

# LIVING WITH SCI

## FACTSHEETS

**sia** spinal  
injuries  
association  
FOR LIFE AFTER SPINAL CORD INJURY



## BOWEL MANAGEMENT (PART 1)

### Introduction

If you have a spinal cord injury (SCI) then a regular bowel management routine is vitally important, both physically and socially. Establishing an effective routine will bring the confidence and freedom needed to live a full and active life.

There is no single, infallible method to suit everyone – you will need to experiment to find the method which best suits your own needs and lifestyle, but if you do have a problem it is wise to discuss the matter with your GP, District Nurse, Spinal Unit Community Liaison Nurse or Spinal Consultant, as there may be a medical reason why you are having problems.

A SCI changes the way your body works and how you will have to care for yourself and probably the most significant change is how the bowel works. After SCI your bowel movements require more time, thought, and planning. Usually a SCI person cannot feel when the bowel is ready to empty and help is required to expel the stool: this requires a well-designed bowel management programme/bowel care routine.

A proper bowel management programme will help prevent unplanned bowel movements, and avoid complications like constipation. A personalised bowel management programme, ideally put in place before discharge from hospital, will improve your confidence in both social and work situations, by putting you back in control of a bodily function that if neglected, can cause embarrassment.

If you do not or are unable to establish a proper bowel management programme this may contribute to or result in various unpleasant side effects or potential health problems:

- Headaches
- Bad breath
- Abdominal discomfort
- Flatulence
- Constipation
- Increased risk of Autonomic dysreflexia
- Infections e.g. bladder
- Bowel accidents and or leakage
- Diarrhoea
- Pressure ulcers (if you are leaking)
- Haemorrhoids, if constipation becomes chronic.

### How does my bowel work after my SCI?

After a spinal cord injury, the messages sent by the nerves located in your bowel are not able to reach your brain as they did before your injury. This means that stool will pass more slowly through your gut which can lead to constipation and you will not get the message that tells you your bowel is full and it's time to go to the toilet.

Another change is that you may not be able to move the muscle at the opening of your back passage that controls when you have a bowel movement.

The degree of loss of control will depend upon the level of your injury and the extent of damage to your spinal cord.



**Two words you may hear to describe bowel type following spinal cord injury are reflex and flaccid**

#### **Reflex bowel**

If your spinal cord injury is above T12 your bowel will usually continue to empty when stimulated. The normal sensation which indicates that the bowel is full is lost. The vital messages needed telling you the bowel is full do not reach the brain. Reflexes which partly control bowel movement are still present so the muscles in your lower bowel, rectum and anal sphincter are still active and you or your carer may be able to trigger them to empty your bowel at a convenient time. Care must be taken to ensure that the rectum is properly empty as this will avoid a bowel accident later in the day.

#### **Flaccid bowel**

If your spinal cord injury is at or below T12 your bowel will not fully empty, even when stimulated. The nerves between your bowel and spinal cord have been damaged therefore reflexes are lost. Your rectum will continue to fill with faeces which may leak out as the anal muscles stay relaxed.

#### **Incomplete injuries**

If your injury is incomplete or is around T12, you may find that your bowel takes on a mix of both the above.

### **Designing a Bowel Programme**

#### **How will my bowel function be assessed**

Early in your rehabilitation an assessment of your impairment will be carried out and this will help the medical team to identify your individual bowel function and which is the best type of programme for you to follow. Usually this assessment will not require any special tests, though sometimes a physiological test, such as a colon transit time study is needed.

To find what works best for you, your healthcare professional may ask you to keep a bowel diary, or a bowel record, over two to three weeks. It is most helpful to keep a bowel diary in the first weeks after you leave the

hospital or whenever you are having problems and a few weeks before your annual check-up.

### **What is a bowel diary?**

A bowel diary is the precise recording of your daily bowel function. It is designed to collect information on your bowel habit.

Every time you do your bowel care you will be asked to record details such as:

- Assistive techniques (gastrocolic response, bending, lifting, push-ups).
- Stimulation method used (digital or chemical rectal stimulation).
- The scheduling and exact timing of your bowel habit (start time of stimulation; time the first stool begins to come out of the anus; time when the last stool comes out).
- Stool amount, consistency (hard, firm, soft, liquid) and colour (especially anything unusual for you).

Also, list any problems with your bowel such as unplanned bowel movements, abdominal cramps, unexplained pain, rectal bleeding, gas or bloating.

You should also give comments about your diet, especially the amount of fibre you eat and your daily fluid intake. Also it is important to record your activity level and list all of your current medications. All this information will help to precisely assess your bowel programme.

