SOLVING COMMON BOWEL PROBLEMS

A resource tool for persons with spinal cord injury

Glossary of Terms

- Bowel management program and autonomic dysreflexia
- Stools too fluid (loose or diarrhoea)
- Stool is well formed but high up and seems very slow to pass
- Stool moves to the rectum but is too soft to pass
- Alternating diarrhoea and constipation
- Stool is too hard and too high up
- Accidents or irregularity
- Stool is too high up and too soft
Solving Common Bowel Problems

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Solving Common Bowel Problems
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**BOWEL MANAGEMENT PROGRAM and AUTONOMIC DYSREFLEXIA**

- **STOOLS TOO FLUID (LOOSE OR DIARRHOEA)**
  - The side effects of medications
  - Reviewing laxatives and fibre supplements
  - Reducing excessive fluid intake
  - Any changes to routine
  - How my instructions been misinterpreted?
  - The stool may not be ready to pass
  - A different type of suppository or enema

- **STOOL IS WELL FORMED BUT HIGH UP AND SEEMS VERY SLOW TO PASS**
  - The side effects of medications
  - Reducing excessive fluid intake
  - Increasing fibre in diet
  - Checking the digital stimulation technique

- **STOOL MOVES TO THE RECTUM BUT IS TOO SOFT TO PASS**
  - A more balanced diet
  - Irregularity of fluid intake—too high or low
  - Irregular bowel regimen
  - Competency of carers

- **ALTERNATING DIARRHOEA AND CONSTIPATION**
  - The side effects of medications
  - Reviewing laxatives
  - A change of bowel routine
  - A review of enemas or suppositories

- **STOOL IS TOO HARD AND TOO HIGH UP**
  - The side effects of medications
  - Diet and fluid intake
  - Reviewing laxatives
  - A different type of suppository or enema
  - Using a stool softening agent
  - Use of assistive techniques

- **STOOL IS TOO HARD TO PASS**
  - The side effects of medications
  - Diet and fluid intake
  - Using assistive techniques

- **ACCIDENTS OR IRREGULARITY**
  - Diet and fluid intake
  - A change of bowel routine
  - A review of enemas or suppositories
  - Any recent changes to diet or lifestyle

- **STOOL IS TOO HIGH UP AND TOO SOFT**
  - Side effects of medication
  - Review of enema or suppository types
  - Using assistive techniques
  - Fibre and fluid intake
Bowel management program

The level and completeness of your spinal cord injury affects the amount of control you have over your bowel and determines which bowel care method will work best for you. Persons with a high level injury usually find that a reflex method works well; the reflex is triggered by stimulation, straining or pressure. Persons with a low level injury may require abdominal pressure or straining to assist bowel evacuation.

All persons who have had a spinal cord injury require an individually tailored bowel program. A bowel program is a plan for regaining control of bowel function. The plan incorporates diet and fluids, physical activity, medications and bowel care techniques as well as the frequency and duration of bowel care.

The goal of a bowel program is to:
- schedule evacuation to occur at a set time every 1-2 days,
- evacuate the rectum in under 60 minutes,
- prevent/reduce the number of bowel accidents, and
- minimise bowel related health problems.

The majority of people find that their bowel program is most effective and reliable when they maintain a degree of regularity in their general day to day activities.

Try to have:
- a well-balanced healthy diet and eat regularly,
- daily fibre intake of at least 15g (see back of book for information),
- consistent high fluid intake,
- regular medication times,
- a consistent and competent team of carers,
- a set protocol for your bowel care routine,
- regular exercise, movement or a degree of general activity, and
- a relaxed and consistent lifestyle.

Any significant change to any of the above may result in a change in the outcome of your bowel care.

If you need to change any aspect of your bowel program, **change only one component at a time**, and then allow yourself 3 bowel care cycles with that change in place. Only then decide if the change has helped or not.

Autonomic dysreflexia

- Some people experience a degree of autonomic dysreflexia during bowel care, during rectal examinations or as the lower bowel is contracting to expel its contents. It is usually a temporary occurrence and resolves with no ill effects when the stool is passed or when the bowel care procedure is completed.
- The symptoms vary with the individual, and could be described as a milder form of a full-blown dysreflexic episode.

