

# What's involved in a Bowel Motion? Strategies to Improve Bowel Function

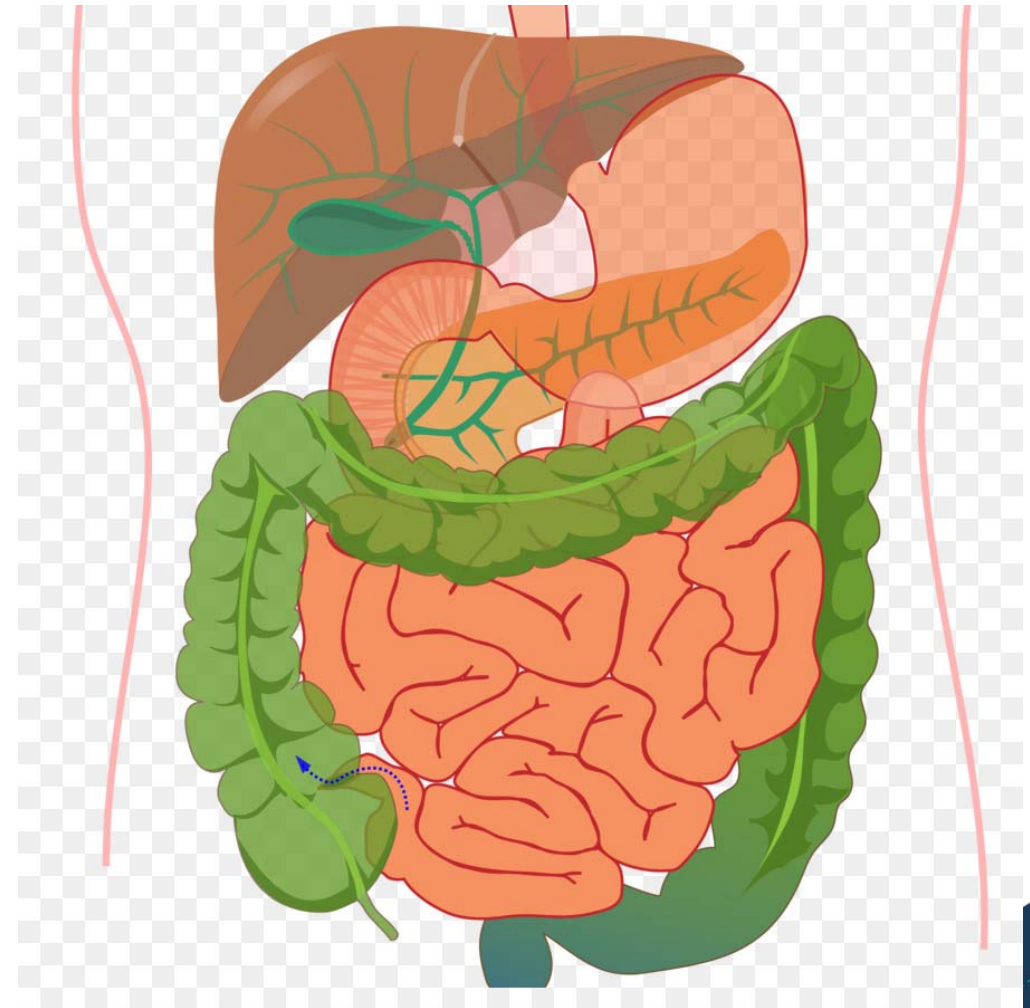
MASS Webinar 25/5/2021



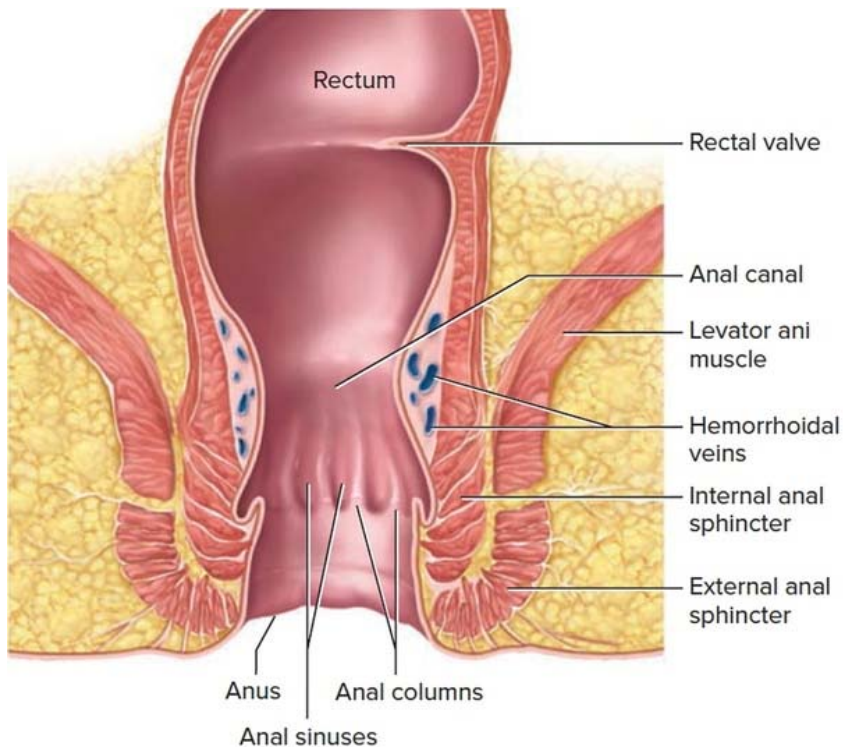
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# Gastrointestinal Tract

- Mouth
- Oesophagus
- Stomach
- Duodenum
- Small intestine
- Large intestine / sigmoid
- Rectum
- Anus



# Anorectal Anatomy



Anal canal

- Internal anal sphincter has a high % of slow twitch muscle fibres. Good endurance. No voluntary control. Provides 70% of resting tone of anus.
- External anal sphincter gives voluntary control – can be used when need extra support; hold wind / urgency.



# RAIR

- Rectoanal Inhibitory Reflex
- “Sampling reflex”
- Transient involuntary relaxation of the IAS in response to distention of the rectum
- The anus has the ability to then discriminate between gas, liquid and solid which is crucial to continence and to controlling defaecation.
- RAIR allows voluntary passage of wind without passing solids.



