BODY MATTERS

spinal injuries association
for life after spinal cord injury

BOWEL MANAGEMENT 1

FACTSHEET



This factsheet explains:

- Impact of SCI on bowel function
- Potential complications without a bowel routine
- Types of bowel dysfunction
- Assessment and bowel diary
- What is a bowel programme?
- What is bowel care?
- Risks and safety
- Supporting techniques
- Timing and routine
- Alternative or additional management options
- Factors influencing success

This factsheet is designed to support individuals living with spinal cord injury (SCI), along with their families and friends. It offers clear guidance to help individuals understand the clinical, psychological and social aspects of spinal cord injury, and to feel more confident navigating daily life, healthcare decisions and long-term wellbeing.

Introduction

One of the most significant changes in the way your body works after a spinal cord injury (SCI) is the loss of bowel control. The sensations that trigger a need to empty your bowel and control of the muscles that prevent this are lost. However, putting a bowel management routine in place allows most people to achieve a far better quality of life.

A bowel management routine will help avoid incontinence, constipation and other complications, such as:

- Headaches
- Bad breath
- Abdominal discomfort
- Flatulence
- Increased risk of autonomic dysreflexia (AD)
- Infections, e.g. bladder
- Bowel accidents and leakage
- Diarrhoea
- Moisture associated skin damage
- Haemorrhoids
- Anal fissures
- Prolapsed rectum

A personalised bowel management programme can help reduce the risk of experiencing these complications and improve your confidence in social and work situations by putting you back in control.

There is no single bowel management method to suit everyone. Experimenting with different techniques will help you find the one that best suits your needs and lifestyle. If you are experiencing problems, discuss this with your spinal injuries centre, SIA's nurse specialists, your GP or district nurse because there may be a medical reason behind the complications.

How does my bowel work after SCI?

Following SCI, the messages sent by the nerves in the bowel cannot reach the brain as they did before. This means that stools will pass more slowly through your gut, leading to constipation, and you will not get the message telling you it's time to go to the toilet.

Another change may be that you cannot control the muscle at the opening of your back passage, which relaxes and contracts when you have a bowel movement.

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

Two words to describe bowel type following SCI are: **reflex and flaccid**

Reflex bowel

Injuries above T12 level usually mean the bowel will continue to empty when stimulated. However, the sensation that indicates that the bowel is full is lost, and those messages carrying this information do not reach the brain.

The reflexes that partly control bowel movement are still present, meaning the muscles in your lower bowel, rectum and anal sphincter are still active, but you may have lost control of when they contract to empty the rectum. You or a carer may be able to trigger these contractions to empty your bowel at a convenient time. Ensuring the rectum is entirely empty is vital to avoid a bowel accident later in the day.

Flaccid bowel

Injuries at or below T12 level usually mean your bowel may not entirely empty, even when stimulated. The nerves between your bowel and spinal cord have been damaged, and the reflexes lost. Your rectum will continue to fill with faeces, which can leak out because the anal muscles stay relaxed.

Incomplete injuries

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

Designing a bowel routine

How will my bowel function be assessed?

A clinician must assess whether you have sensation and anal rectal contractions, so they can recommend the best type of bowel management interventions for you to follow.

A healthcare professional may ask you to keep a bowel diary, or bowel record, over 2 to 3 weeks to help find what works best for you. It is most helpful to keep a bowel diary in the first weeks after you leave hospital or when you are having problems and a few weeks before an 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 habits.

Every time you complete your bowel care routine, you will be asked to record details such as:

- Assistive techniques used (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 using the Bristol stool chart (hard, firm, soft, liquid) and colour (especially anything unusual)

Be sure to also list any other bowel problems, such as unplanned bowel movements, abdominal cramps, unexplained pain, rectal bleeding, gas or bloating. Include comments about your diet, especially the amount of fibre you eat and your daily fluid intake. Recording your activity level and listing all medications is also important. This information will help to assess and create a suitable bowel programme.

Sample bowel diary

Date	Aperients	Start time	Finish time	Bowel result	Comments
	Time taken and dosage Bulking agent Rectal stimulation Laxative			**Circle appropriate answer:** Planned Accidental **Result** Very good Adequate Unsatisfactory **Amount** Small Medium Large **Consistency** Rock hard Normal Loose/Watery	Assistive techniques Diet and fluid intake Medications taken

What is a bowel programme?

A bowel programme is a personalised plan designed to help you regain control of when your bowel empties after SCI. The programme aims to improve your quality of life.

Several factors are considered when establishing a bowel programme. These include:

- The time of day your bowel empties
- Your positioning (e.g. on the bed or over the toilet)
- Skin care
- Diet and fluid intake
- Level of activity
- Assistive techniques
- Current medications
- Likelihood of privacy

A bowel programme should be reviewed regularly to ensure it works well for you. A bowel care diary is a crucial part of this review. Keep your completed records in a notebook, folder or other handy place and take them with you when visiting healthcare professionals.

What is bowel care?

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

Digital stimulation triggers the passing of stools. A lubricated, gloved finger is inserted into the rectum and slowly rotated, always keeping contact with the rectal wall. This is usually done for 15 to 20 seconds before the finger is removed to see if any stools come out with it. Stimulation can be repeated every three to five minutes and up to six times until a bowel movement has been achieved.

Bowel care can include various other techniques. Medications can also be taken orally and with suppositories to help achieve a satisfactory stool evacuation.

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

Why is it essential to carry out good bowel care?

- To maximise independence
- To help maintain good health
- To prevent complications, such as constipation and diarrhoea, both of which can disrupt your daily routines
- To help prevent pressure ulcers and infections by keeping skin dry and intact
- To minimise bowel damage
- To help prevent AD
- To support positive self-esteem

Can I be independent in my bowel care?

