



BOWEL MANAGEMENT (PART 2)

Part 2

What is the goal of medications in my bowel management programme?

The goal of medications as part of your bowel management programme is to:

- Assist other techniques of bowel care
- Help to maximise confidence, independence and convenience
- Maintain a good quality of life
- Prevent complications such as constipation, impaction, leakage.

You will learn, by trial and error what medicines you need to make your bowel programme work for you. Your GP and Spinal Consultant will try to avoid prescribing too many medications. Before taking any medications regularly, discuss the effectiveness and convenience with your healthcare professional, this will help you to use the medications safely and get the best results.

What are laxatives?

Laxatives are medications taken by mouth to help move stool through your gut or to relieve constipation. Different types of laxatives act in different ways; some act by irritating the bowel, which in turn makes the bowel contract. Side effects of laxatives include bloating, production of gas and abdominal cramps and some affect the absorption of other medications. They are usually taken 8-12 hours before the planned procedure. Getting the dose right of some laxatives can be difficult. If after two to three weeks you are experiencing problems, check with an experienced healthcare professional.

Types of laxatives are:

- Lubricants and Stool Softeners; soften the stool making it easier to pass and helps prevent the stool becoming dehydrated.
- Bulk-forming agents; are high in fibre, which is not digested, helps by absorbing water in the intestine and make the stool softer. Normally taken as a drink. It is important to maintain a good intake of fluids if choosing this option.
- Osmotic; soften the stool by increasing the amount of water in your bowel making the stool easier to pass.
- Oral Stimulants; irritants the lining of the colon, stimulating the normal wave-like contractions of the bowel and propels stool.

What are suppositories?

Suppositories are solid, usually in a bullet-shaped form of medication, which are inserted into the rectum to stimulate a bowel movement. They have to be inserted between the stool and the rectal wall to have optimum effect. There are two main kinds of suppository in use for spinal cord injured people:

- Glycerin; acts as a mild local lubricant and irritant.
- Bisacodyl; (Dulcolax) acts by entering the blood stream via the lining of the rectum and induces a reflex bowel contraction by a local

irritation of the rectal wall. Bisacodyl is a stronger irritant than glycerin. Bisacodyl can slightly raise blood pressure in some people and sometimes causes headache or abdominal cramps.

Suppositories act in 15 to 30 minutes.

How do I give myself a suppository?

Remember to take great care when inserting suppositories:

Wash hands. Ensure that fingernails are trimmed, as they can puncture the glove and damage the rectum.

If you are using the toilet, as most with paraplegia and low-level tetraplegia do, insert the suppository when on the toilet.

If you are having an evacuation whilst in bed, the suppository should be inserted while lying on the left side with knees raised a little towards the chest. Separate the knees with a pillow and ensure that adequate protection to the bedding is used.

Insert a gloved finger with plenty of lubrication (e.g. K-Y jelly) as this prevents damage to the delicate bowel lining.

Take off the wrapper and coat the suppository with the lubricant. Use plenty of water-based lubrication. Oil-based products, such as petroleum jelly or Vaseline, can prevent medications from working.

Remove any stool that is in the rectum. The suppository has to be inserted between the stool and the rectal wall to have optimum effect. If you put the suppository in the faeces, it will not work.

Insert suppository using lubrication, gently and correctly as high as you can and place it right next to the rectal wall.

Wait about five to 15 minutes for the medication to work. If you pass gas or some stool, it's a sign that the stimulant is beginning to work.

Once the bowel has emptied as much as it can automatically, then it is advisable to check the rectum for any remaining faeces. Do this until the rectum is empty.

If after waiting 30 - 45 minutes you have had little or no results, you may need to do digital stimulation.

A suppository inserter may be the answer if you wish to be independent in your routine and manual dexterity is a problem.

What is an enema?

An enema is a quantity of fluid infused into the rectum through a tube passed into the anus. Enemas are usually not recommended for long-term use. If you must use an enema, use a micro-enema such as Microlax. Their volume is much smaller and they are gentler on the bowel. If possible try to avoid using large volume enema. This does not mean they should never be used, but always be cautious.