# Defaecation – what is normal?

Call to stool – urge, not urgency

Frequency of bowel motion: from 3/day to 3/week

A few minutes

Minimal effort

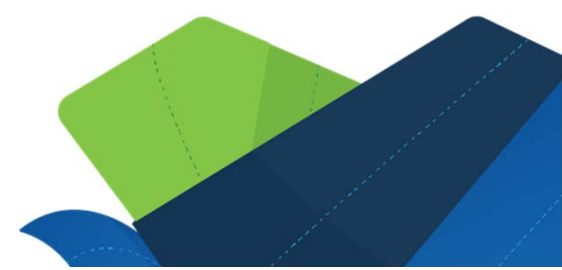
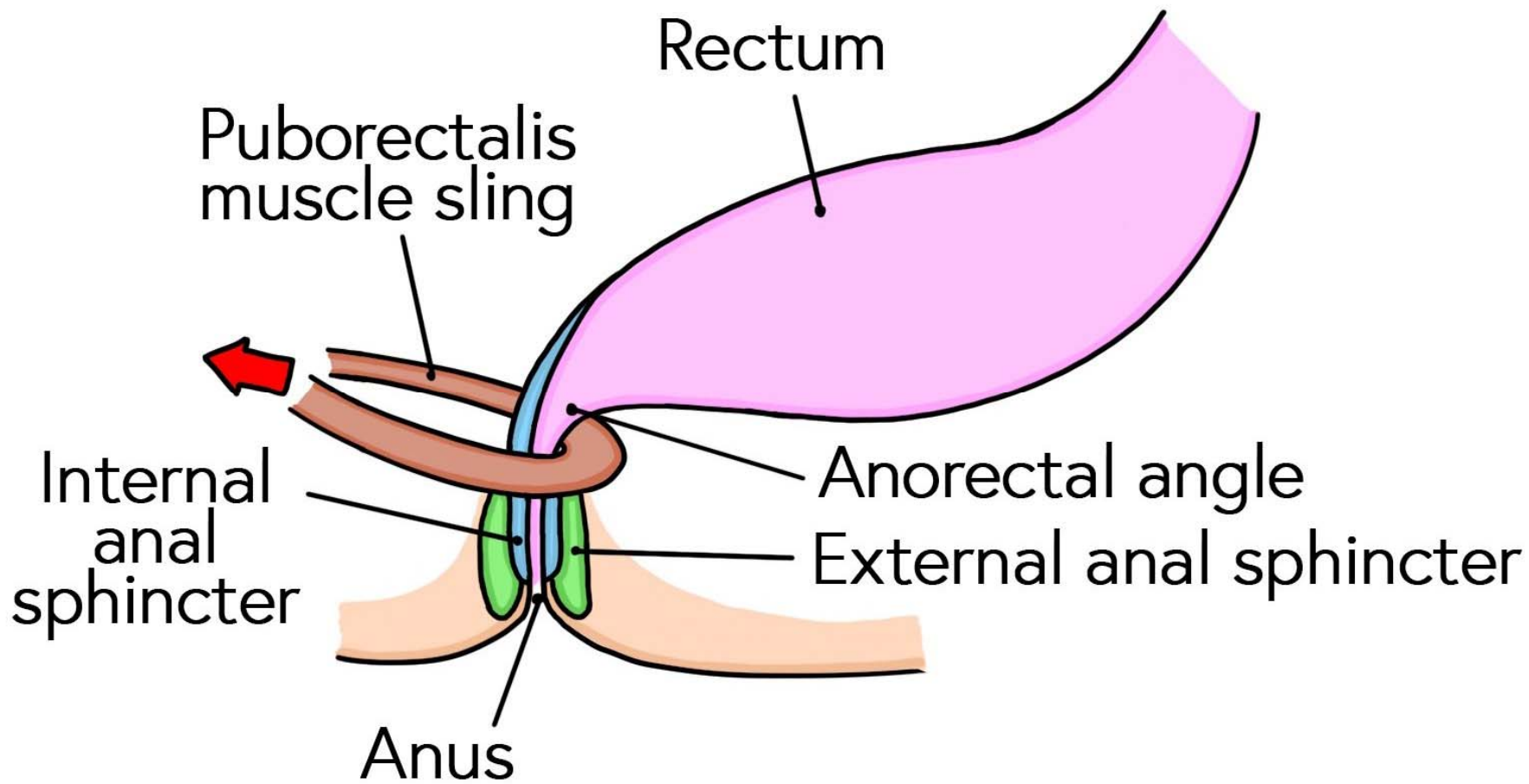
Bristol SFS 3-5

