

PATIENT INFORMATION

Bowel Management

North West Regional Spinal Injuries
Unit

MANAGING YOUR BOWELS AFTER SPINAL CORD INJURY

There are many reasons why it is important to have a controlled bowel regime, the obvious one being that nobody wants to have accidents and they do want to stay continent. It is also important to prevent any future complications. Looking forward, it is also important to preserve the bowel as a healthy part of your body, as it was before your injury.

HOW DID YOUR BOWEL NORMALLY WORK BEFORE YOUR SPINAL CORD INJURY?

To help you to understand what has happened to your bowel following spinal cord damage, a brief understanding of normal bowel control is helpful. Your large bowel (intestine) is controlled mainly by nerves that leave the spinal cord at the level of T6 - T12 (lower thoracic level).

These nerves control movement in your stomach (abdominal) muscles. The lower end of the bowel is controlled by nerves that leave your spinal cord lower down at the S3 - S5 (sacral level). There is also some automatic (known as 'autonomic') control that occurs outside of the spinal cord, as well as movement from within the bowel itself (known as 'intrinsic'). This is the part that makes you feel that you want the toilet when you become frightened or stressed!!

WHAT HAPPENS AFTER SPINAL CORD INJURY?

Following spinal cord injury, loss of bowel control is one of the most devastating things, everyone's loss is very individual and your confidence can be destroyed if you do

not learn to manage your bowels successfully. Your degree of loss will depend upon a variety of things:

YOUR LEVEL OF INJURY

The extent (or completeness) of your spinal cord damage. Whether your injury has damaged the upper motor nerve pathways (those travelling from your brain to the reflex centres at the level of your spinal cord that controls bowel function) or the lower motor nerve pathways (those travelling from the reflex centre in your spinal cord out to the muscles in the wall of the bowel).

This will decide whether your bowel works in a reflex (hypertonic) or a flaccid (hypotonic) way.

Generally speaking injuries above the bony level of T12 result in a reflex type bowel and those injuries below T12 result in a flaccid bowel. This is because the reflex centre in your spinal cord that controls bowel emptying is situated around this level.

If the injury to your spinal cord is above this reflex centre, your bowel will continue to empty when stimulated but you will lose the control that you normally had from your brain because the pathway between this reflex centre and your brain has been destroyed. This is known as an upper motor neuron type bowel (reflex or hypertonic bowel).

If the injury to your spinal cord is at or below this reflex centre, your bowel will not fully empty, even when stimulated. This is because the damage to the cord has destroyed the pathways from the bowel wall into the reflex centre, therefore there can not be any reflex action. This is

known as a lower motor neuron type bowel (flaccid or hypotonic bowel).

If your injury is very 'incomplete' or is actually around the T12/L2 bony area, you may find that your bowel can take on a mixed upper and lower motor neuron type functioning. You will be assessed individually and your bowel programme will be organised to meet your needs.

What to take into account when establishing your bowel routine.

- Timing
- Privacy
- Position
- Diet and fluids
- Medications
- Aperients / laxatives

Although we will look at these separately within this book, they should be combined when establishing your routine.

TIMING

You should set aside a regular and consistent time to perform your bowel management. Consideration should be given to your individual arrangements with carers (if you need them) and work and leisure routines. If possible you should use your gastrocolic reflex.

This is a natural reflex that speeds up the movement of waste matter in your bowel within 30 - 60 minutes of eating a meal or having a hot drink. This can be useful when organising a convenient time for your bowel emptying.

When you are at the stage of your rehabilitation, you may need to alter your bowel routine from mornings to evenings to fit in with your daily life. You should note that any changes that you make may take up to 3 - 4 weeks to become fully noticeable.

PRIVACY

Bowel management can be a very stressful experience. In hospital it can be extremely difficult. Staff would appreciate any valid suggestions as to how they can minimise your embarrassment.

POSITION

This depends upon how much balance you have, the level of your injury, your size and weight (being overweight can sometimes lead to problems) and what assistance and aids (e.g. hoists) are available to you.

Generally speaking, people with spinal cord damage at C5 level and below can manage to sit on a toilet and those with cord damage at C4 and above are managed in bed due to their loss of balance and the difficulty of transferring from a chair to a toilet. Being able to sit on a toilet is useful, as gravity can help to empty your bowel and this does tend to allow you more privacy.

Skin care is very important and your toilet seat should always be padded and at the correct height for transferring onto. You may also find it useful to have side grip rails fitted and a footstool to put your feet on if your balance is not too good. Take care not to damage the skin on your buttocks.

A common problem is that the skin can be stretched when transferring and this causes a split in the skin between the buttocks. If this happens and you are not careful it can very quickly change into a serious pressure sore. A small amount of talcum powder brushed onto the seat may help to avoid 'sticking'.

Another manoeuvre that may help you is known as the ***Valsalva manoeuvre***. To do this movement you must have the use of your stomach muscles (controlled by the nerves that leave your spinal cord at the level of T6 – T 12). By using a '***bearing down***' movement, you can help to speed up your bowel emptying.

Other aids are available to help you manage more easily. Items such as suppository inserts are available for those with poor hand function. Ask the OT staff or get in touch with the Spinal Injuries Association.

If you manage your bowels in bed, it is better to insert suppositories etc, whilst lying on your left side. This is because absorption of the stimulant is helped by gravity (because of the natural angle that your bowel lies at) and it will help the lower end of the bowel to empty completely.

It may also help to stimulate your bowel by gently massaging your abdomen. If this is done it should be from the right side to the left side and in a down wards movement.

DIET AND FLUIDS

A regular well balanced diet can help the regularity of your bowel emptying. The most important part of your diet is the amount of fibre that you eat.

