

Spinal Cord Injury Info Sheet

An information series produced by the Spinal Cord Program at GF Strong Rehab Centre.

Bowel Management

The *bowel*, also called the *colon*, is the large intestine, the last part of your digestive system. The waste products of digested food are stored here until you need to have a bowel movement.

After a Spinal Cord Injury

Depending on your level of spinal cord injury, you will either have a **Spastic** bowel or a **Flaccid** bowel.

Spastic Bowel

- Typical of an injury above T12
- Bowel reverts to reflex emptying
- You can stimulate this reflex by digital stimulation and/or suppositories
- You should empty your bowel every other day

Flaccid Bowel

- Typical of injuries below T12
- The reflex is lost as the nerves to the rectum are damaged
- You usually need to manually remove the stool
- You should empty your bowel every other day

Bowel Routine

Your diet, the amount of exercise you do, and the regularity of your bowel movements play an important role in keeping you healthy. After a spinal cord injury, your bowels no longer empty on demand. Management of your bowels is possible with planning and an effective bowel program.

A bowel program is the total combination of diet, exercise, fluids, medication, and scheduled bowel care. The goal of a bowel program is to empty the bowel on a regular basis and not allow over-distention.

Bowel Routine DO'S

- Establish a regular pattern that will fit into your daily schedule

- Take advantage of the stomach reflex, which moves the bowel at 30-60 minutes after eating
- Drink lots of fluids to keep the stool soft
- Exercise regularly
- Take medications as directed
- Eat a well balanced diet with high-fibre foods
- Avoid foods that can act as irritants
 - o Caffeine
 - o Alcohol
 - o Chocolate
 - o Spicy Foods
- Avoid foods that slow the bowel
 - o Dairy products
 - o White bread
 - o Rice

Guidelines to a Successful Bowel Program

- understand the basics and unique characteristics of your system
- appropriate diet and fluid intake are essential
- determine the best type routine and time and be consistent
- ensure medications correlate with most effective time and routine for you
- regular exercise and abdominal massage encourages normal movement of stool
- time, comfort, privacy, relaxation, and good positioning help create a productive atmosphere
- keep it simple – add new elements as needed, allowing 3-5 days to see effects
- be patient – training a bowel takes time
- Knowing and understanding your body is important

Medications

Stool Softeners

- Help the stool retain fluid, stay soft, and slide easily through the colon
- ducosate (colace)

Laxatives

- Increase stool bulk by pulling water into the colon
- You will have to drink more fluids with these
- senna (glysennids), bisacodyl (dulcolax)

Bulk-Forming Agents

- Add bulk to your stool
- You will have to drink more fluids with these
- psyllium (metamucil), bran

Suppositories

- stimulates activity in colon and lubricates the rectum
- dulcolax, glycerine, "Magic Bullet"

Dietary Effects

Food Group	Foods that Harden Stool	Foods that Soften Stool
Milk	milk, yogurt made without fruit, cheese, cottage cheese, ice cream	yogurt with seeds or fruit
Bread and Cereal	white bread, saltine crackers, refined cereals, pancakes, bagels, biscuits, white rice, enriched noodles	whole grain breads and cereals
Fruits and Vegetables	fruit juice without pulp, apple sauce, potatoes without skins	all vegetables
Meat	any meat, fish, or poultry	nuts, dried beans, peas, seeds, lentils, chunky peanut butter
Soups	any creamed or broth-based without vegetables, beans, or lentils	soups with vegetables, beans, or lentils
Fats	none	any
Desserts and Sweets	any without fruit or seeds	any made with cracked wheat, seeds, or fruit

Problem Solving

Diarrhea

- Loose stool, which can cause bowel accidents
- Causes:
 - o Spicy foods
 - o Caffeine
 - o Antibiotics
 - o Overuse of laxatives/softeners
 - o Severe constipation
 - o Flu or intestinal infection
 - o Psychological stress
- Solutions:
 - o Eat foods that can harden stool (dairy, white bread, white rice)
 - o Stop laxative and stool softener use until diarrhea clears up
 - o Impacted?? Only liquid and soft stool can get past the impaction
- After diarrhea clears up, re-evaluate your bowel program

Constipation

- Causes:
 - o Lack of regularly scheduled bowel program
 - o Incomplete emptying with bowel program
 - o Diet low in fibre
 - o Bedrest or low physical activity
 - o Medications (Narcotics, Iron, Antacids)
- Solutions
 - o Eat foods high in fibre
 - o Take psyllium (metamucil)
 - o Drink plenty of fluids (as tolerated by your existing bladder program)
 - o Take ducosate (colace)
 - o Increase activity and range of motion

Rectal Bleeding

- Can be seen as bright red blood in the stool, on toilet paper, or on gloves
- Causes:
 - o Hemorrhoids (internal and external)
 - o Hard stool (constipation)
 - o Rectal fissures (cracks or breaks in skin)
 - o Traumatic digital stimulation
- Solutions
 - o Soften stool with colace and Metamucil
 - o Gentle stimulation without trauma
 - o Have hemorrhoids assessed for surgical intervention
 - o Topical creams (e.g. Anusol)

Autonomic Dysreflexia

- Causes:
 - o ANYTHING that can cause PAIN
 - o Hemorrhoids or fissures
 - o Full or overdistended bowel (constipation, skipped bowel routines, impaction)
 - o Rough digital stimulation
- Solutions
 - o Regularly scheduled bowel routines with adequate emptying
 - o Increase frequency of bowel routines
 - o Comfortable positioning during bowel routines
 - o Anaesthetic ointment to anal area 5-10 minutes before suppository insertion and digital stimulation

*For more information,
please contact:*

*Spinal Cord Program
GF Strong Rehab Centre
4255 Laurel St
Vancouver, BC V5Z 2G9*

*Tel: 604-734-1313
Toll-Free: 1-866-906-1888
Fax: 604-714-4121*

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