**SIGNS AND SYMPTOMS**

May include any of the following:
- Pounding headache
- Flushed blotchy skin
- Profuse sweating
- Blurred vision
- Goosebumps
- Chills
- Stuffy nose
- Nausea/feeling unwell
- Anxiety
- Shortness of breath
- Slow pulse

- If you experience autonomic dysreflexia during bowel care, check through this booklet and make appropriate changes to ensure that your bowel program is as problem free as possible.
- Be certain that your carers are using a good PR or “check” technique. Excessive or overly vigorous digital stimulation and PRs may trigger autonomic dysreflexia.
  If this occurs reduce the digital stimulation immediately to manage the dysreflexia.
- A range of rectal conditions such as haemorrhoids and rectal tears can be exacerbated by digital stimulation.
- It might be necessary for a nurse to monitor your blood pressure during evacuation to assess the severity of the dysreflexia.

**Seek medical advice if problem persists.**
Stools too fluid (loose or diarrhoea)

Think about...

**Fluids**
- Are you drinking too much fluid? Although an increased fluid intake is encouraged, it is unwise to exceed your recommended amount by too much on a regular basis.
- Some alcoholic drinks can affect the consistency of the stool, especially when taken in excess. Always try to restrict your intake of alcohol to the recommended level.

**Medications**
- Are you taking any medications that may be causing this problem? Be sure you know the correct dose and potential side effects of all the medications you take.
- Many antibiotics have the side effect of very soft or runny stools. This may in turn lead to accidents and diarrhoea, or make it difficult for you to completely empty the rectum during bowel care, because the stools are not well formed. Don’t be tempted to cease antibiotics without your doctor’s approval before the course is completed. Eating yoghurt and increasing soluble fibre will help.
- Your GP, Spinal Nurse or Spinal Clinic will give you information on your medications and their potential side effects, and advise you on how to make changes if necessary.

**Laxatives**
- If taking laxatives, in particular a stool softener, look at the amount and think about reducing. If it is already a small dose, you may need to cease it. See back pages for examples of laxatives.

Diet
- There are no common foods that cause diarrhoea in everyone. You need to work out what you are sensitive to, and adjust your intake of those foods and drinks.
- Fatty, spicy or greasy foods seem to be associated with diarrhoea. Other foods to be aware of are chocolate, curry, chilli, some dairy products, stone fruit and some fruit juices such as prune and pear.
- Some people report that caffeine appears to cause diarrhoea. Caffeine in different amounts can be found in coffee, tea, chocolate/chocolate products, guarana, cola drinks and some medications.
- Soluble fibre absorbs water and binds bowel contents together making the stool wetter and bulkier which will then slow down the stool’s passage through the gut. Therefore increasing your soluble fibre intake will help with this problem. For examples of foods with soluble fibre content, see back pages.

**Fibre supplements—bulking agents**
- Fibre supplements are not designed to replace fibre in a healthy diet, but can be seen as a quick way to boost fibre intake. They come in powders, granules and sprinkles and are available from your supermarket, chemist or health food shop; they do not contain vitamins and nutrients. The amount of fibre they provide is small (less than 3g per dose) and they can be expensive.
- Regardless of how frequently you are attending bowel care, if you decide to take fibre supplements then they should be taken at set times each day

**NOTE:** Increasing fibre gradually will allow your bowel to adjust, which in turn will prevent bloating and intestinal wind/gas, which can occur with sudden intake of high fibre.

Be aware that frequent loose watery stools may be the result of severe constipation or infection.

Seek medical advice if problem persists.
Stool is well formed but high up and seems very slow to pass

Stool cannot be felt on digital examination but is well formed when it comes to rectum.

Think about...

Time over toilet
- It is vital that you allow enough time on the toilet or commode. If you are too quick you may not give the bowel time to effectively or completely empty. Remember that your digestive functions are usually more sluggish after a spinal cord injury, particularly the emptying of the rectum.

- When you rely on carers to provide personal care ensure that the time allocated to you is sufficient for all your needs to be adequately met. Trying to hurry bowel care can result in an accident later in the day. If you feel the bowel care routine is being rushed, you may need to discuss the issue with your service provider or case coordinator.

- Are you unsure about whether or not you are finished? If a moderate amount of stool has already been passed and the rectum is empty, end bowel care. If you believe there is stool higher in the rectum, wait until the next scheduled bowel care to evacuate.

Assistive techniques
- Assistive techniques can increase the speed of bowel care. For this particular problem utilise the gastrocolic reflex, abdominal massage, digital stimulation (which brings the stool down into the rectum ready for evacuation), forward or sideward bending, check that your position for bowel care is correct and for persons with low level injuries gentle Valsalva manoeuvres can help push stool out; see back page for information on each of these techniques.

Enema and suppositories
- Review your choice of enema or suppository. Be sure that the one you are using is appropriate for your particular type of bowel function.

- A Microlax enema acts as a lubricant, causing fullness in the rectum, which then stimulates a reflex action to empty.

