Background
UVA-HealthSouth Rehabilitation Hospital
Spinal Cord Injury Bowel Program
Purpose
To facilitate regular bowel movements in SCI patients to prevent incontinence
Prevent overflow incontinence
Definitions
• Bowel program: the entire plan to manage the bowels after SCI includes diet, exercise, medications, PO medicines, PF medicines and bowel care education.
• Bowel care: the procedure for initiating and assisting defecation.

If Mobility is a Potential Barrier to Success with the Bowel Program, a Physical Therapist is asked to Provide Assistance
- When the nursing staff notices the patient is having trouble with mobility, transfers or sitting balance, this information is communicated to the patient’s treatment plan.
- Specific concerns are shared with the therapist and continued practice, new techniques, different equipment, patient and family education are incorporated into the patient’s treatment plan.

If a Patient is Struggling with any ADL Components of Bowel Care, an Occupational Therapist is asked to Provide Assistance
- When a patient is having trouble reaching to place the suppository, difficulty with digital rectal stimulation or not able to maintain hygiene after a bowel movement, their primary occupational therapist can be consulted.
- The occupational therapist helps the patient, staff and family develop new techniques or use assistive devices to solve the problem while encouraging the patient to be an independent as possible.

If Consistency of Stool is Impeding Optimal Bowel Evacuation, then a Dietician is asked to Provide Assistance
- If the patient’s stool is too loose, the dieticians may recommend adding a fiber supplement to slow the rate of stomach emptying.
- If the patient’s stool is too hard, evaluate the patient’s fluid intake as well as his or her fiber intake.
- The current recommendation for patients with SCI is to consume 15 grams of fiber per day.

Results of Bowel Care are Clearly Documented in the EMR, as well as at the Bedside, for the Entire Team’s Reference

Neurogenic Bowel Management of the Spinal Cord Injury Population: An Interdisciplinary Approach

UVA-HealthSouth Rehabilitation Hospital
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Upon Admission, the Physician Evaluates the Patient’s Level of Spinal Cord Injury (SCI) and Orders the Appropriate Bowel Program. The Physical Therapist then EXECUTES the Orders, per our Protocols, with Help from the Nursing Technicians as Necessary

For patients with UMN neurogenic bowel dysfunction
- Put on gloves and apply Surgilube (unless Dibucaine Gel has been ordered for bowel care, in which case you should replace Surgilube with Dicobionate Gel)
- Thoroughly wash the patient for signs and symptoms of autonomic dysreflexia (headache, flushed face, patient feeling anxious, etc.) if concerned, ask bowel care and check the patient’s blood pressure.
- Remove any stool that would interfere with inserting a suppository.
- Place the suppository next to the rectal wall, high up in the rectum.
- Wait 5-10 minutes (no longer) for the stimulant to work.
- Start and repeat digital rectal stimulation
  - The purpose of digital rectal stimulation is to relax anal sphincter tone and to induce a reflex peristaltic wave from the colon to evacuate stool (i.e. the rectocolic reflex).
  - Fully insert a lubricated finger.
  - Apply gentle, sustained pressure toward the sacrum to relax the anal sphincter muscle.
  - Move finger gently in a circular movement, dialating and mixing the distal rectum and anal canal.
  - Continue this circular finger movement until relaxation of the bowel wall is observed.
  - Status (gas) present.
  - The stool comes out; if no stool has come out it usually takes at least 15 seconds of circular movement for adequate digital rectal stimulation.
  - Repeat digital rectal stimulation every five to ten minutes.
  - Complete bowel care
    - No stool has come out after two digital rectal stimulations, at least ten minutes apart.
    - Check to see if suppository or digital rectal stimulation has been ordered.
    - If suppository is ordered with UMN bowel care, remove any stool that would interfere and place the suppository high against the rectal wall.
    - Wait five to fifteen minutes for stimulus to work.
    - If digital rectal stimulation is ordered, perform for 30 seconds. Effective manual evacuation (see below) and repeat digital rectal stimulation after ten minutes, followed again by effective manual evacuation.

