BODY MATTERS

spinal injuries association
for life after spinal cord injury

BOWEL MANAGEMENT 2

FACTSHEET



This factsheet explains:

- **Purpose of medication in a bowel management routine**
  - **Laxatives**
  - **Rectal Stimulants**
  - **Suppositories**
  - **Enemas**
  - **Transanal Irrigation**
  - **Anal Inserts**
- **Possible problems and complications**
- **Bowel accidents**
- **Diarrhoea**
- **Constipation**

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.

How can medications help a bowel management routine?

Medications in a bowel management routine aim to:

- Stimulate the movement of stools through the colon
- Soften stool consistency
- Prevent complications, such as constipation, impaction and leakage
- Attempt to achieve predictability around when your bowels open

Trial and error will help you learn what medicines you need to make your bowel routine work for you. Your GP and spinal consultant will try to avoid prescribing too many medications. Before starting regular medications, discuss the effectiveness and convenience with your healthcare professionals to make sure that you use them safely and get the best results.

What are laxatives?

Laxatives are medications taken by mouth to help move stools through your gut or relieve constipation. They are usually taken 8 -12 hours before any planned procedure. Taking the right dose can sometimes be difficult, so if you are having problems after 2 - 3 weeks of use, speak with a healthcare professional.

Types of laxatives include:

- **Lubricants and stool softeners.** Soften the stool, making it easier to pass, and help prevent stools from becoming dehydrated
- **Bulk-forming agents.** High in fibre, which is not digested, help absorb water in the intestine and make the stool softer. Normally taken as a drink. Drinking plenty of fluids is essential if choosing this option
- **Osmotic.** Soften the stool by increasing the amount of water in the bowel, making the stool easier to pass
- **Oral stimulants.** Irritate the lining of the colon, stimulating the wave-like contractions of the bowel and propelling stool

What are rectal stimulants?

These are medications inserted into the rectum to lubricate the stool and initiate contractions in the rectal anal muscles to help the evacuation of stools. They can be in the form of suppositories or liquid enemas.

Suppositories

Suppositories are a medication within a carrier substance solidified into a bullet-shaped form. Once inserted into the rectum, the carrier substance will melt – usually taking 20 - 30 minutes – and allow the medication to make contact with the rectal wall to stimulate contractions. They must contact the rectal wall to be effective, so it should be inserted between the stool and the wall.

Various suppositories are available. If one type doesn't work, it does not mean another will not be effective. Suppositories can be bought at a chemist, but it is best to discuss what type may be most effective for you with a specialist health care professional.

How do I give myself a suppository?

Remember to take great care when inserting suppositories. Some things to remember:

- Wash hands and use appropriate gloves
- Ensure fingernails are trimmed as they can puncture the glove and damage the rectum
- Take off the wrapper and coat the suppository with a lubricant. Water-based lubricants are a good option because oil-based products, such as petroleum jelly or Vaseline, can prevent medications from working
- The suppository should be gently inserted while lying on your left side with your knees raised slightly towards your chest. Separate the knees with a pillow. Ensure any bedding used is protected
- Insert the suppository as high as you can and place it next to the rectal wall
- Wait 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
- If, after waiting for between 30 and 45 minutes, you have had little or no results, you may need to perform digital stimulation

What is an enema?

An enema is a quantity of liquid infused into the rectum through a tube passed into the anus. There are different enemas that contain medications in different volumes. A low volume enema is recommended for people with SCI. Discussions with a specialist healthcare professional will help you decide the best one for you.

Transanal irrigation

Transanal irrigation introduces water via the anus into the rectum and colon to flush out stools. Many products are available to allow this procedure to be undertaken at home, but this method should first be discussed with and taught by a healthcare professional.

Anal inserts

Anal inserts can be helpful if you are undergoing a change to your bowel routine or need the extra assurance of not having a bowel accident. They are inserted into the anus and act as a plug to prevent faecal leakage. They usually stay in place for 12 hours. This treatment is typically used only in the short term and is only available on prescription following discussions with healthcare professionals.

Possible problems and complications

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

People with SCI must keep to a regular bowel care schedule and technique. This will help you:

- Get enough stool out with each bowel care session, at regular and predictable times
- Prevent or cut down bowel accidents
- 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 an excessive stool build-up that becomes dry and difficult to pass. This can overstretch the colon, reducing the effectiveness of peristalsis and resulting in longer bowel care with poorer results. Speak to a healthcare professional if you are having problems.

You and your healthcare professionals can work together to design a bowel routine that fits your needs. You will likely have to revise your bowel routine over time but keeping to a regular bowel care schedule at a set time is one of the best things you can do for your health and wellbeing after SCI.