- A Bisalax enema acts as a chemical stimulant to the rectum and bowel, resulting in a larger evacuation. Bisalax enema may be harsh on the bowel with long-term use.

- A Glycerine suppository forms a gel that lubricates the bowel, allowing the stool to move more rapidly through. However, it is difficult to remove the gel deposit, even after evacuation of the rectum. This residue can cause incontinence later on that day.

- Duralax or Bisocodyl suppositories are harsh, and act by irritating the bowel to empty.

See back pages of this booklet for more information.

Medications
- Are you taking any medications that may be causing this problem? Be sure you know the correct dose and potential side effects of all the medications you take.

Diet
- Ensure that your diet is healthy and well balanced. Good nutrition is an important factor for keeping a bowel routine.

Carer competence
- Be sure all your carers are competent to do your bowel care routine and are familiar with your particular needs. If they are not, remember it is your responsibility to instruct them.

- Have you been adequately prepared to teach any carers to carry out your bowel program?

- If you feel that your carers really do not have sufficient skills or knowledge, talk to their co-ordinator.

Seek medical advice if problem persists.
Stool moves to the rectum but is too soft to pass

Think about...

**Fluids**
- Are you drinking too much fluid? Although an increased fluid intake is encouraged, it is unwise to exceed your recommended amount by too much on a regular basis.
- Some alcoholic drinks can affect the consistency of the stool, especially when taken in excess. Always try to restrict your intake of alcohol to the recommended level.

**Diet**
- Sometimes it is possible to eat too much of one particular type of food which could cause soft stools. You will soon learn to recognise which aspects of your diet need to be moderated to reduce the possibility of this type of problem.
- Examples of foods that make stools soft are vegetables (especially red capsicum, cabbage, onion, spinach, dried and fresh beans, peas, corn, brussel sprouts and broccoli), whole fruit, spices, chocolate, nuts, greasy/fatty foods, alcohol, caffeine.
- Introduce foods with higher fibre content into your diet, which will bulk up the stool making it easier to pass.

*NOTE: Increasing fibre gradually will allow your bowel to adjust, which in turn will prevent bloating and intestinal wind/gas, which can occur with sudden intake of high fibre.*

**Medications**
- Are you taking any medications that may be causing this problem? Be sure you know the correct dose and potential side effects of all the medications you take.
- Many antibiotics have the side effect of very soft stools. This may in turn lead to accidents and diarrhoea, or make it difficult for you to completely empty the rectum during bowel care, because the stools are not well formed. Don’t be tempted to cease antibiotics without your doctor's approval before the course is completed. Eating yoghurt and increasing soluble fibre will help.
- Could you be taking too high a dose of stool softener medication? You might need to reduce or cease it.
- Your GP, Spinal Nurse or Spinal Clinic will give you information on your medications and their potential side effects, and advise you on how to make changes if necessary.

**Assistive techniques**
- Assistive techniques can increase the speed of bowel care. For this particular problem utilise the gastrocolic reflex, abdominal massage and forward or sideward bending; check that your position for bowel care is correct and for persons with low level injuries gentle Valsalva manoeuvres can help push stool out.
- Use of digital stimulation will trigger stronger contractions of the bowel which can help to move the stools down and out.

*See back pages for information on each of these techniques.*

**Carer competence**
- If you have a carer, you will need to instruct them to ensure that they are using the stimulant technique that is most effective for you. Get them to tell you what they are feeling when they are doing digital stimulation or any PR examination so that you can decide what further action to take.

*Seek medical advice if problem persists.*
Alternating diarrhoea and constipation

Think about…

Diet

- What you eat and drink can affect your bowel movements, and everyone responds differently to different foods. You will learn in time how your bowel reacts to foods.

- Examples of foods that make stools soft are vegetables (especially red capsicum, cabbage, onion, spinach, dried and fresh beans, peas, corn, brussel sprouts and broccoli), whole fruit, spices, chocolate, nuts, greasy/fatty foods, alcohol, caffeine.

- Examples of foods that can make stools hard are bananas, white boiled rice, white bread (not high fibre), potatoes, cheese, white pasta, and yogurt.

- Large amounts of meat or dairy products can also make the stools hard and difficult to pass, especially if you do not balance the diet with the recommended serves of fruits and vegetables.

- A balanced mix of fibres from a variety of food sources is important in your diet. Be aware that too much fibre can be problematic and make stools either too loose or too firm. For information on dietary fibre see back pages.

