

PROBLEM SOLVING

1. **Is the faeces too soft?**
(Ineffective Emptying)
 - a. Consider reducing Coloxyl
 - b. Consider the frequency of the routine
 - c. Consider increasing dietary fibre
 - d. Consider adding Metamucil

2. **Is the faeces too hard?**
 - a. Consider the effect of other medications.
 - b. Is fluid intake adequate?
 - c. Consider dietary options to soften stool.
 - d. Increase Senna
 - e. Increase Coloxyl
 - f. Consider prn dose of Lactulose.

3. **Is the faeces watery?**
 - a. Consider the effect of other medications
 - b. Consider diet.
 - c. Consider bacterial infection
 - d. Consider potential for overflow.

4. **Accidents prior to planned routine.**
 - a. Decrease Senna
 - b. Take senna later.
 - c. Consider the regularity of the accidents - e.g. May need BD routine for LMN patients.

5. **Accidents after planned routine time.**
 - a. Take Senna earlier.
 - b. Consider the regularity of the accidents - e.g. May need to alter routine frequency.

Medications for Bowel Management

<u>Oral Medications</u>		<u>Action</u>
Coloxyl	Tablet	Softening agent
Coloxyl /senna	Tablet	Softening agent & Bowel stimulant
Senokot	Tablet / Granules	Bowel stimulant
Agarol	Liquid	Laxative
Metamucil	Powder	Bulking agent
Cisapride	Tablet	Motility agent
<u>Enemas /Suppositories</u>		<u>Action</u>
Bisolax	Enema	Lubricant & Rectal stimulant
Microlox	Enema	Lubricant
Durolox	Suppositories	Rectal stimulant
Coloxyl	Suppositories	Softening agent

Oral medications (taken by mouth) should be taken ~ 10-12 hours before suppositories or enemas are used.

Rectal medications (enemas or suppositories inserted into the rectum) should be taken ~ 30 minutes before evacuation.

Bowel therapy must be performed at least 3 times per week to avoid constipation.

Note: Regular review is the key to a successful bowel programme. Only one change should be made at a time and each change should be given time (at least one week) to take effect before making new changes.



Revised January 2006

"Bowel Management following SCI"

INFORMATION FOR PEOPLE WITH SPINAL CORD INJURY

Bowel Management following Spinal Cord Injury



www.health.qld.gov.au/gscis

For further information please contact:
The Spinal Injuries Unit
Princess Alexandra Hospital
Phone: (07) 3240 2641



After spinal shock passes the digestive system (BOWEL) starts to work again.

- the stomach and small intestine work as before the injury
- the large intestine is often slow
- the feeling of fullness in the rectum and ability to control evacuation may be lost.

Goals of Bowel Management

1. To achieve regular, dependable, effective and efficient emptying (evacuation) of the lower bowel.
2. Prevent incontinence (accidents)
3. Prevention of constipation / impaction
4. Minimal use of medications such as laxatives (this is often not easy), balanced diet and fluid intake very important.
5. Prevention of the long term complications

Factors that Effect Bowel Management

Following your spinal cord injury, bowel evacuation will not happen in the same way as before.

YOUR BOWEL NEEDS TO BE TRAINED TO EMPTY WHEN YOU WANT IT TO ON A **DAILY OR SECOND DAILY BASIS**

The following factors may effect bowel management:

1. **Previous bowel habit**
 - did you go every day or every second day or twice a day ?
2. **Routine timing**
 - it is important to attend to your bowel program **at the same time each day**
 - regular meals, bowel medications and enemas at same time each day
 - this helps your bowel to get into a regular pattern
3. **Balanced diet**
 - high fibre in the diet is very important e.g. fruit, vegetables, bran, wholemeal bread.

4. Fluid intake

- at least 1.5 - 2 litres per day
- this helps to avoid constipation
- alcohol may affect your bowel routine

5. Positioning

- upright on the toilet or commode if possible
- abdominal massage may sometimes help

6. Activity / exercise

- any kind of activity will helps with bowel management
- bed rest promotes constipation

7. Gastro-colic reflex

- eating and/or drinking can sometimes stimulate the bowel to evacuate.
- have a hot drink or food at least 15 - 30 minutes prior to bowel therapy

8. Level of function

- most people who have good enough hand function and balance will be taught to perform their own bowel care.