For patients with LMN neurogenic bowel dysfunction
- Fully insert a lubricated finger.
- Wait five to fifteen minutes for stimulant to work.
- Check to see if suppository or digital rectal stimulation has been ordered.
- If suppository is ordered with LMN bowel care, remove any stool that would interfere and place the suppository high against the rectal wall.
- Manual evacuation: use one or two fingers to break up stool, hook it and gently pull it out.
- Assistive techniques: chair push-ups, abdominal massage, valsalva, forward and side bending or deep breathing.
- Do a final check in the rectum with finger to make sure all reachable stool has been manually evacuated.

Equipment: Patient in bed, patient on their left side with hips flexed.

Prescribe Manual disimpaction X daily.

LMN bowel program

Upper motor neuron (UMN or reflexic) neurogenic bowel dysfunction: Neurogenic bowel dysfunction where the rectocolic reflex is intact and the pelvic floor muscles have high tone.

Lower motor neuron (LMN or areflexic) neurogenic bowel dysfunction: Neurogenic bowel dysfunction where the rectocolic reflex is not intact and the pelvic floor muscles have low tone.

To facilitate regular bowel movements in SCI patients, a Physical Therapist is asked to Provide Assistance. If the patient has bowel symptoms, the occupational therapist is notified.

When patients have SCI, the goal consistency for UMN neurogenic bowel is soft, moist stool; the goal consistency for LMN neurogenic bowel is formed stool.

The rectum is completely closed around the stimulating finger.
- No stool has come out after two digital rectal stimulations, at least ten minutes apart.
- Clear musings is coming out without stool.
- The rectum is completely closed around the stimulating finger.

Bowel program:

- Wait 5-10 minutes (no longer) for the stimulant to work.
- Start and repeat digital rectal stimulation
  - The purpose of digital rectal stimulation is to relax anal sphincter tone and to induce a reflex peristaltic wave from the colon to evacuate stool (i.e. the rectocolic reflex).
  - Fully insert a lubricated finger.
  - Apply gentle, sustained pressure toward the sacrum to relax the anal sphincter muscle.
  - Move finger gently in a circular movement, dialating and mixing the distal rectum and anal canal.
  - Continue this circular finger movement until relaxation of the bowel wall is observed.
  - Status (gas) present.
  - The stool comes out; if no stool has come out it usually takes at least 15 seconds of circular movement for adequate digital rectal stimulation.
  - Repeat digital rectal stimulation every five to ten minutes.
  - Complete bowel care
    - No stool has come out after two digital rectal stimulations, at least ten minutes apart.
    - Check to see if suppository or digital rectal stimulation has been ordered.
    - If suppository is ordered with UMN bowel care, remove any stool that would interfere and place the suppository high against the rectal wall.
    - Wait five to fifteen minutes for stimulus to work.
    - If digital rectal stimulation is ordered, perform for 30 seconds. Effective manual evacuation (see below) and repeat digital rectal stimulation after ten minutes, followed again by effective manual evacuation.

Ineffective digital rectal stimulation
- If the patient’s stool is too loose, evaluate the patient’s fluid intake as well as his or her fiber intake.
- If the stool is too hard, evaluate the patient’s fluid intake as well as his or her fiber intake.
- The current recommendation for patients with SCI is to consume 15 grams of fiber per day.
- Please teach patient so that he/she may become independent with their bowel cares.

Effective digital rectal stimulation
- If the patient’s stool is too loose, the dieticians may recommend adding a fiber supplement to slow the rate of stomach emptying.
- If the patient’s stool is too hard, evaluate the patient’s fluid intake as well as his or her fiber intake.
- The current recommendation for patients with SCI is to consume 15 grams of fiber per day.
- Please teach patient so that he/she may become independent with their bowel cares.

References