



ADDRESSING YOUR HEALTH CONCERNS

Calls to our Advice Line about bowel issues as people age with their SCI are quite common. In particular, increasing incidence of constipation is the main cause for concern. This article explores how you can help prevent and manage constipation.

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Bowel management represents one of the most important aspects of living with an SCI, no matter how long you have been injured. When things go wrong with bowel management, it can dominate your thoughts and impact on your social and work life.

BOWEL FUNCTION

The process of defaecation (passing of stool) involves several organs. Partially digested food passes from the small intestine into the large intestine where water is reabsorbed and the waste product becomes more solid and forms a stool. The wall of the large intestine passes the stool along until it reaches the rectum, where signals tell you that you need to open your bowels. Following SCI, this signal is lost and food can take up to twice as long to pass through.

The ageing bowel becomes 'sluggish'. There is an increased risk of constipation due to the reduction of intestinal contractions, which help move faeces towards the rectum. This in turn increases the risk of abdominal distension, constipation and the production of hard stools. Passing hard stools is much more difficult and over time increases the risk of haemorrhoids forming.

What are the major causes of constipation?

- Bowels can become sluggish with age, slowing the passage of food
- Long-term use of painkillers, especially codeine-based medication
- Long-term use of laxatives
- Use of medications such as iron therapy for anaemia
- Not eating enough fibre
- Not drinking enough water/fluids
- Missing meals, especially breakfast
- Change of normal routine – for example when on holiday, going into hospital.

What are the symptoms?

You may be constipated and be totally unaware. The main symptoms are:

- Hard stools, often the size of a small stone
- Swollen abdomen, accompanied by pain (if you have sensation at that level)
- Headache
- Sweating
- Nausea
- Loss of appetite
- Episodes of Autonomic Dysreflexia
- Leakage – you may experience 'overflow' – this occurs when faecal fluid bypasses the constipated stool causing an unscheduled 'accident'.

Chronic constipation results in a build-up of toxins in the body caused by the by-products of decaying food. These toxins circulate in the bloodstream causing unpleasant side effects including:

- Bad breath
- Headaches
- Fatigue
- Loss of concentration
- Skin problems.

CHANGE YOUR DAILY FOOD INTAKE TO HELP PREVENT CONSTIPATION

Always make changes gradually. Check with your spinal consultant if you have any concerns regarding recommended 'normal levels' which may not be appropriate for you due to a specific health condition.

Fibre: you need between 19-30 grams per day. Foods containing fibre include beans, peas, oats, fruit and vegetables.

Long-term use of some medications can cause constipation



Bowel problems were reported as one of the **TOP THREE** health priorities in the SIA Living Well Survey 2014

Fluids: 8-10 cups of water/fluid per day is the current recommended level.

Fats: there are good and bad fats. Good fats include omega-3, which can be found in oily fish such as sardines and salmon. Flax seed oil is also a good source. Bad fats such as trans fats are found in biscuits, cakes etc.

Protein: high protein diets can cause constipation.

Processed foods: highly processed foods such as white bread, white rice and pasta should ideally be reduced.

Magnesium: this mineral acts as a natural laxative. Foods rich in magnesium include sunflower seeds, black beans and quinoa. Magnesium can also be taken as a supplement.

Eat four to five small meals a day: this will help improve/speed up the passage of food through the digestive system.



In SIA's Living Well Survey 2014 **68%** of respondents reported that during the previous **10 YEARS**, they had experienced increasing **DIFFICULTIES** with bowel management.

If changes have occurred to your normal bowel habits, try not to put certain changes down to ageing alone. It is important to report changes to an appropriate healthcare professional.

ALTERNATIVE BOWEL MANAGEMENT

If you feel your current bowel management routine is not meeting your needs, you can consider alternatives such as:

Anal irrigation system: this procedure works by introducing warm tap water into the rectum using a catheter. The lower bowel is 'flushed out' as a result. It is performed while sitting on the toilet.

Colostomy: a colostomy is a surgical procedure in which your large intestine

is cut and brought to the outside through the abdominal wall to create an artificial opening or 'stoma'. Your faeces can then be collected in a colostomy bag that is attached to the opening. In most cases with SCI, a colostomy would be a permanent measure. A colostomy may be your preferred method of bowel management or may be needed in the case of a disease of the bowel e.g. bowel cancer.

Some people consider this option. The main advantages are the time saved and maintaining independence. On the down side, people may feel self-conscious, so finding the right products and support is essential. Most Clinical Commissioning Groups now employ stoma care nurses who can offer advice and support.

When changing your bowel management regime, it can take several weeks to establish effectively. Give yourself time to adjust to your new regime. Keeping a daily diary will help you to monitor what effect changes have made and the timelines involved. A diary record is also useful when reporting changes to your spinal consultant or GP.

BOWEL SCREENING

Take advantage of national screening schemes. The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 74. People over 74 can request a screening kit.

Visit www.cancerscreening.nhs.uk for more information.

⇒ Look out for the next issue of **FORWARD**, which will address frequently asked questions about bladder health in relation to ageing with an SCI.



Eating the right foods can help prevent constipation

WHAT ELSE CAN I DO TO HELP PREVENT CONSTIPATION?

Take daily probiotics

There has been much publicity surrounding the benefits of taking daily probiotics. Research has been carried out in recent years but opinions still differ as to the benefits that can be gained.

Many millions of bacteria live in the large intestine. Certain bacteria assist with the movement of food through the intestines. Having long-term constipation can alter the balance of bacteria which aid peristalsis (contractions that move stool). It is thought that taking daily probiotics, usually in the form of a drink or tablet, may help maintain the optimum balance required to help prevent constipation.

RECONSIDER YOUR BOWEL MANAGEMENT

Do you need help to carry out your bowel management due to physical changes? Is it time to get professional help?

FURTHER INFORMATION SOURCES

The following factsheets can be found on www.spinal.co.uk under the Resources section:

- *Steps to Ageing Well – Step 4 Caring for the Ageing Bowel*
- *Bowel Management Factsheet*

Sources of continence support

- Your SCI centre
- Continence Specialist Nurse employed by your Clinical Commissioning Group
- Bladder and Bowel Foundation
www.bladderandbowelfoundation.org
- Colostomy Association
www.colostomyassociation.org.uk

FORUMS

Online forums are an ideal way to interact and share experiences and information with other SCI people. This is particularly useful if you are considering surgery of any type and wish to discuss how long your independence will be affected, what level of aftercare is required etc.

You can use SIA's Message Board to start a discussion with other SCI people about your experiences, or to learn from the experiences of others.

Reference: Some of the information in this article was referenced from the publication *Eat Well, Live Well with Spinal Cord Injury*, Joanne Smith and Kylie James 2013, Paralyzed Veterans of America.

● If you need guidance or advice on any health-related aspect of your SCI, contact SIA's Nurse Advocate Service by emailing nurseadvocates@spinal.co.uk or call 0800 980 0501.