A sample Bowel Diary is shown in Appendix 1.

### **What is a bowel programme?**

A bowel programme is a personalised plan designed to help you regain control of your bowel after your spinal cord injury and improve your quality of life.

Consideration is given to several aspects in establishing your own bowel program:

- Time of day
- Position; for example on the bed, over the toilet
- Skin care
- Diet and fluid intake
- Level of activity
- Assistive techniques
- Current medications
- If you can guarantee privacy.

Your bowel programme should be reviewed at least once a year to make sure it is working well for you.

A bowel care diary is a key part of this review. Keep your completed bowel care records in a notebook, folder, or other handy place and take them with you when you visit your healthcare professional.

### What is bowel care?

Bowel care is the term for assisted evacuation of stools and is a part of your bowel programme. It begins with starting a bowel movement, which is done with digital stimulation and/or the use of a rectal stimulant (suppository or mini-enema).

Digital stimulation is used to stimulate the bowel to pass a stool. A lubricated gloved finger is inserted into the rectum and slowly rotated maintaining contact with the rectal wall at all times. This is normally done for 15-20 seconds then the finger is removed to see if any stools come with it. Stimulation can be repeated every 3-5 minutes until a bowel movement has been achieved.

Bowel care can include a variety of techniques. In addition, medications taken both orally and / or suppositories help to achieve a satisfactory stool evacuation.

You need to be able to perform the bowel care yourself or direct an attendant or other carer on when and how you need help.

### Why is it important to carry out good bowel care?

- To maximise your independence
- To help maintain good health
- To prevent complications such as constipation and diarrhoea but of which may necessitate disruption of your daily routines
- Help prevent pressure ulcers and infections by maintaining dry / intact skin
- Minimise damage to the bowel
- Help prevent an episode of Autonomic Dysreflexia
- Maintain self-esteem.

### Can I be independent in my bowel care?

Independence in performing bowel care depends on many factors such as the level and completeness of your SCI, your general health, how strong you are, your weight and how much you want to be independent. For complete independence, your arms, hands and fingers need to be strong enough to manage your clothes, get you into a proper position, place stimulant medication and carry out digital stimulation. Most people with a thoracic, lumbar, or sacral injury are strong enough and have sufficient balance.

If you have a cervical injury at C6, C7 or C8, you may not have enough hand strength or sitting balance to do digital stimulation, insert a suppository or a mini-enema independently. Special devices like digital stimulators and suppository inserters can help with these activities. Even if they can carry out bowel care themselves, some people choose to have a carer do it for them. They find that it takes too long, or it simply takes too much energy they would rather use doing other things. Whether or not you do perform your own bowel care, you still need to manage your bowel programme. That means watching what you eat and drink, your

activity level, your medication, and the results of your bowel care routine. If you need assistance with your bowel care, learn the process so that you can teach it to carers and supervise your own care.

### **Why is timing important for my bowel management?**

Once you are discharged from hospital you will perform your bowel care in the morning or the evening to fit in with your daily life, your individual arrangements, or with carers if you use them. A regular and consistent time to perform your bowel care will train your bowel and help you to be more confident in your bowels and not be ruled by them.

Choose a set time of day for your bowel routine. If possible, establish a plan in which you empty your bowels daily or every other day. Regularity is vital, if the schedule is more than three days this can cause fluid to be absorbed from your stools and result in hard stools, causing constipation and impaction.

Work out the time of day most convenient to fit into your lifestyle, in terms of job, school, or general social needs. For instance, if you have to rise early to go to work and have little time, you may find it best to arrange your routine in the evenings. If you need to alter the time of your routine, a changeover can be made, for instance, from evening to morning or vice versa. Be aware that you should allow for a two to four week readjustment period as during this time your routine may not be so reliable.

If possible, use the gastrocolic response. The gastrocolic response is a natural reflex of the bowel when food or fluid is taken. This stimulates waves of peristalsis, speeding up the movement of waste matter in your bowel. Drinking warm liquids or eating a meal shortly before your bowel care may help to stimulate a bowel movement. This can be useful when organising a convenient time for your bowel emptying.

You may have to take a laxative approximately 8-12 hours prior to bowel evacuation. Everyone's body changes over time, even if you have kept a regular bowel programme for years, it may stop working as well as it did and you may have to adapt your scheduling.

### **How can I perform my bowel care?**

If you have a reflex bowel, the aim of your bowel management programme is to produce a soft, formed stool that can be passed easily with minimal rectal stimulation. The bowel management routine usually starts with digital stimulation or a stimulant medication.

