

## C1-C7

- Usually a UMN injury.
- Plan a daily AM routine to begin, with a view to 2<sup>nd</sup> daily once established.
- **Oral Meds:**
  - Coloxyl – 50mg BD
  - Senna – 2 Tabs at 1800hr
- **PR Meds 8am:**
  - 1-2 Durolox Suppository
- **Consider:**
  - May need Digital stimulation

## T1 – T12

- Usually a UMN injury
- Plan a daily AM routine to begin, may change to 2<sup>nd</sup> daily once established.
- **Oral Meds:**
  - Coloxyl – 50mg BD
  - Senna – 2 Tabs at 1800hr
- **PR Meds 8am:**
  - 1-2 Microlax Enemas

## T12 and Below

- Usually a LMN injury
- Daily or BD routine
- **Oral Meds:**
  - Metamucil – BD
- **PR Meds 8am:**
  - 1 Microlax Enema
- **Consider:**
  - Must be drinking plenty of water.
  - May need to do manual evacuation.

*Please note: The above information is only provided as a starting point and regular review is the key to a successful 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.*

## 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.



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"Bowel Management following SCI"

## Information for Health Professionals

# Bowel Management

following

# Spinal Cord Injury



[www.health.qld.gov.au/gscis](http://www.health.qld.gov.au/gscis)

For further information please contact:

The Spinal Injuries Unit  
Princess Alexandra Hospital  
Ipswich Rd, Woolloongabba, QLD, 4102

Phone (07) 3240 5061  
Fax (07) 3240 5644

Neurogenic Bowel dysfunction is just one of the many problems which individuals face after spinal cord injury. It often presents as:

- Delayed colonic transit
- Impaired defecation reflex
- Impaired rectal sensation

### **The Objectives of a Bowel Management Routine are:**

1. To achieve social continence
2. Effective and predictable emptying
3. Regular emptying to avoid complications  
e.g Constipation and Diarrhoea

In order to develop and maintain an effective routine the faeces should be:

1. **The right Consistency**
2. **The right Amount**
3. **In the right Place**
4. **Emptying at the right Time**
5. **Initiated by the right Trigger**

There are many factors that can affect a Bowel Management routine:

#### **1. Pre-Injury Habit**

How often did the patient have their bowels open before their injury?

#### **2. Level of Injury**

The level of injury will affect how the bowel will work. (See chart over page)

#### **3. Level of Function**

The patient's level of function will determine how they participate in their routine.

#### **4. Fluid Intake**

Adequate fluid intake is important to avoid constipation. Aim for 2 Litres per day.

#### **5. Diet**

A balanced diet is important. Remember certain foods can affect stool consistency.

#### **6. Gastro-colic Reflex**

Eating and drinking can stimulate the bowel to evacuate. This is strongest in the morning about 30mins after food.

#### **7. Positioning**

An upright position on a shower chair or commode is best. Patients on bed rest may take longer for bowel evacuation. Abdominal massage may assist.

### **BOWEL ROUTINE**

After Spinal Cord Injury the Bowel may function in different ways dependent on the type of injury. Most commonly patients will fall under one of two categories; Upper Motor Neurone (UMN) or Lower Motor Neurone (LMN).

### **SPINAL SHOCK**

Whilst the patient is in spinal shock the bowel may function differently. For this reason an acute management routine has been devised.

**Note: Patient must be able to tolerate a full diet and have bowel sounds before commencing a routine. Otherwise perform a daily PR check and manual evacuation as needed.**

#### **Oral Medications 8pm:**

1 to 3 Senna Tablets

#### **PR Medications 8am:**

1 to 2 "Enemax" Enemas

*Please note: During this time some patients may still require a manual evacuation to assist with completing bowel motion.*

Once spinal shock has resolved and the patient is able to tolerate extended sitting periods for bowel care, the routines are based on level of injury (functional potential to attend own routine) and the type of bowel (UMN or LMN).