



Product information

Peristeen Plus is a water based trans-anal irrigation system with a balloon or cone catheter that is designed to help empty the bowel.

Criteria for use

The applicant must have continued faecal incontinence where standard medical management therapies of oral laxatives and retrograde enemas have failed.

Restrictions for use

The product is subject to a R4 restriction requiring health professional authorisation with the following specific restrictions:

- The patient must be aged between 3 to 17 years.
- An annual referral is required from a paediatric colorectal surgeon, paediatrician or paediatric surgeon.
- Compulsory education by a specialist continence clinician on usage prior to supply.

Privacy notice

Your personal information is protected by law including the *Privacy Act 1998* and the Australian Privacy Principles. Your personal information is being collected by your stoma association for the purpose of issuing the Peristeen Plus irrigation kit as recommended by your authorised health professional. This information may be disclosed to the Australian Council of Stoma Associations Inc (ACSA) to support administration of the Stoma Appliance Scheme (SAS).

You can contact your stoma association or ACSA for more information about the way in which they will manage your personal information.

Treatment declaration and approval dates

Select the relevant application type:

- Initial application
 Re application

Applications for approval of supply of Peristeen Plus are valid for a period up to 12 months. To continue to access the subsidised product after 12 months, a new form will need to be completed.

Approval date from:

Approval date to:

Additional Supplies

If you require additional products for clinical or other reasons you will need to apply for additional supplies. Contact your stoma association for the appropriate form to apply for additional supplies.



Stoma Appliance Scheme Peristeen Plus Authorisation Form

Applicant details

Dr Mr Miss Mrs Ms Other

Family name

First given name

Second given name (if applicable)

Date of birth

Address

Email

Applicant Consent and Declaration

- I am the applicant or authorised representative of the applicant.
- I consent to the collection of my personal information, including sensitive information, by my stoma association and the Australian Council of Stoma Associations Inc for the purposes indicated in this form.

Applicant or authorised representative signature

Date

Declaration of eligibility by authorised health professional

To be completed by a paediatric colorectal surgeon, paediatrician or paediatric surgeon only.

Health professional details

Family name

Given name

Professional title

Email/ phone number

- I authorise the applicant to order the Peristeen Plus irrigation kit from their stoma association.
- I declare that the applicant has received or will receive education from on the use of Peristeen Plus by a specialist continence clinician prior to supply.
- I declare that the information I have provided in this form is complete and correct, and I understand that giving false or misleading information is a serious offence.

Authorised health professional signature

Date

Submitting the authorisation form

Once completed the authorisation form must be submitted to the applicant's nominated stoma association.