There are several dangers associated with giving enemas to a paralysed person:

- Due to lack of sensation, there is no feeling during insertion of the tube and there is a risk of pushing too hard on the wall of the rectum and perforating the bowel.

- If haemorrhoids are present, especially internally, these can be damaged and cause rectal bleeding.
- The anal sphincters may be overstretched and lose their elasticity.
- Large volume enemas, such as phosphate or arachis oil, can cause autonomic dysreflexia.
- If the fluid inserted is too hot, the bowel lining may be burnt.

Points to note if an enema is necessary:

- It is better to lie on your left side
- Use a well lubricated rectal catheter
- **NEVER PUSH THE CATHETER AGAINST RESISTANCE.**
- Fluid must be introduced slowly, use the gravity of the bag more than a syringe and not more than 500ml at a time
- A rectal check should be performed frequently and if necessary manual evacuation done.

At the right time enemas are invaluable, but used inappropriately they can cause more problems than they solve.

Another way to manage your bowel care is by using an Anal Irrigation System. You can find out more information about Anal Irrigation Systems, and if these would be appropriate, by discussing with a healthcare professional.

Possible Problems and Complications

What should I do if my bowel programme is not working or if I have a delayed result with my bowel care?

People with SCI need to stick with a regular schedule and technique of bowel care. This will help you:

- Eliminate enough stool with each bowel care session at regular and predictable times
- Prevent or cut down bowel accidents
- Make bowel care go smoothly
- Allow you to finish your bowel care within a reasonable time
- Keep bowel-related health and other problems to a minimum.

Missed bowel care can contribute to build-up of excessive stool that becomes dryer and more difficult to pass. This can overstretch the colon, reducing the effectiveness of peristalsis and resulting in longer bowel care with poorer results. You need to take advice from a suitably qualified healthcare professional.

You and your healthcare professional can work together to design a bowel programme that fits your needs. You will have to revise your bowel programme over time, but keeping a regular schedule for doing bowel care at a regular time is one of the best things you can do for your health and well-being after SCI.

What kind of problems should I be aware of?

If you are suffering from an illness for example bout of flu, a cold, or an infection your bowel function may be affected. Seek medical advice. If you are having problems sticking with your bowel programme, tell your healthcare professional and talk through your issues. You may need investigations and tests to help your medical team make a diagnosis and start treatment if this is necessary. It is important when changing your bowel programme to only change one component at a time so that each change can be evaluated.

What kind of complications should I be aware of?

- Autonomic dysreflexia – for full details see the fact sheet Autonomic Dysreflexia
- Blood in your stool or on your clothes
- Change in the colour of your stool if it becomes lighter, red, or black
- Delayed results from bowel care or inadequate stool results after two bowel care sessions
- Difficulty in evacuation; this may be due to constipation or worse impaction
- Prolonged bowel care, that is lasting more than 1 hour
- Chronic diarrhea, that is 2-3 loose stools in a 24 hour period for longer than 3 weeks.
- Unplanned evacuation (bowel accident) more than once a week
- Too much gas or a bloated feeling
- Haemorrhoids (piles)
- Pressure sores.

You may be able to take care of most problems yourself but seek advice from a spinal healthcare professional if you are still concerned.

What can cause bowel accidents?

You may experience 'bowel accidents' from time to time. Even with the most reliable bowel programme, things can go wrong. This is usually temporary but all the same can cause inconvenience and embarrassment and cause you concern:

- Sudden change in the time of day of your normal routine
- Not checking if your rectum is empty
- Illness, for example a cold, or bacterial infection
- Sudden change in diet, this can happen when you go on holiday
- Side effects of certain medications for example certain antibiotics.

A bowel accident may be as little as a stain on your underwear, leakage or loss of a full motion. Subtle messages from your body might precede an accident or indicate that bowel care is needed, these include; sweating, goose bumps, a sense of fullness in the stomach or a general feeling of restlessness.

What can I do if I experience bowel accidents?

Be aware that faecal impaction is a collection of hard stool plugging the rectum which may allow liquid to pass. This is called overflow diarrhoea. Consider more frequent digital stimulation, using a stronger rectal stimulant or taking a laxative.