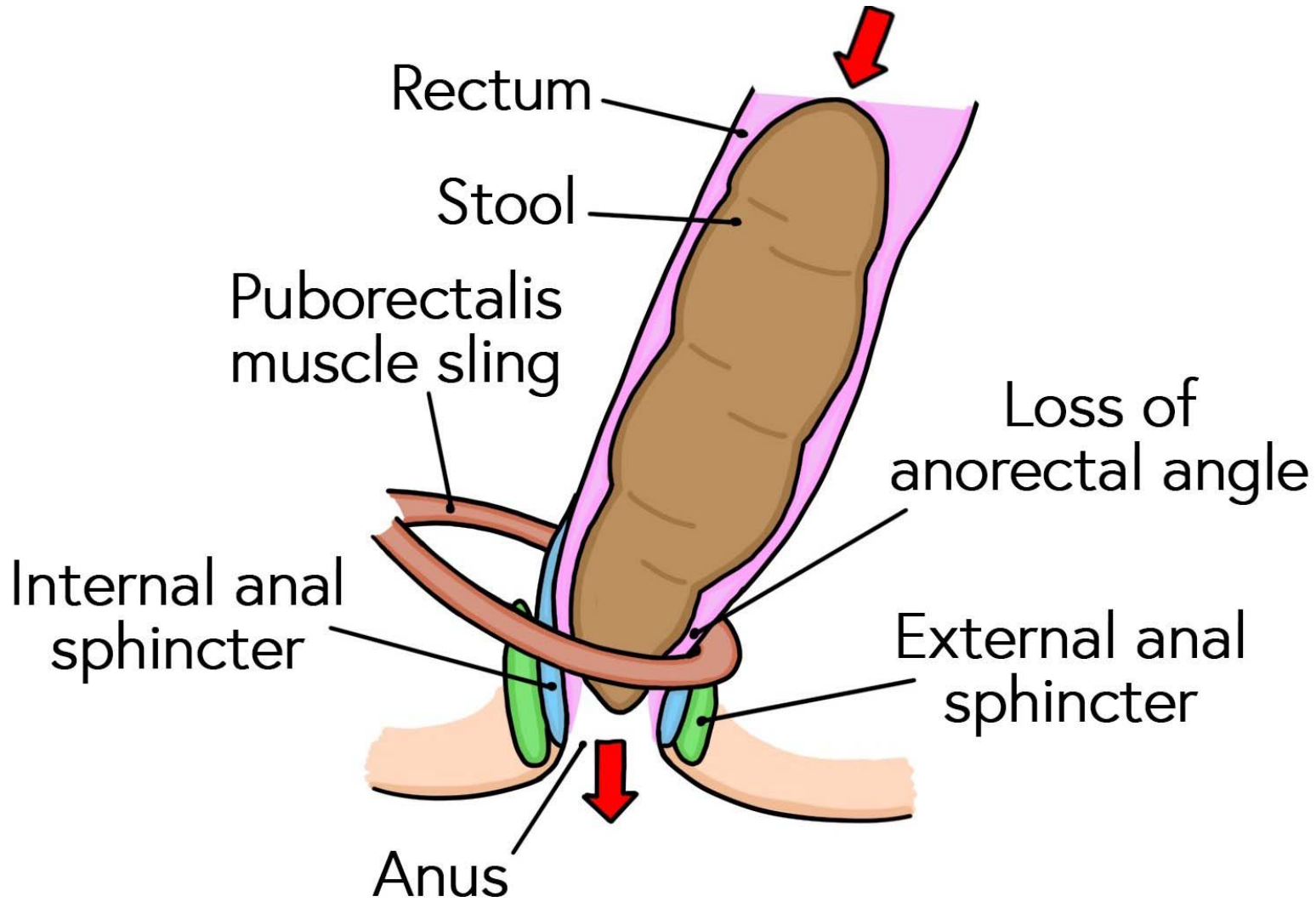
Painless

Satisfied, complete emptying

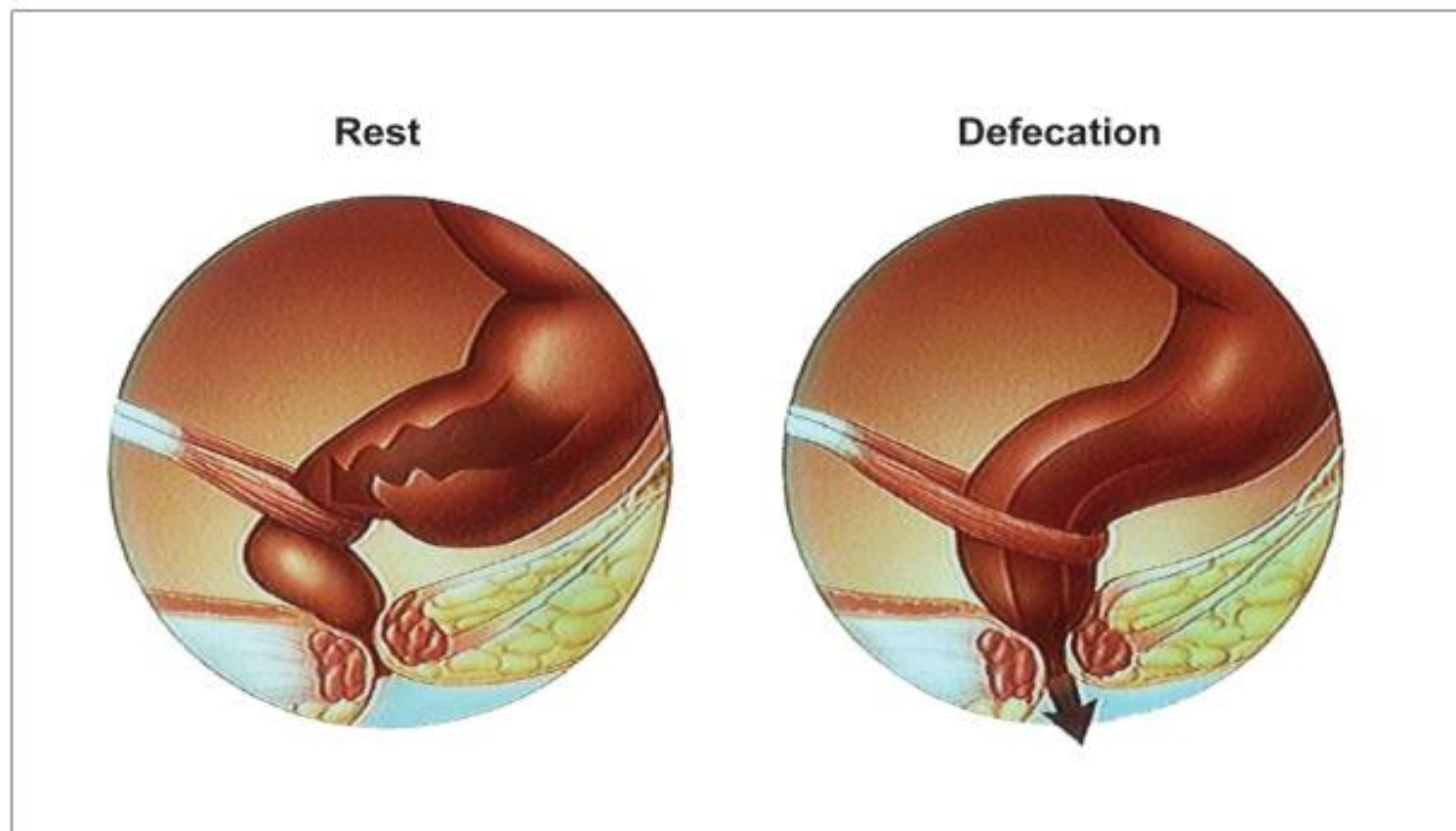
Full control over solid, liquid and flatus







Gastroenterol Hepatol (N Y). 2008 November; 4(11): 807–817.  
PMCID: PMC3104390 Management of Fecal Incontinence  
[Adil E. Bharucha](#), MBBS, MD



# Types of Faecal Incontinence

- Urge faecal incontinence
- Post-defaecation faecal incontinence
- Overflow faecal incontinence
- Functional incontinence including mobility limitations, dressing, fine motor issues, toilet access



# Urgency; post-defaecation leakage



POSTERIOR ← ANTERIOR

THE BRISTOL STOOL FORM SCALE		
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

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# Physiotherapy Management options

## Education

- Anatomy and function
- Good bowel habits
- Aperients regime
- Reassurance
- Need for continence aids if required