If you have a flaccid bowel, the aim of your bowel management programme is to produce a firm, formed stool that can be removed manually with ease and doesn't pass accidentally between bowel care routines. Bowel care doesn't usually require chemical stimulants because the response would be very sluggish.

### **What is manual evacuation?**

Manual evacuation aims to empty the rectum with a lubricated gloved finger, more properly described as "the digital removal of faeces". This procedure can be carried out either on the bed, commode or toilet. This procedure will be taught by a healthcare professional to suit your individual needs.

### **What is digital stimulation?**

Digital stimulation is a way to start the action of peristalsis within the colon, to start a bowel movement and to keep it going. This method uses a finger or a stimulant tool to relax and open the anal sphincter and to trigger peristalsis. Most SCI people need to start bowel care by stimulating the rectum to evacuate the stools, but if you have a high lesion you might need assistance in doing so. There is another method of rectal stimulation which relies on a pharmacological agent (a suppository or a mini-enema) to trigger the emptying of the left colon.

### **Are digital stimulation and manual evacuation dangerous?**

Digital stimulation and manual evacuation may trigger autonomic dysreflexia. The first time that either procedure is performed careful attention should be given to any signs suggesting autonomic dysreflexia and appropriate measures be taken. Manual evacuation that is performed forcefully on a person with impaired sensation can be associated with injury to the anal sphincters and in some people this may contribute to sphincter weakness. At every stage of digital stimulation it is important to use plenty of lubricant and to be gentle, as pushing or rotating a finger too roughly can irritate or tear the rectal lining. Make sure you have short nails. Both techniques should be learned under supervision and performed by fully-trained people. If performed carefully these techniques are very efficient and they are not dangerous.

### **Are there other ways to manage my bowel care?**

Your healthcare professional may suggest a number of tips or assistive techniques to improve your bowel care results.

The most common are:

#### **Abdominal massage**

May help move stool through the colon to the rectum. Massage with the heel of the hand applying gentle but firm pressure in a clockwise direction firmly over your stomach may help to stimulate your bowel. Before carrying out a bowel care routine you could try massage of your abdomen starting from the lower right side across the top and down to the lower left side, in a clockwise motion.

### **What should I know about side effects of medications?**

Medications can affect your bowel function and you should be aware of the possible side effects of any medication that you are prescribed. Some can help your body pass stool regularly, but others can make regular bowel movements more difficult e.g. painkillers and sleeping tablets will slow down bowel movements and may cause you to become constipated. Some antibiotics can have the directly opposite effect, giving loose motions and often causing diarrhoea. If you have any concerns about your medication you must consult your GP, they may be able to offer an alternative.

### **Why is activity level relevant?**

Try to keep as physically active as possible, even when in bed for long periods: this increases abdominal muscular tone and stimulates peristalsis. Abdominal muscle exercises may help peristalsis, if you can do them. Try to contract and relax your abdominal muscles by breathing in deeply and pushing or bearing down. Being as independent as possible in activities of daily living such as bathing, dressing, transferring from your wheelchair etc. will help in providing regular exercise.

### **Why should I watch what I eat?**

Diet plays a very important role in establishing a good bowel routine. Frequency of bowel emptying and stool consistency is directly related to the quantity and quality of foods eaten. What you eat and drink will affect your bowel movements. Stool consistency is often a key factor in the success or failure of a bowel programme. An important part of your diet is the amount of fibre you eat. Foods that have a lot of fibre can absorb and retain liquids and help make your stool more soft and easy to pass. Try to eat well-balanced meals at regular times each day. Once the right balance is established, the need for medication might be reduced and bowel management can become easier. For more information about diet and healthy bowels read our fact sheet on Diet and Exercise.



## Appendix 1 - Sample Bowel Diary

Date	Aperients	Start time	Finish Time	Bowel result	Comments
	Time, dose; Bulking agent Rectal stimulation Laxative			Circle appropriate answer	Assistive technique Diet, fluid intake Current medications
				Planned Accidental  <b>Result:</b> Very good Adequate Unsatisfactory  <b>Amount:</b> Small Medium Large  <b>Consistency:</b> Rock-hard Normal Loose Watery	

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The Spinal Injuries Association (SIA) is the leading national user-led charity for spinal cord injured (SCI) people. Being user led, we are well placed to understand the everyday needs of living with spinal cord injury and are here to meet those needs by providing key services to share information and experiences, and to campaign for change ensuring each person can lead a full and active life. We are here to support you from the moment your spinal cord injury happens, and for the rest of your life.

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With your help, we can provide the right support to spinal cord injured people and their families and friends so they can enjoy a full and independent life after injury. Your donation today will go towards changing someone's life.

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