BOWEL MANAGEMENT FOLLOWING SPINAL CORD INJURY/IMP AIRMENT
FRAZIER REHAB INSTITUTE
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Bowel Management
After Spinal Cord Injury

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The Digestive System

- Consists of mouth, pharynx, esophagus, stomach, small & large intestines, rectum and anus

- Major functions:
  1. breaks down food to be absorbed as nutrients
  2. helps get rid of waste products
The Digestive System

- Mouth
- Pharynx
- Esophagus
- Stomach
- Liver
- Small Intestine
- Large Intestine
- Rectum
- Anus
What is the Bowel?

- Last portion of the digestive tract also known as the large intestine or colon
- Stores waste products until they are excreted from the body (bowel movement)
Bowel Movement (BM)

- The bowel fills with stool, stretches, and triggers messages to the body.
- One message tells the muscles to move the stool down through the bowel.
- Other messages tell us it’s time to use the bathroom, which is controlled by a muscle called the sphincter. The sphincter is a ‘donut’ type muscle that when it opens and creates a center hole, it allows stool to leave the body.
Neurogenic Bowel

- A condition that occurs after a spinal cord injury where the brain & spinal cord cannot control bowel function
- Two common types:
  1. Spastic
  2. Flaccid
Spastic Bowel

- Also known as reflexic or upper motor neuron (UMN) bowel
- Injury is usually above the T12 level
- Bowel reflex is present but you may not feel the urge to have a BM or feel when having a BM
- A BM occurs when the bowel is full & the anal sphincter relaxes – thus a reflexic or spastic bowel
Flaccid Bowel

- Also called limp, areflexic, or lower motor neuron (LMN) bowel
- Injury is usually at or below L1-2 level
- Peristalsis (movement of food through the GI tract) is decreased

- You cannot feel the urge to have a BM or when having a BM
- Anal sphincter remains relaxed & may not be able to hold in BM
Bowel Program Goals

- Have BM on a regular basis
- Limit or eliminate accidents
- Decrease complications associated with diarrhea, constipation, impaction, autonomic dysreflexia, etc.
- Provide sense of control and dignity; more confidence being in public situations
Successful Bowel Program Management

- Keep a regular schedule—best time is 30 minutes after a meal

- Upright position—use toilet or bedside commode if possible
Successful Bowel Program Management, cont...

- Keep stool well formed—balanced diet, plenty of water, and stool softeners if needed
- Stay active—exercise and do range of motion activities
- Provide privacy—try to relax
**Bowel Program**

- Spastic Bowel: usually involves taking routine stool softeners, using a suppository and performing digital stimulation
- Flaccid Bowel: generally involves manual removal (disimpaction) of stool, using a suppository and taking stool softeners
- Should be individualized to fit your needs—you are unique!
How to Perform Bowel Program for a Spastic Bowel

1. Wash your hands
2. Transfer to Toilet/bedside commode (BSC) or lie on your left side in bed
3. Check rectum for any stool & remove if present
4. Insert suppository & let sit for about 20 minutes
5. Digital stimulation until BM occurs
6. After BM, check rectum & remove any remaining stool
7. Perform hygiene activity
How to Perform Bowel Program for a Flaccid Bowel

1. Wash your hands
2. Transfer to toilet/BSC or lie on your left side in bed
3. Massage abdomen, lean forward &/or bear down
4. May need to manually remove stool
5. Place suppository after stool removed
6. After BM, re-check rectum & remove remaining stool
7. Provide hygiene activity
Digital Stimulation

- Also called dig stim
- Dig stim relaxes the sphincter muscle & increases peristalsis, helping the stool pass through the bowel
- Performed by inserting a well-lubricated, gloved finger into the rectum approximately ½-1 inch & gently rotating finger in a circular motion against the anal sphincter
Digital Stimulation, cont…

- Dig stim about 20-30 minutes after a suppository is given (may also be done without using suppository)
- Perform for about 30 seconds to 1 minute at a time and repeat every 10-15 minutes until you have a BM
Placement of a Suppository

- First check the rectum for stool by inserting a well-lubricated, gloved finger into the rectum.
- Remove any stool that may be in the rectum before inserting the suppository.
- Gently place the suppository against the rectal wall.
Assistive Devices for Bowel Care

- Long/short handled suppository inserter
- Long/short handled digital stimulator
- Long handled and flexible mirror
- Toileting aide
Durable Medical Equipment for Bowel Care

- Bedside commode (BSC)/toilet (regular or drop arm)
- Shower chair (combo)
- Tub transfer bench
Complications Associated with Bowel Management

- Constipation
- Diarrhea
- Autonomic Dysreflexia
**Constipation**

- Hard & infrequent stool that is difficult to pass
- Can be caused by: prolonged bed-rest (immobility); not drinking enough or eating enough fiber; and/or medication such as pain meds, iron, and antacids
Signs & Symptoms of Constipation

- Straining to move bowels
- Hard, loose, or watery stools
- Irregular BM’s
- Swollen or hard stomach
- Loss of appetite
- Nausea &/or vomiting
How to Prevent Constipation

- Drink at least 8-10 glasses of H2O daily
- Eat well-balanced diet high in fiber
- Exercise/stay active
- Continue your bowel program as scheduled
- Take stool softeners if needed
**Diarrhea**

- Increase in frequency of BM’s that are usually a loose and/or watery consistency
- Can be caused by certain foods, medications, stress and/or medical problems such as the flu
Some Solutions for Diarrhea

- Stop taking stool softeners/laxatives until diarrhea stops
- Do not eat foods that disagree with you
- Drink plenty of fluids
- Call your doctor if diarrhea last more than 24 hours
Autonomic Dysreflexia (AD)

- A true medical emergency
- Over-reaction of the sympathetic nervous system caused by a painful stimulus
- Dangerous rise in blood pressure
Signs & Symptoms of AD

- Low heart rate (bradycardia)
- Sudden high blood pressure (hypertension)
- “Goose bumps” above or below level of injury
Signs & Symptoms of AD cont...

- Sudden pounding headache
- Feeling anxious, nervous, or confused
- Reddened rash on skin usually above level of injury (flushing)
- Sweating above or below level of injury
Possible Causes of AD Related to Bowel Management

- Hemorrhoids
- Rough digital stimulation or insertion of rectal meds (such as a suppository)
- Full or distended bowel
- Constipation, impaction or obstruction
- Pressure, cracks or breaks in the skin around the anus/rectum (also known as fissures)
- Skipping your bowel program
What to do if you have AD...

- ACT QUICKLY to get BP down
- Sit upright
- Loosen clothes & check skin from head to toe
- Check bowel & bladder
What if BP is still high?

Call 911

Go to the nearest Emergency Room

*For more information on Autonomic Dysreflexia, see Frazier Educational Resources, “Medical Concerns After Spinal Cord Injury” in the Patient and Family Handbook and/or in the slide show format.
Conclusion

Bowel dysfunction after a spinal cord injury should not prevent a healthy, active life.

Goal is to achieve proper bowel management:
1. Minimize accidents
2. Avoid complications
Questions or Concerns

PLEASE CONTACT

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References