## Defaecation training



# Physiotherapy Management options

## Pelvic Floor Muscle Training

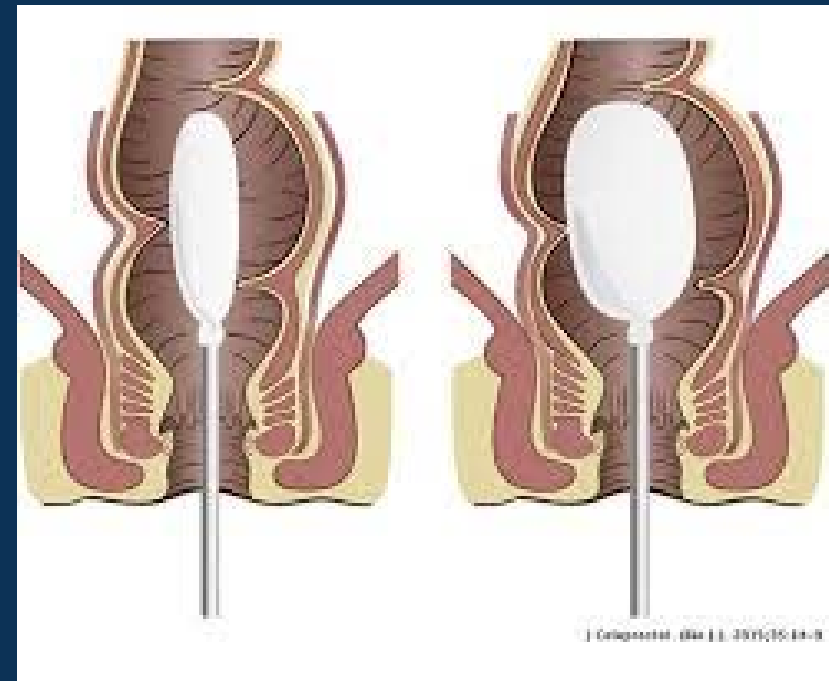
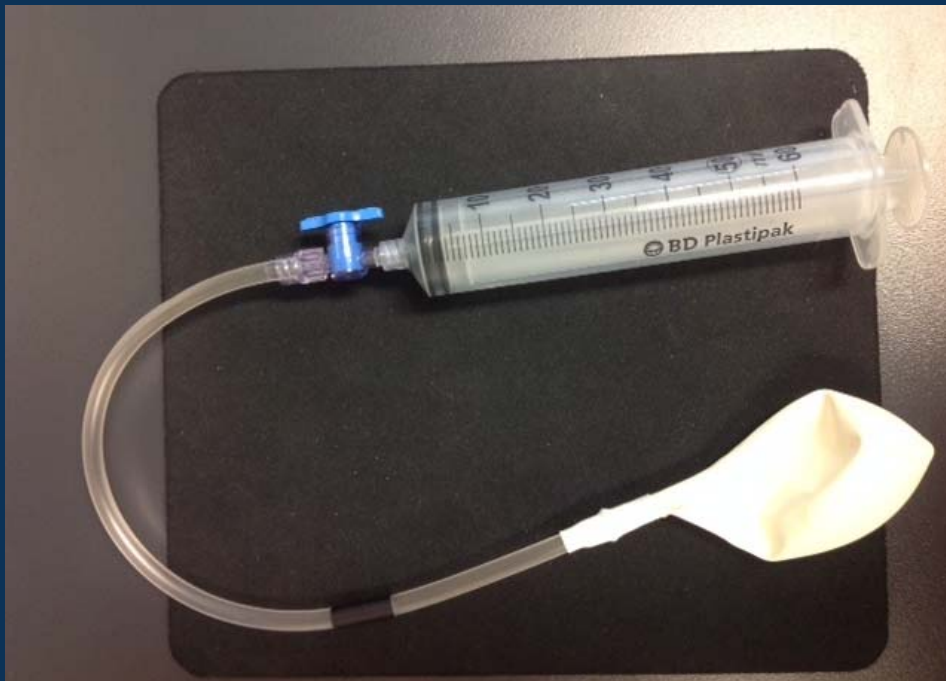
- Strengthening
  - Down-training
- (as appropriate)

## EMG Biofeedback



# Physiotherapy Management options

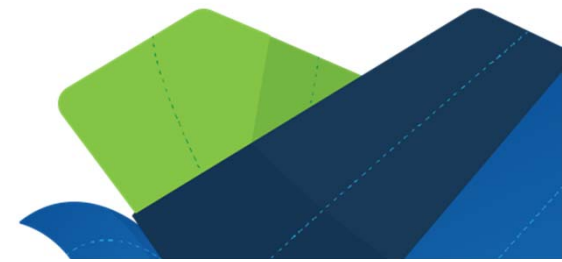
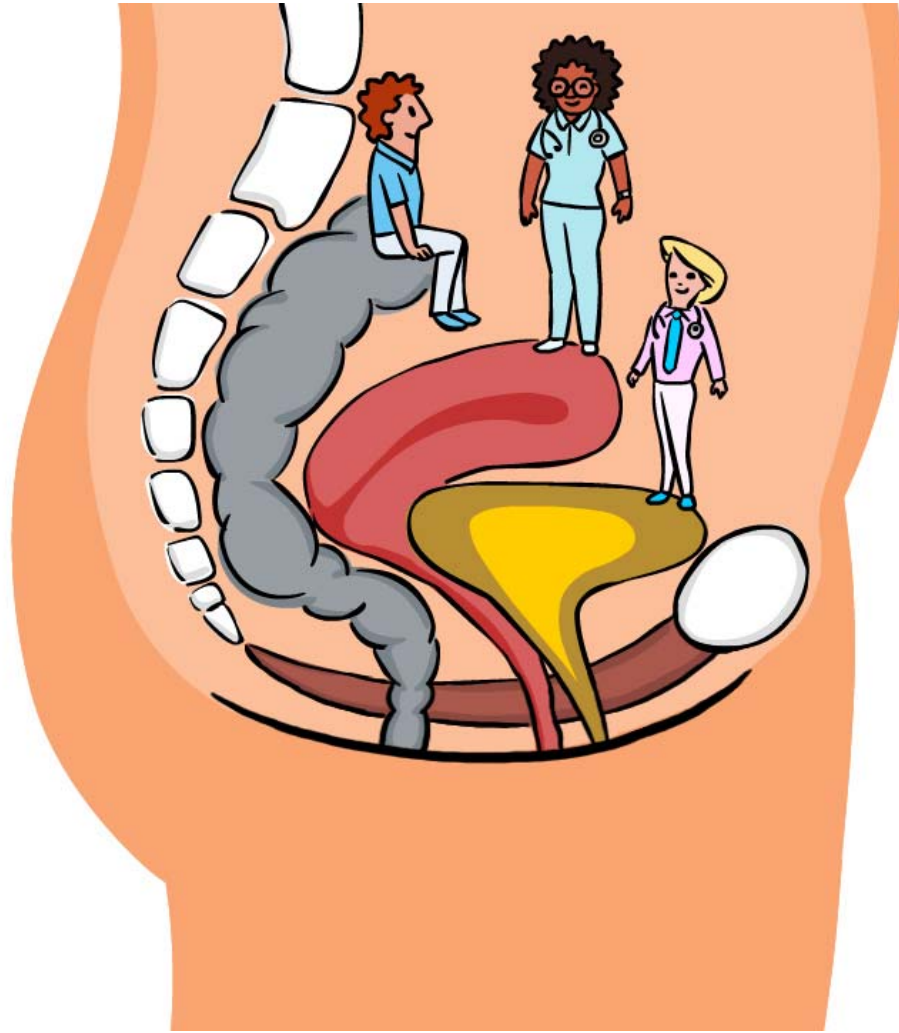
## Rectal Balloon