Independence in performing bowel care depends on factors like the level of your SCI, whether it's an incomplete or complete injury, your general health, how strong you are and your weight.

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 undertake the necessary interventions. If you have a cervical injury at C6, C7 or C8, you may be able to achieve independence with the use of aids.

You may, however, decide to have support as it can take a long time or require too much energy that you'd rather reserve for other things. You will still need to manage your bowel programme regardless of who is performing your bowel care. That means watching what you eat and drink, your activity level, medication and your bowel care routine results. If you need help with bowel care, it's a good idea to learn the process so that you can supervise your own care.

Why is timing important for bowel management?

Once you are discharged from hospital, you will perform your bowel care in the morning or evening to fit in with your daily routine. District nurses are often involved, but it can be challenging to set up an exact time of visit. Performing bowel care at a regular and consistent time will train your bowel and help you become more confident.

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 faeces, causing constipation and impaction.

Work out the most convenient time of day for your lifestyle, considering work, school and social commitments. For example, if you get up early to go to work and have little time in the morning, you may find it best to arrange your routine in the evenings. If you need to alter your routine time from evening to morning or vice versa, a changeover can be made. Allow for a two-week readjustment period because your routine may not be so reliable.

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

You may have to take a laxative 8 - 12 hours before bowel evacuation. Our bodies change over time, so even if you have kept a regular bowel programme for years, it may stop working as effectively, and you might have to adapt your schedule.

How can I perform my bowel care?

If you have a reflex bowel, your bowel management programme aims to produce a soft, formed stool (Bristol stool type four) that can be passed easily with rectal stimulation. The bowel management routine usually starts with digital stimulation or a chemical stimulant.

If you have a flaccid bowel, your bowel management programme aims to produce a firm, formed stool (Bristol stool type three) that can be easily removed using digital removal of faeces or manual evacuation. This empties the rectum and prevents bowel accidents.

What is digital removal of faeces?

Digital removal of faeces (DRF) aims to empty the rectum with a lubricated, gloved finger. The procedure can be carried out either on a bed, commode or toilet and it should only be carried out once you have been taught by a healthcare professional.

What is digital rectal stimulation?

Rectal stimulation is a way to stimulate the reflex contractions of the rectum and anus. This method can be done using a finger or chemical stimulants, such as a suppository or micro-enema, to relax and open the anal sphincter and trigger peristalsis.

Are digital stimulation and manual evacuation dangerous?

Stimulation in the rectal area can, in some cases, trigger an autonomic response, such as sweating. The first time either procedure is performed, careful attention should be given to any signs suggesting this may lead to Autonomic Dysreflexia (AD) and appropriate measures taken. If there are no indicators of AD, there is no need to continue monitoring blood pressure during established routine bowel care.

Digital removal of faeces performed forcefully on a person with impaired sensation can be associated with injury to the anal sphincters and, in some people, may contribute to sphincter weakness.

Using plenty of lubricant is essential for any rectal intervention, as is being gentle because pushing or rotating a finger too vigorously can irritate or tear the delicate rectal lining. Ensure those performing interventions have short nails.

Both techniques should be learned under supervision and undertaken by fully trained people. If performed with care, these techniques are highly efficient and not dangerous.

Abdominal massage

This may help move stools through the colon to the rectum. Massaging the stomach with the heel of the hand, applying gentle but firm pressure in a clockwise direction, may help stimulate the bowel.

Try massaging your abdomen, starting from the lower right side, across the top and down to the lower left side, before carrying out a bowel care routine.

Are there other ways to manage bowel care?

If the above techniques are ineffective in preventing constipation and staying continent, speak with your healthcare professionals, who may suggest other tips or assistive techniques.

Transanal irrigation

Transanal irrigation is a technique where water is introduced through the rectum to flush faeces from the colon. Many products are available for this procedure, and you and your healthcare professionals should find one best suited to your needs.

Colostomy

Some people with SCI have surgery and have a colostomy formed, sometimes as a medical need or sometimes as a way of managing their bowel function. A colostomy is where a surgeon brings out part of the large bowel onto the surface of the abdomen and the faeces will pass into a bag attached to the abdomen.



What should I know about the side effects of medications?

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

Why is activity level relevant?

Being physically active helps support the movement of stools through the colon, so try to keep as active as you can. Keeping as independent as possible with daily living activities, such as bathing, dressing or transferring from your wheelchair, will help provide regular exercise.

Why should I watch what I eat?

Diet plays a significant role in establishing a good bowel routine. The frequency of bowel emptying and stool consistency is directly related to the quantity and quality of foods eaten. Essentially, what you eat and drink affects 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 containing plenty of fibre absorb and retain liquids to help make stools soft and easy to pass. Try to eat well-balanced meals at regular times each day. Once the right balance is achieved, the need for medication might be reduced and bowel management can become easier.

For more information about diet and healthy bowels, you can read SIA's factsheet on diet and exercise.

For more information, contact us at:
Spinal Injuries Association, SIA House, 2 Trueman Place,
Milton Keynes, MK6 2HH
0800 980 0501 *(freephone support line open Mon-Fri 10.00am-4.00pm)*
support@spinal.co.uk

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About SIA

Spinal Injuries Association (SIA) is the UK's leading charity for everyone affected by spinal cord injury. We provide free, specialist support to help you navigate the mental and physical challenges you may face now and throughout your life.

Our nationwide team can connect you with our trusted network of experts and partners, offering guidance on legal matters, care, housing, finance, mental health and more. You can reach our support line on **0800 980 0501**.

We are the voice of people with spinal cord injury. Through our expertise we can connect you to the services and organisations you need through our network for all. Join the SIA community for free at **www.spinal.co.uk**

Tell us what you think
If you have any comments about our publications, you can email **academy@spinal.co.uk**

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