Wholegrain breads, cereals, fresh fruit, vegetables and nuts are all good sources of fibre. Remember that any increase in fibre should be gradual, otherwise it may not have the effect that you want!!

Fibre adds bulk to the bowel content and helps to increase the movement through the bowel. You may need to have added fibre whilst you are in hospital, but once you get home you will have more control over what you are eating.

Because fibre absorbs a lot of water, it is important that you drink enough fluid during the day (taking into account your bladder regime). As a general rule *your fluid intake should be kept around 2 litres/day*. Adequate fibre intake can help to stop you from becoming constipated and helps to maintain bowel tone and the consistency of your bowel movement.

MEDICATIONS

A lot of painkillers and sleeping tablets slow down bowel movement. This may cause you to become constipated. Antibiotics can have the opposite effect and give you diarrhoea. You should be aware of this if you are prescribed any of these tablets.

APERIENTS/LAXATIVES

Laxatives are often used too regularly, but during the period just after your injury they are sometimes essential to maintain a regular bowel routine in many patients.

It is difficult to recommend which laxatives to take and how much of them you will need, but it is important that if you

need to take these that you start by taking a small amount and increase very gradually until an effective bowel emptying occurs.

Laxatives lose their effectiveness if used over long periods of time and you should not become dependent on them. It is much better to use a well balanced diet to control your bowel movements.

As your activity increases the need for laxatives decreases. You should again remember that if you decrease your dosage of laxatives, it should be done gradually and your bowel results monitored.

If any alterations to your bowel regime are made, change only one thing at a time and allow at least three days to check what the result has been before altering anything else

COMPLICATIONS

There are many complications that you should know about.

CONSTIPATION

This is when you have difficult or infrequent passing of hard stools. It is a common complication after spinal cord damage because of the sluggish movement of waste products through the bowel, which can cause the stool to dry out.

What makes it worse?

- Insufficient bulk (fibre) in your diet
- Inactivity

- A raised temperature (you will lose extra fluid from your body by sweating)
- Painkillers and sleeping pills
- Constipation is more of a problem in those people who have a flaccid type of bowel
- Because the bowel lies next to the bladder, constipation can cause the bladder to stop emptying completely. This will lead to a nasty bladder infection if not sorted out

What are the symptoms of constipation?

- Abdominal discomfort and distension
- Loss of appetite
- Increase in spasms
- Autonomic dysreflexia (see notes later on in booklet)
- Continual oozing of liquid or loose stools
- Passing of mucous

What can you do about it?

- As a short term solution you can gradually increase your dose of laxatives
- In the short term you may have to manually empty your bowels
- As a longer-term solution, think of reasons why you may have become constipated and try to change your regime so that you can prevent future problems.

DIARRHOEA

This is the frequent passing of watery stools.

What causes this problem?

- Too much use of laxatives
- Eating spicy foods and drinking too much alcohol
- The side effects of tablets (especially antibiotics)
- Anxiety and stress

What can you do about it?

- Make sure that you are not constipated with overflow diarrhoea.
- Make sure you protect your skin with a barrier cream to stop it becoming sore
- Think of what may have caused your diarrhoea, treat it and if possible try to prevent it happening again in the future

OTHER PROBLEMS

The irritation caused by stimulating the rectum during bowel management, haemorrhoids or constipation can all cause autonomic dysreflexia. It may happen as a 'one off' episode or it may happen every time you go to empty your bowels (a pounding headache is the most common symptom).

If it becomes a problem you can squeeze some local anaesthetic gel (usually lignocaine gel) into your rectum 15 minutes before your suppositories. You should also avoid the need for any manual evacuation of your bowel and find a stimulant that acts effectively. Avoid constipation and do not allow your bladder to overfill, as both of these can cause extra pressure on the bowel and lead to a dysreflexic episode.

ANAL SKIN DAMAGE

This can be tearing of the skin, splitting of the fold between the buttocks (anal cleft), excoriation, and allergic reaction to bowel stimulants or sweat rashes.

In order that you can avoid these you must find the cause of the problem. Tearing and splitting can be avoided by correct positioning. It is also important that if your clothing has bulky seams this may cause increased pressure around the area. Nylon underwear should be avoided as it may lead to friction and sweating. Thorough washing and drying of your buttock area is essential. A gentle barrier cream can be used sparingly if required.

Try not to use excessive amounts of creams or talcum powder as this will only 'clog' and cause more problems.

HAEMORRHOIDS (PILES)

These can be treated with prescribed creams or by being injected by your doctor. If you suffer with haemorrhoids they can be made worse by constipation. It is also important to be aware they can be the cause of a dysreflexic episode.

Remember, you were responsible for your bowels before your spinal cord damage and you are still responsible for their management now.

If you would like to discuss any issues raised within this leaflet please contact a member of the nursing staff:

Ward Office (01704) 704346
Spinal Outpatient Department (01704) 704354

Other sources of information
www.spinalnet.co.uk

Support Group
Spinal Injuries Association
SIA House
8 Trueman Place
Old Brook
Milton Keynes
MK6 2HH

Tel 08456 678 6633
Advice Line 0800 980 0501
Email sia@spinal.co.uk

During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

MATRON

A Matron is also available during the hours of 9am – 5 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS FOR AFTER YOU HAVE LEFT THE HOSPITAL PREMISES

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

If alterations to your bowel regime are made, change only one thing at a time and allow 3 days to check what result has been before altering anything else.

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL

Your own GP –

Nurse in Charge – (01704) 704345

Spinal Outpatients – (01704) 704354

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

Spinal Injuries Association (SIA) Advice Line –

0800 980 0501

**Please call 01704 704714 if you need
this leaflet in an alternative format**

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