# Effect on bladder of loaded rectum

- 30 ♀ (no bowel disease) underwent urodynamics (+/- rectal balloon with 150ml saline - randomised). Volumes measured.
- **RESULTS:** 5 DO and 9 SUI and 16 mixed UI  
When rectum distended, significantly lower bladder volumes
- In 4 pts, diagnosis of DO was not found when the rectum was empty. Panayi DC 2011





# Lots of free resources

- Contenance Foundation of Australia
- <https://www.contenance.org.au/>
  
- Jean Hailes for Women's Health
- <https://www.jeanhailes.org.au/>
  
- MASS
- <https://www.health.qld.gov.au/mass>



# References

- Adapted from IFFGD Publication: Common Questions about Constipation: Myths and Misconceptions by Kenneth G. Mandel, PhD, President, KGM Innovation Associates, Fairfield, OH, and an article published in Digestive Health Matters, Vol. 16, No. 4 by Ami D. Sperber, MD, Associate Professor of Medicine, Department of Gastroenterology, Soroka Medical Center; Faculty of the Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel, and Roy Dekel, MD, The Gastroenterology Institute, The Tel-Aviv Sourasky Medical Center, Tel-Aviv, Israel.
- Gastroenterol Hepatol (N Y). 2008 November; 4(11): 807–817.  
PMCID: PMC3104390 Management of Fecal Incontinence  
[Adil E. Bharucha](#), MBBS, MD
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# Bowel Assessment and Strategies

Shane Bleddyn

Principal Clinical Advisor - Continence

Medical Aids Subsidy Scheme



**Queensland**  
Government

# Assessment and strategies of patients with Faecal incontinence and functional constipation

Faecal Incontinence is defined as the “involuntary loss of feces – when feces is solid and/or – when feces is liquid”(ICS,2021)

Types include:

- Urge (Involuntary loss of stool associated with urgent need to defecate)
- Passive (No awareness)
- Overflow faecal Incontinence (Faecal leakage due to faecal impaction)
- Stress faecal Incontinence (Loss of feces on effort or exertion)



# Constipation (General)

Complaint that bowel motions are infrequent and/or incomplete and/or there is a need for frequent straining or manual assistance to defecate (Rome IV criteria)

- Slow transit
- Obstructed defecation
- Feeling of incomplete bowel evacuation
- Straining to defecate
- Manual defecatory assistance

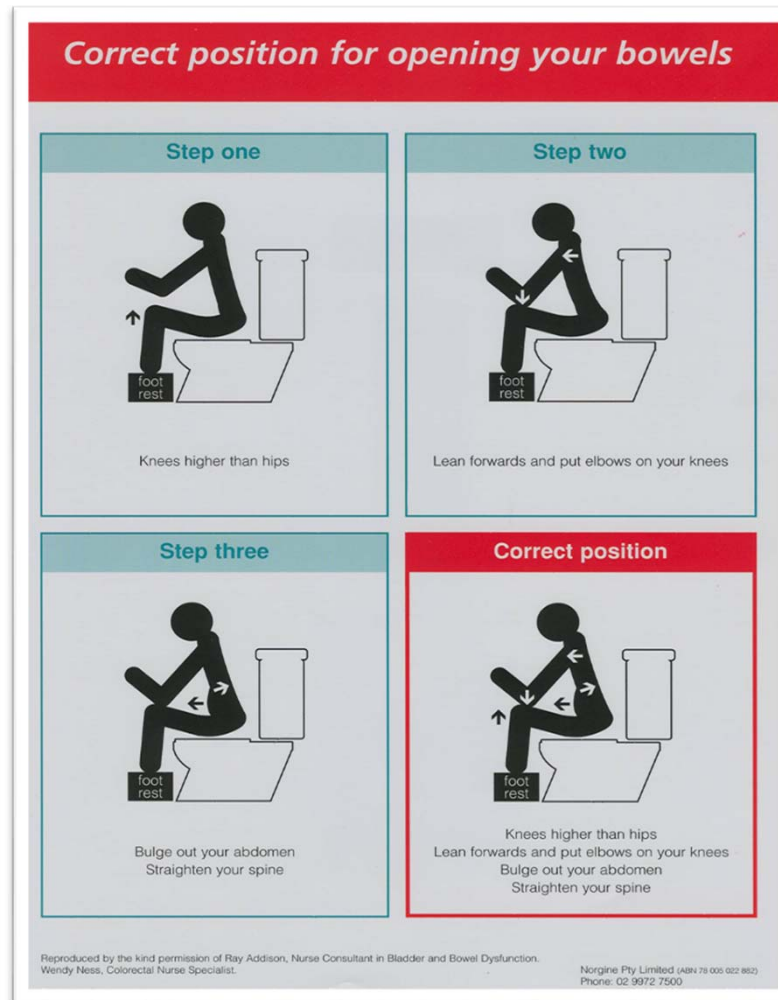


# Bowel Assessment

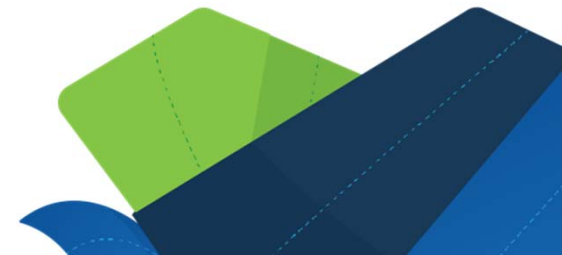
- Past and current medical history including current medications
- Neurological conditions and coordination of sphincter muscles
- Chronic diseases
- Colonic disorders or inflammatory bowel disease
- Anorectal disorders (past surgery or trauma)
- Food and fluid intake
- Mobility and cognition
- Environment
- Physical examination
- Past investigations ie: Previous colonoscopy, GP review, Dietitian, Physiotherapist or Colorectal Specialist.
- How to refer to a Continence Advisor



# Best Toileting Position For Bowel Movement



(Ness and Addison, n.d.)