What bowel management problems should I be aware of?

If you are suffering from an illness (for example, flu, a cold or an infection) your bowel function may be affected. Seek medical advice if you are unwell.

If you have problems keeping to your bowel routine, speak with a healthcare professional to discuss any issues. You may need investigations and tests to help your medical team make a diagnosis and start treatment. When changing your bowel routine, it is important to change only one part at a time so that each change can be evaluated.

What kind of complications should I be aware of?

- Autonomic Dysreflexia (AD) – for full details, see the **AD fact sheet**
- Blood in the stool or on clothes
- Change in stool colour, for example, 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 impaction
- Prolonged bowel care, lasting more than an hour
- Chronic diarrhoea, which is two to three loose stools over 24 hours for longer than three weeks
- Unplanned evacuation (bowel accident) more than once a week
- Too much gas or a bloated feeling
- Haemorrhoids (piles)
- Moisture-associated skin problems

Seek advice from a specialist healthcare professional if you are still concerned.

What causes bowel accidents?

Bowel accidents can happen from time to time, and things can go wrong even with the most reliable bowel routine. This is usually temporary but can still cause inconvenience, embarrassment and concern. Factors that increase the risk include:

- Sudden change in the time you do your usual 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, such as antibiotics

A bowel accident can be 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, goosebumps, your stomach feeling full or a general feeling of restlessness.

What can I do if I experience bowel accidents?

Faecal impaction can cause bowel accidents. This is because it is a collection of hard stools plugging the rectum, which may allow liquid – known as overflow diarrhoea – to pass. Consider more frequent digital stimulation, using a more potent rectal stimulant or taking a laxative.

If you cannot find an underlying cause for your bowel accidents and are unable to resolve the problem, seek advice from a healthcare professional.

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

What causes diarrhoea?

Diarrhoea is the frequent passage of unformed or liquid stool three or more times a day because of increased activity of the bowel. The causes of diarrhoea include:

- Taking too many laxatives
- Eating spicy or greasy foods, especially if you are not used to them
- Drinking a lot of caffeine. Drinks that contain caffeine include coffee, tea and cocoa. Some soft drinks, orange juice and alcohol can have a similar effect
- Severe constipation or impaction, causing overflow
- Viral infection, flu or intestinal infection
- Some antibiotics that change the normal flora of your colon
- Anxiety and stress

Any of the following should be reported to a healthcare professional immediately:

- Severe diarrhoea that lasts more than three days
- Severe abdominal pain
- Blood in the stool (this can present as black stool)
- Severe dehydration. Symptoms include a dry mouth or lips, reduced urine output, or dark urine with a strong smell

Treating diarrhoea

- If you are experiencing diarrhoea, consider reducing any oral aperients (a drug used to relieve constipation) you take, but you may still need rectal stimulants
- Avoid foods that can irritate the bowel, such as spicy and greasy foods. Eat foods that help make your stools firm, such as wholegrain bread, cereals, rice and bananas
- Drink plenty of fluids to replace what you are losing with the loose stools
- Make sure it is not a faecal impaction – this can make diarrhoea watery
- If you are taking antibiotics, try eating natural bio-yoghurt every day. Don't stop taking the antibiotics but do call a healthcare professional
- Preventing the skin around the anus from becoming sore is really important when passing excessively liquid stools and washing often. Keep the skin clean, wash with mild soap and dry thoroughly as often as necessary

What can cause constipation?

Constipation is when:

- A stool does not pass as often, fast, easily or completely as ideal
- Less than normal amounts of stool for at least 3 days (and it is usually hard and dry)
- Small or no bowel movements for 24 hours (three or more bowel care routines are sufficient to define constipation in people with SCI)

What are the leading causes of constipation?

- Not following a regular scheduled bowel routine
- 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 being on prolonged bed rest
- Side-effects of some medications
- Not taking a stool softener

What symptoms might I experience?

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

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



What solutions are there for constipation?

- Stick to your bowel routine
- You can increase the frequency of your bowel care to daily
- Drink at least 8 - 9 glasses of liquid a day (2 – 3 litres), as long as this fits in with your bladder regime and you do not have a fluid restriction
- Eat a balanced diet that includes plenty of high-fibre foods
- Keep active
- Take a stool softener, bulk former or laxative at least eight hours before 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 because it can result in overflow diarrhoea.

If you think you have faecal impaction, never go more than 3 days without seeking medical attention. If you experience abdominal pain, vomiting and severe dehydration, hospital admission may be necessary for investigations and treatment.

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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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This publication has been reviewed for accuracy and updated by:
- **our Clinical Team**
- **our Health & Care Advisory Group**

Review date: November 2027
Charity No: 1054097