

# 2 **Bowel Management**

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## **Foreword**

The section on Bowel Management is very similar to that of Bladder Care and Management section, as there are many issues to be addressed. You should always remember that what works for one individual may not work for another.

One must always keep in mind that over the years different treatments will come along that may help improve one's bowel management program. Please keep yourself informed of any new developments and talk about your routine with your medical practitioner.

Please remember that the information provided in this section is not meant to offer medical advice, but to provide information that will help you discuss this matter with your medical practitioners, as well as allow you to seek out more information on these issues.

# Bowel Management

## What is the Bowel?

The bowel, sometimes referred to as the colon or the large intestine, is the last organ in your digestive system. It is here that waste is stored until you have a bowel movement. It is very important to keep this organ healthy and active to decrease problems that could arise.



## BOWEL PROGRAM

There are many different factors that can affect a bowel program:

- What you eat
- How much liquid you consume
- How much you exercise
- The medication you're taking
- Your scheduled bowel care

Your bowel program should effectively prevent involuntary bowel movements and bring on predictable, scheduled bowel movements. By paying attention to all the different factors affecting your program, you can also help eliminate bowel complications.

### Diet

Eating a well balanced diet with high fibre foods is critical for a successful bowel program. See Table A for a detailed outline of how foods affect your bowel care. This table illustrates that what you eat prior to your bowel routine can have a negative or positive affect on your routine. When you increase your fibre content you should do so slowly with increased fluids or you may have an adverse reaction. Also refer to the “**Health and Wellness**” section for daily dietary recommendations.

### Fluid Intake

A large intake (10-8 oz glasses) of fluids (ideally water) is critical for a successful bowel program. Table A outlines in more detail the influence certain fluids have on your bowel function.

### Exercise

Exercise stimulates peristalsis, which leads to an easier emptying of the bowel. Exercise could include rigorous activities (sports), range of motion exercises or simple day to day exercise gained from

*“The more I exercise and eat right, the better my bowel routine is.”*

Bernard

living. The more active you are the more positive effect exercise will have on your routine.

*“I have tried different herbal remedies which I feel help me with my bowel routine that does not have the same side effects as penicillin or other medications.”*

Randy

### **Medications**

Oral laxatives or rectal stimulants usually aid an effective bowel routine. Other medications can affect your bowel routine. For example, many narcotics may slow down peristalsis and cause constipation. Conversely antibiotics decrease the normal bacterial flora in your bowel causing diarrhea. Eating yogurt with active cultures can restore your bacterial flora to normal limits. Consult your doctor before using any medications during your bowel routine.

### **Scheduled Bowel Care**

Scheduled bowel care is a procedure that allows you to maintain continence. When you keep up a strict schedule for bowel care, you can avoid problems such as incontinence, impaction, over-distention of the colon and hemorrhoids. Scheduled bowel care can be done on a toilet or commode, or in bed using pads.

*“I found at one point I was more worried about the day of my bowel routine, what I could eat, and where I could go instead of just enjoying myself. It can consume you worrying about your bowel routine. It’s best to create a happy balance where you take care of yourself at the same time move on with your life.”*

Karen

It is very important not to go more than three days between scheduled bowel movements. You must work bowel care into your schedule, whether it is one, two or three days apart. It can take anywhere from 15 minutes to 2 hours. You should be comfortable, relaxed and stress free, in a quiet, private environment.

### **During Scheduled Bowel Care You Should Note**

- The consistency of your stool – hard or soft.
- The amount of stool.
- If there is blood in the stool.
- The time it took to complete the scheduled bowel care.
- Sweating or spasticity and your general well-being.

Any changes in the above should be noted and addressed as it indicates a change or possible problem with your bowel program.

## Bowel Problems

### 1. Constipation

In most cases, constipation refers to infrequent bowel movements, however it can also mean passing small, hard, dry stools.

Experience will tell you if you whether or not you are constipated.

### 2. Diarrhea

Diarrhea is the opposite of constipation. This is when you have loose or watery stools that may result in involuntary bowel movements. There are different foods that can cause diarrhea in different people. You'll come to learn what foods are likely to cause this problem for you.

### 3. Impaction

Impaction occurs when hardened stool collects in the intestine and causes a complete or partial blockage. This is a very serious condition and you should contact your physician if you believe you are impacted.

### 4. Hemorrhoids

Hemorrhoids can come from repeated irritation and pressure, as occurs during both ordinary emptying of the bowels and with bowel programs involving digital stimulation. See your physician if you think you might have hemorrhoids.

### 5. Rectal Bleeding

Bright red blood in your stool, on toilet paper or glove may indicate rectal bleeding. Again, contact your physician as soon as possible.

### 6. Excessive Gas

Excessive gas, bloating or increased farting should be noted.

### 7. Other Medical Problems

Headache, increases in sweating or spasticity.

By reviewing your diet, exercise, fluid intake, medications and scheduled bowel care you may solve your minor bowel problems, such as constipation or diarrhea. If problems persist or reoccur always consult your health care provider.