# Client's Description of Current Problems

- Stool consistency
- Stool frequency
- Pain or discomfort with passing a motion
- Description of constipation
- Description of faecal incontinence or soiling







# Red Flags During Bowel Assessment

- Persistent diarrhoea
- Rectal bleeding
- Pain associated with passing a motion / Anal or pelvic
- Sudden changes in bowel motions



# Strategies for Bowel Management

Educating client to improve diet and fluid intake

Teach best toilet positions

Discuss timed, scheduled and prompted toileting

Educate client on aperients and trial as needed

Refer as needed to the multidisciplinary team



# Management of Bowel Patterns



- Introduction of Aperients to improve bowel patterns and constipation
- Iso-Osmotic Laxatives eg Movicol or Macrogol 3350. Macrogol has high molecular weight and the weight stays intact during gut passage (when dissolved in 125mls of water)



# Types of Aperients



Osmotic Laxatives: draw fluid into colon and stimulate bowel movement. Eg Lactulose (Action 24-72 hours)

Stimulants: Stimulate nerves leading to gut movement and fluid secretion. Eg Sennokot, Bisalax, Durolox (Action 6-12 hours)

Suppositories or Enema's: Promotes rapid Evacuation

Suppository examples: Glycerine, Durolox ( May take 20-30minutes)

Enema Examples: Microlax, Bisalax ( Quick action of 5-15minutes)

# Bulk Forming Aperients

- Increase bulk in bowel
- Retain fluid in bowel luman
- Help stimulate movement through the bowel
- Examples: Psyllium, metamucil, fybogel, benefiber
- Action is usually 2-3 days
- Useful strategies with clients who may have loose stools
- Clients with constipation may need good fluid intake for these



[The Role of Allied Health in Continence Management](#)



# Conservative Bowel Strategies

Review client's hydration

Review diet and fibre intake

Maximise gastro colic reflex

Explore any skin integrity issues

Continence aids if needed

Client education

Medication review

Clients with long term conditions that need aids could be suitable for MASS or CAPS



# Medications That May Cause Loose Stools

- NSAID's and antidepressant drugs
- Antacids(Magnesium based)
- Artificial sweeteners
- Caffeine
- Metformin
- ACE inhibitors
- Chemotherapy
- Antibiotics
- Medication review by GP very important / Gastroenterology review



# Medications That May Cause Constipation

- Opioid Drugs: e.g. Oxycodone, Codeine or Fentanyl
- Anticholinergic Drugs: e.g. Oxybutinin
- Antipsychotic Drugs: e.g. Clozapine
- Anti-inflammatories: e.g. Ibuprofen or Diclofenac
- Iron Supplements: e.g. Ferrous Sulphate
- Anticonvulsants: e.g. Clonazepam
- Diuretics: e.g. Frusemide
- Antidepressants: e.g. Amitriptyline



# Continence Pads for Faecal Incontinence

1. Odour control charcoal pads often unisex and long eg 30cm x 75cm with carbon odour absorbing core and super absorbent pulp for faecal ooze
2. Tena duo 44cm x 19.2cm has a bowl unisex shape to lock away liquid stools quickly and travel to outer pull up aid. No waterproof lining
3. Abriflex special pull up style unisex pants has a longer leg and snug secure fit for confidence with FI. Can also absorb urine
4. Butterfly faecal pads to shape and fit between the buttocks and can hold small amount of liquid
5. Long liners which are waterproof and disposable

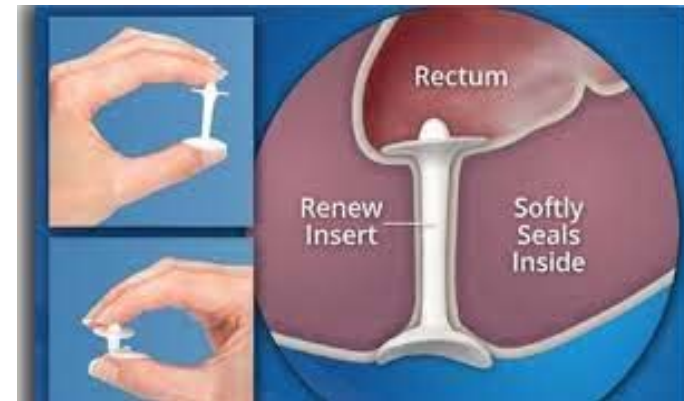


# Anal Plugs and inserts

- Anal plugs are shaped foam products inserted into the rectum
- Inserted like a small suppository and with moisture it expands to a mushroom shape. To stay for a maximum of 12 hours



- Anal inserts are made of soft silicone and inserted into anus using a small rigid applicator
- Top inner disc sits inside the anus to form a seal and bottom disc is outside to prevent device movement



# Continued Strategies for Faecal Incontinence and Constipation

- Transanal Irrigation: Tepid water introduced into the rectum and distal colon stimulating peristaltic contractions
- Benefits may be reduction in time spent on the toilet, reduced faecal incontinence, client can choose when to do bowel activity and improved bowel patterns
- Sacral nerve stimulation (SNS) to correct nerve pathways from the third sacral nerve. Can improve bowel signals and stimulate muscle contractions to the pelvic floor which can return bowel control. It requires a trial stage for 1-2 weeks to determine if effective for a clients<sup>2</sup>



# Review of Bowel Care Outcomes

- Review if client is now reporting passing a comfortable, well formed stool that is easy to pass and with a good pattern
- Does the client feel comfortable with the trial of the faecal aids
- Have referrals to other health professional been completed
- Have I reported and communicated with the clients GP
- Is the client reporting improved QOL



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# Bowel Management from an Occupational Therapy Perspective

