

# Bowel Management After Spinal Cord Injury

## How the Bowel Works

When we eat food the body creates saliva which stimulates a wave action (peristalsis) that propels the stool through your system. The food is broken down in the stomach into fluid so the body can then absorb what it needs i.e. nutrients and water. The fluid then leaves the stomach and travels through the small and large intestine where the absorption takes place.

By the time the fluid reaches the lower end of the large intestine it has become quite solid, this waste is called faeces or stool. When the rectum is full a message is sent to the brain via the spinal cord and a message is sent back from the brain that if convenient, the rectum will contract and the anus and sphincter will relax allowing the stool to pass out of the body. This process is under an automatic and voluntary mechanism in a normal functioning intestinal system.

## After Spinal Cord Injury

In nearly all cases of SCI there will be some impact on the bowel function; this is because:

- The pathway for messages from the rectum to the brain has been interrupted.
- Movement of food through the intestines is slower.
- Sensation around the anus and rectum may be impaired and you are unable to tell when you need to open your bowels, hold or expel the faeces.
- Your bowel **will** need to be trained to empty according to a set bowel routine.

## The Main Factors in Bowel Management

### 1. Diet

- Well balanced high fibre diet
- Regular fluid intake approximately 1.5-3l depending on size, age and bladder management
- Regular meals and appropriate portion size.

## **2. Time and Routine**

- A bowel routine should be either daily or second daily
- Should occur at around the same time on your bowel care day.
- Changes to your routine may take several weeks to adjust to, so try to make minimal changes as this will help avoid accidents.

## **3. Medications**

- Most people with a SCI will require medication to assist with their bowel routine.
- Oral medications will assist to soften and/or stimulate the stool, making it easier to pass.
- Suppositories and enemas can help stimulate the rectum and lubricate the stool.
- Often combinations of tablets and/or suppositories and/or enemas are required, and this should be discussed with your health care professional to assist in finding a routine that works for you.
- For clients that are physically able to perform independent bowel care, Digital Stimulation may be the management of choice, again this should be discussed when designing your management plan.

## **What To Do When Things Go Wrong**

Relax and take a deep breath and think about the days leading up to the changes.

- Did you drink enough or too much fluid?
- Did your diet change?
- Did you take your medication at the same time or change the time of your normal routine?
- Have you started a new medication or been commenced on antibiotics?

Sometimes the answer is simple and easy to rectify but if you have any concerns contact:

The Community Lifestyle Advisors at PQSA on 8355 3500 or speak to your GP.

## **Things To Be Aware of**

- A full rectum may cause Autonomic Dysreflexia; this must be treated immediately.
- Pressure from a full bowel on the bladder may cause urinary problems.
- Acute or chronic constipated stool may cause haemorrhoids which may bleed. Medical advice should be sought.

## Tips To Assist With Bowel Evacuation

- A warm drink or snack 15-30min before bowel care.
- Sit correctly on the toilet or commode to allow gravity to assist with evacuation.
- Abdominal massage in a clock wise rotation bearing down on the left lower area to stimulate movement. Rocking back and forth or side to side may be of assistance.
- Deep breathing and relax. Try not to rush and don't watch the clock!
- Exercise as much as able every day.
- A digital check of the rectum before bowel care may assist by checking for the presence of stool and correct insertion of suppository or enema and therefore effectiveness.
- Without being obsessive one should monitor bowel routine and do not leave too long before asking for advice if changes occur.

As with the non spinal cord population it is important to maintain a healthy bowel. Discuss with your Doctor the risks for bowel cancer and have recommended screening as prescribed.

## References and Resources

- ParaQuad NSW : <http://www.paraquad.org.au/>
- Independence Australia: [www.independenceaustralia.com.au](http://www.independenceaustralia.com.au)
- Queensland Spinal Cord Injuries Service: [www.health.qld.gov.au/qscis](http://www.health.qld.gov.au/qscis)
- Department of Health and Aging ; Bladder and Bowel website : [www.bladderbowel.gov.au](http://www.bladderbowel.gov.au)
- Continence Foundation of Australia [www.continence.org.au](http://www.continence.org.au)

PQSA Community Lifestyle Advisors 08 8355 3500 or [www.pqsa.asn.au](http://www.pqsa.asn.au)

SORT Spinal Outreach Team at Hampstead Rehabilitation Centre 8222 1433