Fibre supplements—bulking agents

- Fibre supplements are not designed to replace fibre in a healthy diet, but can be seen as a quick way to boost fibre intake. They come in powders, granules and sprinkles and are available from your supermarket, chemist or health food shop; they do not contain vitamins and nutrients. The amount of fibre they provide is small (less than 3g per dose) and they can be expensive. Regardless of how frequently you are attending bowel care, if you decide to take fibre supplements they should be taken at set times each day.

NOTE: Any fibre increase in your diet should also be accompanied by an increase in your fluid intake, otherwise the stools become dry and will be difficult to pass. Increasing fibre gradually will allow your bowel to adjust, which in turn will prevent bloating and intestinal wind/gas, which can occur with sudden intake of high fibre.

Fluids

- Water is the best fluid to drink. Two to three litres per day is recommended, depending on your bladder care program.

- Limit drinks containing caffeine as they may have a diuretic action, that is, they cause you to pass out higher amounts of fluid.

- Alcohol can stimulate bowel function but may also have a diuretic effect, so try to limit your intake to the recommended level.

- If you lose water through excessive perspiration, vomiting or diarrhoea, you must compensate by taking in extra fluids.

Bowel care routines

- If you are having accidents on the ‘non bowel’ day your pattern may be changing.

- Your body may be telling you that a daily routine is required. If you were a regular, once a day person before the spinal injury you may need to adopt this program again now.

- Alternatively, if you notice that you are having a large result one day and a very small one the next, you may be better suited to a second daily program.

Carer competence

- Be sure all your carers are competent to do your bowel care tasks and are familiar with your particular routine.

- If they are not, remember it is your responsibility to instruct them.

Seek medical advice if problem persists.
Stool is too hard and too high up

Stool cannot be felt on digital examination and is too hard when it comes to the rectum.

Think about...

Diet
- Insoluble fibre bulks up the stool which helps to speed the stool through the gut. Therefore, it is best for managing hard stools and constipation. Increasing insoluble fibre foodstuffs in your diet will improve the consistency of the stools, making them softer and easier to pass. See back pages for examples of foods rich in insoluble fibre.
- Large amounts of meat or dairy products can make the stools difficult to pass, especially if you do not balance the diet with the recommended serves of fruits and vegetables.
- Other examples of foods that can make stools hard are bananas, white boiled rice, white bread (not high fibre), potatoes, cheese, white pasta, and yogurt.

Fibre supplements—bulking agents
- Fibre supplements are not designed to replace fibre in a healthy diet, but can be seen as a quick way to boost fibre intake. They come in powders, granules and sprinkles and are available from your supermarket, chemist or health food shop; they do not contain vitamins and nutrients. The amount of fibre they provide is small (less than 3g per dose) and they can be expensive. Regardless of how frequently you are attending bowel care, if you decide to take fibre supplements then they should be taken at set times each day.

NOTE: If you increase fibre in your diet you should also increase your fluid intake, otherwise the stools become dry and will be difficult to pass. Increasing fibre gradually will allow your bowel to adjust, which in turn will prevent bloating and intestinal wind/gas, which can occur with sudden intake of high fibre.

Bowel care routine
- The longer the stool remains in the gut, the drier it becomes. If you are attending bowel care less than daily, consider changing to daily until the stool returns to a soft, formed consistency.

Fluids
- Water is the best fluid to drink. Two to three litres per day is recommended, unless you are on a fluid restriction.
- Limit drinks containing caffeine as they may have a diuretic action, that is, they cause you to pass out higher amounts of fluid.
- Alcohol can stimulate bowel function but may also have a diuretic effect, so try to limit your intake to the recommended level.
- If you lose water through excessive perspiration, vomiting or diarrhoea, you must compensate by taking in extra fluids.

Laxatives
- You may need to take a laxative, such as a combined stool softener and stimulant, so you can empty the bowel well and completely. See back pages of this booklet for information on laxatives and consider getting advice before introducing or altering a dose.
- If you take laxatives, take them at the same time each day in order to ensure that they are causing the maximum effect at the desired time, that is, when you want a bowel motion. For example, taking the dose earlier may in turn stimulate the bowel to work earlier, moving its contents along so that there are stools in the rectum at the appropriate time.

Medications
- Are you taking any medications such as tranquillisers, anticholinergics (given to assist bladder management), iron or analgesics (also known as pain killers), all of which can have the side effect of constipation?
- If you are, and think this may be causing or contributing to the problem, talk it over with your GP, Spinal Nurse or Spinal Clinic before altering the dose.

Assistive techniques
- Assistive techniques can increase the speed of bowel care. For this particular problem utilise the gastrocolic reflex, abdominal massage, digital stimulation (which brings the stool down into the rectum ready for evacuation), forward or sideward bending, check that your position for bowel care is correct and for persons with low level injuries gentle Valsalva manoeuvres can help push stool out, see back pages for information on each of these techniques. Manual evacuation may be required when stool comes to rectum.