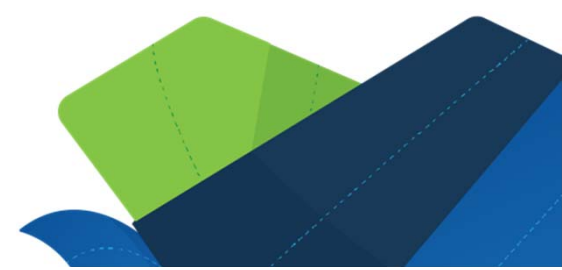
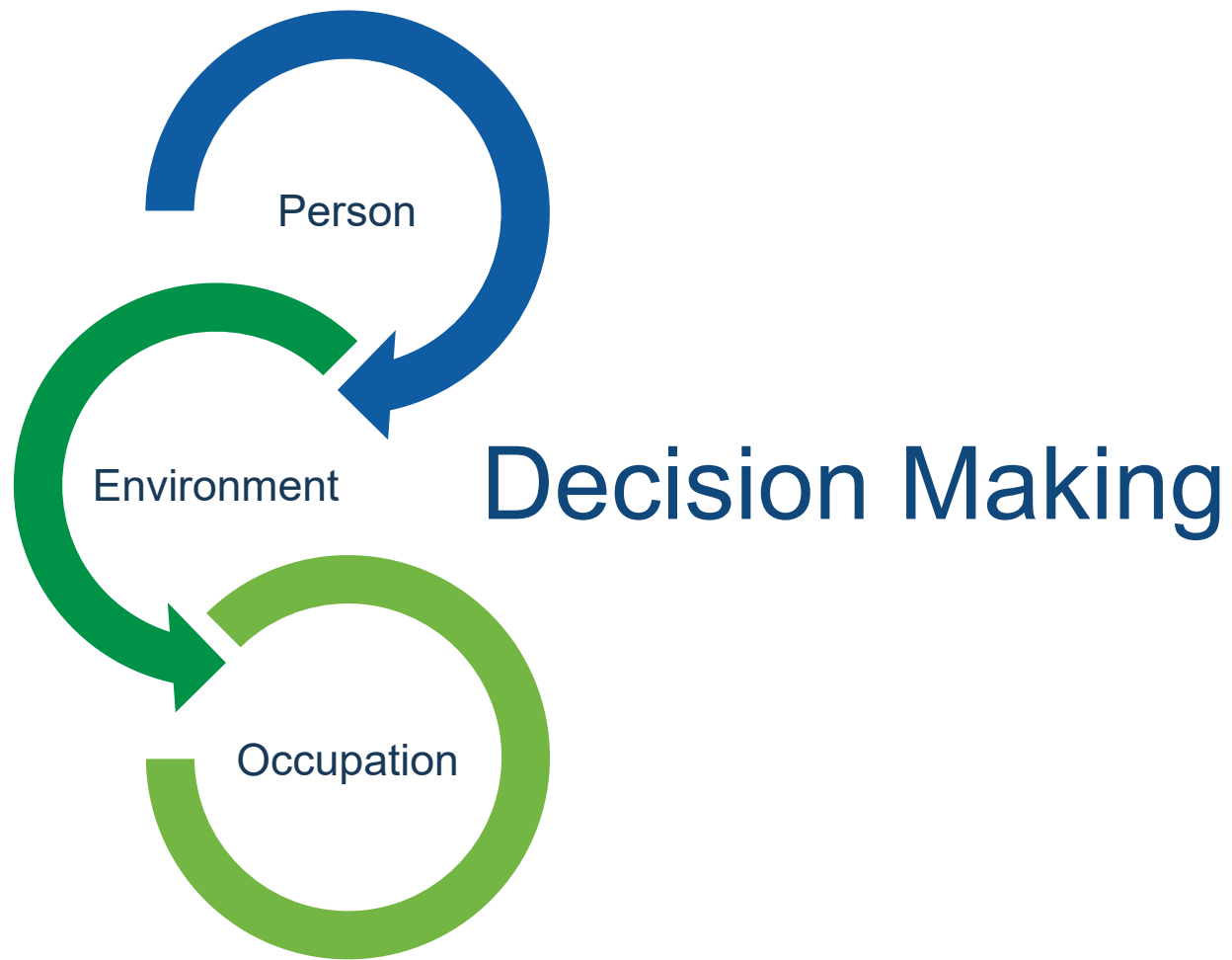
Abbey Rathie

Occupational Therapy Student (Supervisor Renae Knight)

Medical Aids Subsidy Scheme



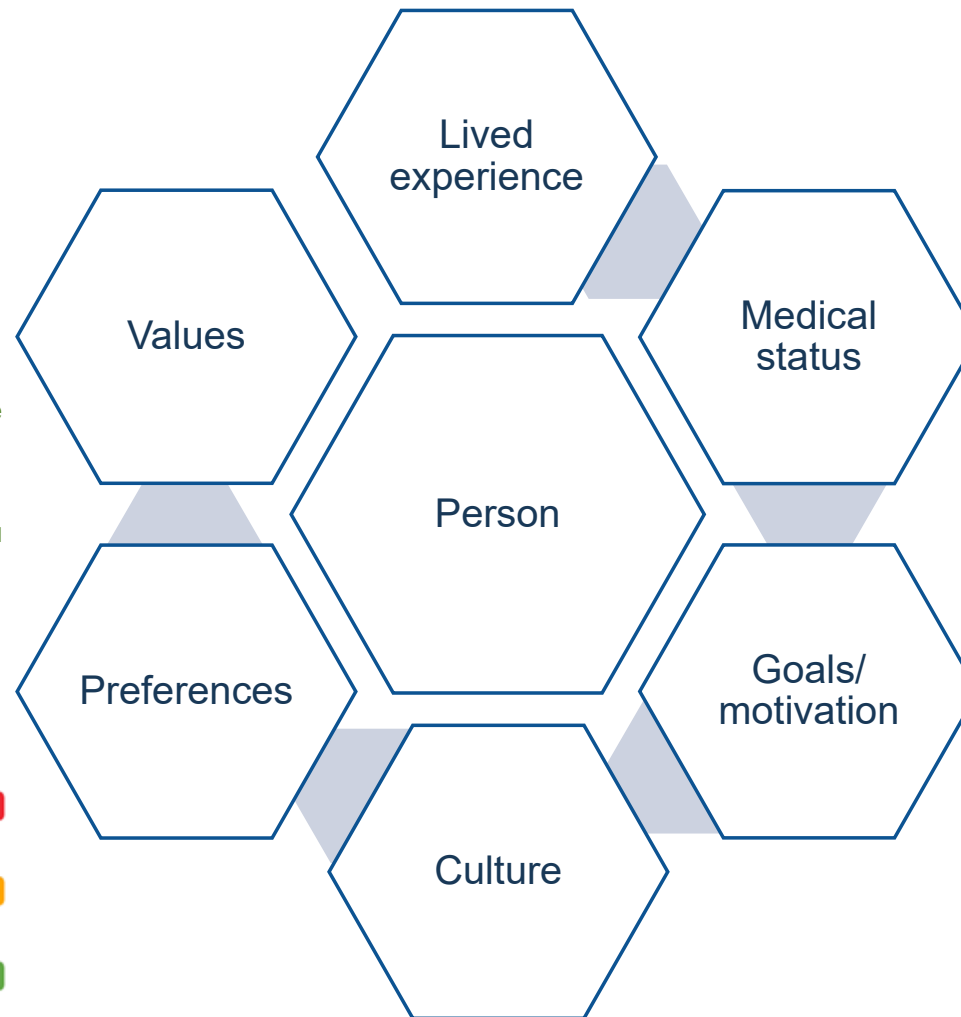
Queensland  
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# Person

“Oh thank God I can go myself to the bathroom..... You would think it's nothing. You're young. You'll understand when you're older, but the best thing in your life is when you can go yourself to the bathroom”<sup>19</sup>

Julian's Key Health Passport<sup>1</sup>



Colonic Disorders: Inflammatory bowel disease, Crohn's Disease<sup>18</sup>, Coeliac<sup>18</sup>

