
All rectal bleeding needs investigation by GP, unless a small speck of blood on the tissue after straining to pass a large stool.
- 24. Reduced kidney function**
Kidney function must be a minimum of 50% with two kidneys and 100% with only one kidney and not fluid restricted.
Or renal insufficiency which requires reduced fluid intake under the supervision of medical professional.

25. Tachycardia or AF

Do not treat due to inconsistent heart rate pattern.

26. Tight Sphincter

Unable to insert speculum without pain.

27. Under medical Investigations/awaiting medical results

Do not treat or intervene if it may be perceived to interfere with test results. See FAQ's.

28. Undiagnosed Persistent Diarrhoea

Needs professional medical investigation.

The following timelines given post-surgery/treatment are deliberately conservative and could be less with the written support of a Medical Professional, but does not override the decision of the therapist not to treat if they feel it is not safe or appropriate.

- Recent bowel biopsy - 3 months.
- Recent prostate biopsy made through the bowel - 3 months.
- Recent abdominal surgery, laparoscopic or open - 6 months depending on severity of surgery and on medical discharge with no complications.
- Recent laparoscopic investigation - 6 weeks and on medical discharge.
- Recent surgery of colon or rectum - 6 months fully discharged.
- Recent gastric band, sleeve or bypass surgery - 6 months fully discharged.
- Recent gastric band removal - 6 months full discharged no problems.

RELATIVE CONTRAINDICATIONS

The following are industry agreed relative contraindications. The suitability of the treatment remains specific to the individual and must be assessed by a professional Colonic Hydrotherapist.

- Highly anxious, stressed or emotional client.
- Fainting (vaso-vagal attack.)
- Joint replacement (hip, shoulder, knee.)
Awareness of positioning on couch and as pain allows. NB. Hips – knees no higher than 90 degrees when they are on their side and pillow between legs during treatment if on side, awareness of possible dislocation.
- Severe underweight or eating disorders.
Aware of not using colonics for further weight loss.
- Severe anaemia. Risk of fainting during a treatment.
- UTI – Urinary Tract Infection, General infections /Antibiotic Treatment
Do not treat until the course of antibiotics for the infection has been completed.
- Under medical Investigations/awaiting medical results.
Consider the nature of the conditions that the client is having tests for e.g., bowel, gynaecological, liver, pancreas, digestive, heart. If digestive in nature, or similar, await results.
- Inflammatory bowel conditions. Fine to treat if in remission. See above (Point 3) for considerations.

Reference - <http://www.bnf.nice.org.uk/>