

Maintaining a Bowel Program

The below article written by Kylie Wicks, Clinical Programs Supervisor, at BrightSky Australia provides lots of excellent advice and information into maintaining a bowel program after SCI.

Spinal cord injury occurs as a result of damage or trauma to the spinal cord through injury or disease. The nervous system is made up of your brain, spinal cord and peripheral nerves. The brain and spinal cord are referred to as the central nervous system. Peripheral nerves form the link between your central nervous system and your body functions. Impairment to your nervous system may affect voluntary control of your bowels, rectal sensation, sphincter function and colonic motility. This is often referred to as a neurogenic bowel and encompasses both medical and quality of life issues. People with spinal cord injury will require the assistance of a bowel program to effectively manage stool evacuation.

Depending on the location of the spinal cord injury, you will have either an upper motor neuron bowel or a lower motor neuron bowel. An upper motor neuron bowel occurs with impairment to the cord at or above L1, reflex activity remains and voluntary control is affected or lost. A lower motor neuron bowel can occur at L1 or below, reflex activity is lost and rectal tone is reduced.

To establish, manage and maintain a bowel program you need to know:

- ▶ What sort of bowel you have: upper motor or lower motor neuron
- ▶ Bowel pattern prior to spinal cord injury
- ▶ Diet and fluid intake
- ▶ Any existing associated disease such as diverticulitis, Celiac etc.
- ▶ You need to consider, within the boundaries of safety attendant care, your life schedules and lifestyle choices.

These considerations will in turn dictate the bowel program pattern, the type of chemical

rectal stimulant (enema, suppository), mechanical rectal stimulant (digital) required and type of aperients used (medication taken in the mouth to assist with either stool formation or propulsion).

An appropriate program will ensure:

- ▶ Right Consistency
- ▶ Right Amount
- ▶ Right Place
- ▶ Right Time
- ▶ Initiated by a reliable trigger

A bowel program needs to be tailored to the individual and should occur at a set time every 1 to 2 days. It must be effective, practical, reliable and socially acceptable whilst preserving digestive function and minimizing complications.

When considering chemical rectal stimulants, be aware that suppositories must dissolve to work and will take about 20 minutes longer than an enema. Suppositories and enemas can be divided into those that have a lubricating softening affect to aid in evacuation and those that have a local stimulatory effect to aid in evacuation. Your health care professional will guide you in what is most suitable for you. Remember, when using mechanical stimulation it is essential to use lubricant.

When considering aperients, note not all aperients act the same way. Different aperients do different things and the type of aperient you require is greatly determined by your stool formation and stool propulsion. Stool formation is greatly related to your diet and fluid intake, whilst the propulsion of the stool is affected by activity. Essentially, aperients can be divided into bulkers, softeners, stimulants and osmotics. The dose and combination required should be tailored to your individual requirements. Your health care professional will advise you on the most appropriate aperients for you and the manner in which they are to be taken.

It is important to utilise the gastro colic reflex. The gastro colic reflex occurs when you eat food: not only do you create saliva but you








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also stimulate the wave action of the bowel (peristalsis) that is responsible for stool propulsion. The best gastro colic reflex occurs after fasting and for this reason, it is often utilised in the morning.

If you are experiencing problems with your bowel program or initiating a change, it is important to record your results. The record needs to contain information about stool consistency. A good measure of stool consistency is the Bristol Stool Chart. If you are changing your bowel routine, only change one thing at a time and allow time for that change to have an effect

Bristol Stool Chart

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

A bowel program needs review across your lifespan and will need altering with changes in lifestyle and aging and should be regularly discussed with your health care professional. Complications such as fecal impaction, hemorrhoids, blood in stool, unexplained diarrhea and episodes of autonomic dysreflexia related to bowel evacuation should be discussed with your

health care professional

PBS Bowel preparations used to assist with the management of a bowel program are available under the Paraplegic and Quadriplegic Program provided the individual is a member of an authorised association and has neurological loss resulting in paraplegia or quadriplegia. The individual must also be eligible for Medicare.

For further information about the scheme or assistance with bowel programs please contact Kylie Wicks at Bright Sky:

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A study of sexuality and sexual functioning in people with spinal cord myelopathy

Alfred Health HREC Ref. No 148/13

Dr Peter New and colleagues from Caulfield Hospital and Monash University in Melbourne are conducting a world-first study into sexuality and changes in sexual functioning after damage to the spinal cord from causes other than trauma. These causes include: cancer, circulation problems, infection, or bone and joint problems.

Male and female participants are needed for a face-face interview with a researcher for about an hour. Only a few more are needed to complete this important project. People must live in Melbourne and the researcher will visit you. If you are interested please call Dr Narelle Warren on (03) 9903 4046.