Physical: Impaired mobility, reduced dexterity, reduced ROM, arthritis<sup>2</sup>, chronic heart failure<sup>3</sup>, overweight/obese, diabetes<sup>4</sup>

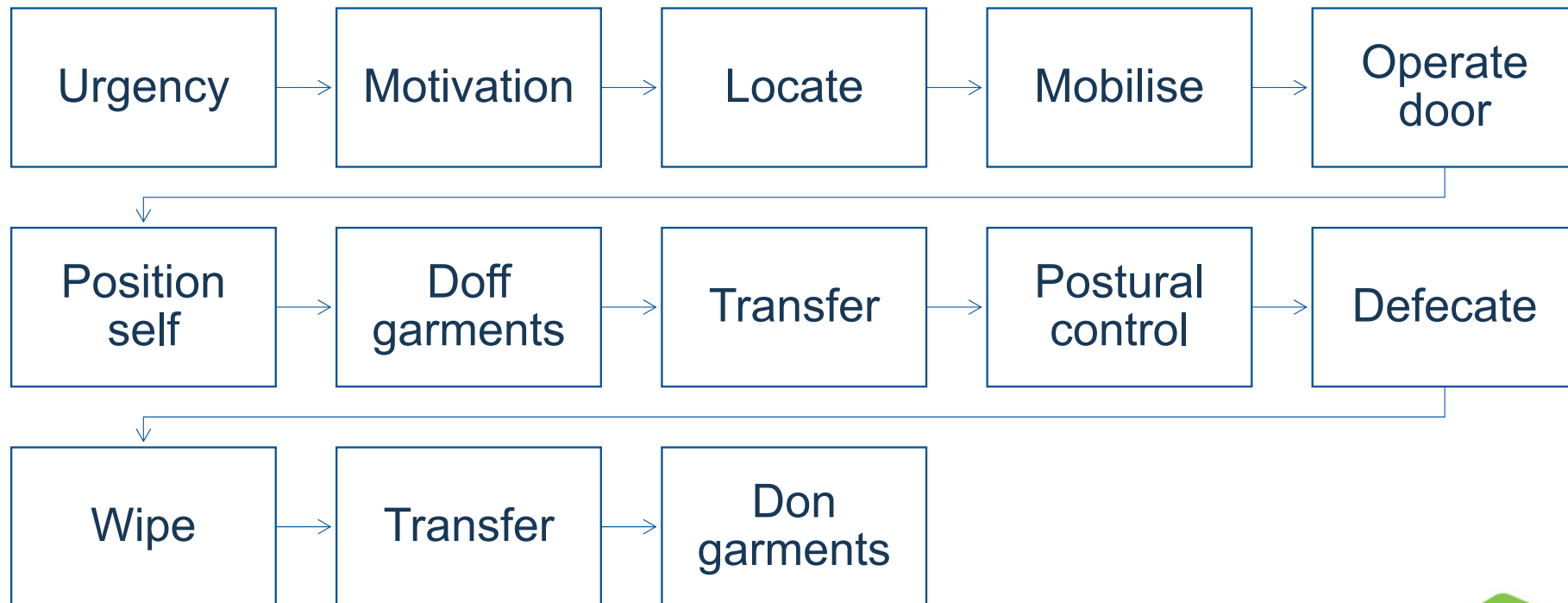
Neurological: Spinal cord injury<sup>5, 6</sup>, Multiple Sclerosis, Parkinson's<sup>7</sup>, stroke<sup>8, 9, 14</sup>, Motor Neuron Disease, dementia<sup>10, 11</sup>

Mental Health<sup>12</sup>

Ageing<sup>10</sup>



# Occupation



# Environment

## Urgency

- Mobile shower commode
- Static shower commode



Mobile Shower Commode



Static Commode



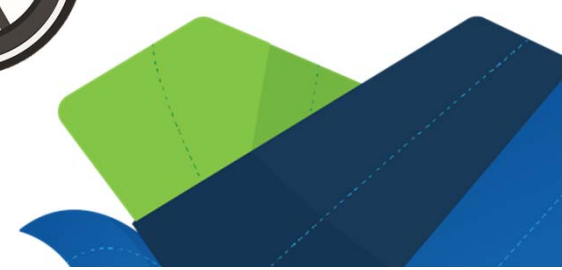
Four-wheeled-walker



Wheelchair

## Mobilisation

- 4-wheeled-walker
- Wheelchair



# Environment

## Transfers

- Over toilet frame
- Grab-rails
- Seat raiser
- Toilet lift
- Electric bed
- Electric recliner

Over Toilet Frame



Grabrail<sup>13</sup>



Toilet Raiser



[Aerolet Toilet Lift](#) | [Bidet Riser](#) | [Support Rail](#) ([thebidetshop.com.au](http://thebidetshop.com.au))



[Freedom Over Toilet Aid - Easy Lift Bathroom Aid - HBA409](#) ([mobilityhq.com.au](http://mobilityhq.com.au))



# Environment

## Donning/doffing lower garments

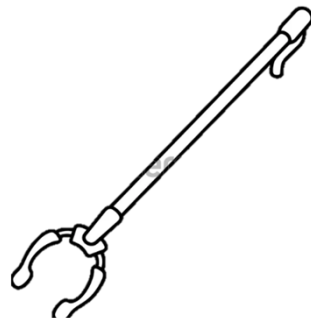
- Long handled reacher
- Modified clothing
- Donning gloves
- Strategies

Clothing selection

Removal of excess garments



[Jobst Donning Gloves Medium \(independenceaustralia.com\)](http://independenceaustralia.com)



Long handled reacher



[Caring Clothing Women's Trish Trousers with Side Opening](#)



[Women's Adaptive Trousers with Elasticated Waist- Caring Clothing](#)



# Environment

## Defecation

- Consider optimal positioning for defecation
  - Body positioning
  - Foot stool



[This Unicorn Changed the Way I Poop - #SquattyPotty - YouTube](#)



[Squatty Potty Australia](#)



# Environment

## Wiping

- Bidet<sup>15</sup>
  - The Bidet Shop<sup>16</sup>
  - Australian Bidet Company<sup>17</sup>
  - MASS does not fund**
  - Etac Clean Height Adjustable MSC:  
one of the only in Australia compatible  
with a Bidet (not on MASS SOA)
  - Occupational Therapy referral essential
- Bottom wiper
- Wet wipes
- Hose attachment to cistern

Electric Bidet



Bidet Shop BA08 Foot Control Remote<sup>16</sup>

Image shared with permission by Sarah Solomon Senior Occupational Therapy Calvary HealthCare Bethlehem



Etac Clean Height Adjustable Mobile Shower Commode



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# Thank you

Questions?



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