If you are unable to find an underlying cause for your bowel accidents and / or you are unable to resolve the problem, seek advice from your healthcare professional.

Keep a change of clothes, just in case, in a bag. The bag might contain some toilet paper, moist wipes, gloves, a pad, clean underwear, loose-fitting pants, a waterproof pad, and a plastic bag for storage of soiled clothes. Disposable underwear might be an alternative when you know you will be far from a toilet for a long time, or away from home.

What can cause diarrhoea?

Diarrhoea is the frequent passage of unformed or liquid stool, usually defined as three or more times a day, as a result of increased activity of the bowel.

Causes of diarrhoea are:

- Taking too many laxatives
- Eating spicy or greasy foods especially if you are not accustomed to such foods
- Drinking excessive amounts of caffeine; drinks that contain caffeine include, coffee, tea, cocoa. Also some soft drinks, orange juice, and alcohol
- Severe constipation or impaction, causing overflow
- Viral infection, flu, or intestinal infection
- Some antibiotics which impair normal colonic flora
- Anxiety and stress.

Any of the following should be reported IMMEDIATELY to your healthcare professional:

- Severe diarrhoea that lasts more than three days
- Severe abdominal pain
- Severe dehydration, the symptoms include a dry mouth or lips, reduced urine output, or dark urine with a strong smell.

What you can do to treat diarrhoea

Consider if you need to reduce any of your oral aperients. You may still require your rectal stimulants.

Avoid foods that can irritate your bowel, such as spicy and greasy foods. Eat foods that help make your stools firm, such as whole grain breads, cereals, rice, or bananas.

Drink plenty of fluids, to try to replace what you are losing with the loose stools.

Make sure it is not a faecal impaction - your diarrhoea may be watery.

If you are taking antibiotics, try eating natural bio-yoghurt every day. If you have diarrhoea, don't stop taking the antibiotics but do call your healthcare professional.

It is important to prevent your skin becoming sore around the anus due to excessive passing of liquid stools and frequent washing. Keep it clean, wash it with very mild soap and thoroughly dry, as often as necessary.

What can cause constipation?

Constipation is a condition in which stool does not pass as often, as fast, as easily, or as completely as ideal. Less than normal amounts of stool for at least three days (and it is usually hard and dry); small or no bowel movements for 24 hours or three or more bowel care routines are sufficient to define constipation in SCI.

What are the main causes of constipation?

- Not following a regular scheduled bowel programme
- Not drinking enough fluids
- Not eating enough fibre
- Eating foods that can harden your stool, such as bananas and cheese
- Not getting enough exercise or prolonged bed-rest
- Side-effects of some medications
- Not taking a stool softener.

If you become constipated every few weeks, you may need to reconsider your bowel programme and diet.

What symptoms might I experience?

- Lack of appetite, nausea, or bloating
- Swollen or hard stomach
- Hard stools
- Loose or watery stools (see overflow diarrhoea)

What possible solutions will help avoid constipation?

- Stick to your bowel programme
- You can increase the frequency of your bowel care to daily
- Drink at least eight or nine glasses of liquid a day, that equates to two to three litres, provided this fits in with your bladder regime and you do not have a fluid restriction
- Eat a balanced diet that includes plenty of foods high in fibre
- Keep active
- Take a stool softener, bulk former, or laxative at least 8 hours before your bowel care.

Some people make the mistake of allowing themselves to become constipated, thinking that this will prevent bowel accidents and the need to attend to their bowels. In fact, constipation can cause bowel accidents, as it can result in overflow diarrhoea.

If you think you have faecal impaction, never wait more than three days without seeking medical attention.

If you experience abdominal pain, vomiting and severe dehydration, admission to hospital may be necessary for investigations and treatment.

Further reading

Guidelines for Management Neurogenic Bowel Dysfunction:

www.spinal.co.uk/product/guidelines-for-management-neurogenic-bowel-dysfunction/

Autonomic Dysreflexia:

www.spinal.co.uk/wp-content/uploads/2017/05/Autonomic-Dysreflexia.pdf

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Revised April 2017

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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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