## Surgical Solutions



### COLOSTOMIES

A colostomy is a surgical procedure that creates an artificial opening from your colon to the exterior of your body. This is done so that waste leaves your body without reaching the rectum. In most cases, a bag is used to collect the waste outside your body at the point of the opening.

Some people with spinal cord injuries have need for a temporary colostomy when healing from a pressure sore, while others feel it is a better way to manage their bowel care on an on-going basis. In the past, colostomies were mainly used as a last resort, but now they are becoming more accepted.

### SECTION SUMMARY

Throughout this section, you've been given information on Bowel Management. You've learned some of the methods that you'll use to organize this management and that you will encounter problems from time to time. A table is provided at the end of the section to give you some assistance in administrating your diet. Knowledge can be foresight if used properly.

**TABLE A**  
**DIETARY EFFECTS ON BOWEL MANAGEMENT**

<b>FOOD GROUP</b>	<b>FOODS THAT HARDEN STOOLS</b>	<b>FOODS THAT SOFTEN STOOLS</b>
<b>Fruits &amp; Vegetables</b>	Fruit juices without pulp, peeled potatoes, apple sauce	Fruits and vegetables, fruit juices with pulp, dried fruits, such as prunes, raisins and apricots
<b>Bread &amp; Cereal</b>	Enriched white bread, saltine crackers, refined cereals, white rice, enriched noodles	Whole grain breads and cereals
<b>Dairy Products</b>	Milk and other dairy products, plain or vanilla yogurt, cheeses, ice cream	Fruit yogurt, buttermilk
<b>Meat &amp; Legumes</b>	Any red meat, fish or poultry	Nuts and seeds, dried beans or peas, lentils, peanut butter
<b>Fats</b>	None	All

**RESOURCES**

Paraplegia News Magazine – Colostomies

<http://www.pn-magazine.com/pn/articles/colostomies.htm>

Spinal Cord Injury Information Network

<http://www.spinalcord.uab.edu/show.asp?durki=21482>

<http://www.spinalcord.uab.edu/show.asp?durki=21575>

<http://www.spinalcord.uab.edu/show.asp?durki=26973>

<http://www.spinalcord.uab.edu/show.asp?durki=21575>

Freeing Yourself from Digestive Distress

<http://www.mylifeguardforhealth.com/topic/digestdistress>

Weight Chart

<http://www.weightchart.org/>

Craig Hospital - Colostomies

<http://www.craighospital.org/sci/mets/colostomies.asp>

[http://www.craighospital.org/C\\_Research/c10h\\_bowel.html](http://www.craighospital.org/C_Research/c10h_bowel.html)

University of Washington Rehabilitation Medicine – Taking Care of Your Bowels

<http://depts.washington.edu/rehab/resources/bowel1.shtml>

<http://depts.washington.edu/rehab/resources/bowel2.shtml>

New Mobility – Ten Ways to Stay Healthy

[http://www.newmobility.com/review\\_article.cfm?id=462&action=browse](http://www.newmobility.com/review_article.cfm?id=462&action=browse)

Hammond, Margaret C. & Burns, Stephen C (Ed).

Yes You Can! A Guide to Self-Care for Persons with Spinal Cord Injury. Third Edition.

Paralyzed Veterans of America, 2000. Chapter 7

### Terms Encountered in this Section:

**alimentary canal** – The mucous membrane-lined tube of the digestive system through which food passes, in which digestion takes place, and from which wastes are eliminated. It extends from the mouth to the anus and includes the pharynx, esophagus, stomach, and intestines. Also called digestive tract.

**bacterial flora** – Normal bacteria in the intestines that help to process and break down food.

**bowel movement** – The discharge of waste matter from the large intestine.

**colon** – The colon is a section of the large intestine.

**feces** – Waste matter eliminated from the bowels; excrement.

**high fibre foods** – Examples of high fibre foods are cereals, fruits, vegetables with edible skins, legumes and beans, breads with whole grain flours. High fibre snacks include seeds, nuts and popcorn. These foods assist with bowel function and help prevent constipation.

**large intestine** – The lower portion of the bowel, terminating at the anus. It is adapted for the retention of fecal matter, being shorter, broader, and less convoluted than the small intestine. It consists of three parts: the caecum; the colon, and; the rectum.

**laxatives** – A food or drug that stimulates evacuation of the bowels.

**over-distension** – Filling of the bowel past normal capacity.

**peristalsis** – The wavelike muscular contractions of the digestive tract or other tubular structures by which contents are forced onward toward the opening.

**range of motion** – Stretching motion or exercising to a wide degree.

**rectal stimulants** – Laxative inserted in the rectum. Glycerin tablets. Some common trade names: Bisacodyl and Dulcolax.

**spasticity** – A sudden, involuntary contraction of a muscle or group of muscles.

**stool** – Solid excretory product evacuated from the bowels.