Carer competence
- Be sure all your carers are competent to do your bowel care tasks and are familiar with your particular routine. If they are not, remember it is your responsibility to instruct them. If you feel that your carers really do not have sufficient skills or knowledge, talk to their manager.

Seek medical advice if problem persists.
**Stool is too hard to pass**

**Think about...**

**Medications**
- Are you taking any medications, such as tranquillisers, anticholinergics (given to assist bladder management), iron or analgesics (also known as pain killers), all of which may have the side effect of constipation?
- If you are, and think this may be causing or contributing to the problem, talk it over with your GP, Spinal Nurse or Spinal Clinic before altering the dose.

**Diet**
- **Insoluble** fibre bulks up the stool which helps to speed the stool through the gut. Therefore, it is best for managing hard stools and constipation. Increasing **insoluble** fibre foodstuffs in your diet will improve the consistency of the stools, making them softer and easier to pass. See back pages for examples of foods rich in **insoluble** fibre.
- Examples of foods that can make stools hard are bananas, white boiled rice, white bread (not high fibre), potatoes, cheese, white pasta and yoghurt.
- Large amounts of meat or dairy products can also make the stools difficult to pass, especially if you do not balance the diet with the recommended serves of fruits and vegetables.

**Fibre supplements – bulking agents**
- Fibre supplements are not designed to replace fibre in a healthy diet, but can be seen as a quick way to boost fibre intake. They come in powders, granules and sprinkles and are available from your supermarket, chemist or health food shop; they do not contain vitamins and nutrients. The amount of fibre they provide is small (less than 3g per dose) and they can be expensive. Regardless of how frequently you are attending bowel care, if you decide to take fibre supplements then they should be taken at set times each day.

**NOTE:** If you increase fibre in your diet you should also increase your fluid intake, otherwise the stools become drier and will be more difficult to pass. Increasing fibre gradually will allow your bowel to adjust, which in turn will prevent bloating and intestinal wind/gas, which can occur with sudden intake of high fibre.

**Assistive Techniques**
- Digital stimulation and then manual evacuation to assist the stool out of the rectum will be necessary. In conjunction, utilise forward or sideward bending and check that your position for bowel care is correct.
- Persons with low level injuries could use gentle Valsalva manoeuvres to help push the stool out.

*See back pages for information on each of these techniques.*

**Fluids**
- Try to increase your fluid intake. Water is the best fluid to drink. Two to three litres per day is recommended, unless you are on a fluid restriction.
- Limit drinks containing caffeine as they may have a diuretic action, that is, they cause you to pass out higher amounts of fluid.
- Alcohol can stimulate bowel function but may also have a diuretic effect, so try to limit your intake to the recommended level.
- If you lose water through excessive perspiration, vomiting or diarrhoea, you must compensate by taking in extra fluids.

**Laxatives**
- If other measures (fibre supplements, fluids) have not improved the constipation or consistency of the stool, you may need to introduce or increase laxatives, such as a softener medication. See back pages for examples of softer laxatives. It is advisable to discuss this issue with your GP, Spinal Clinic or Spinal Nurse to ensure you are taking an appropriate dose.

**Enemas and Suppositories**
- Review your choice of enema or suppository. Be sure that the one you are using is appropriate for your particular type of bowel function.
- A **Microlax enema** acts as a lubricant, causing fullness in the rectum, which then stimulates a reflex action to empty.
- A **Bisalax enema** acts as a chemical stimulant to the rectum and bowel, resulting in a larger evacuation. Bisalax enema may be harsh on the bowel with long-term use.
- A **Glycerine suppository** forms a gel that lubricates the bowel, allowing the stool to move more rapidly through. However, it is difficult to remove the gel deposit, even after evacuation of the rectum. This residue can cause incontinence later on that day.
- Duralax or Bisocodyl suppositories are harsh, and act by irritating the bowel to empty.

**Bowel care routine**
- The longer the stool remains in the gut, the driers it becomes. If you are attending bowel care less than daily, consider changing to daily until the stool returns to a soft, formed consistency.

**Carer Competence**
- If you have a carer, you will need to instruct them to ensure that they are using the technique that is most effective for you. Get them to tell you what they are feeling when they are doing digital stimulation or any rectal examinations so that you can decide what further action to take. Be sure all your carers are competent to do your personal care tasks and are familiar with your particular routine. If they are not, remember it is your responsibility to instruct them.

*Seek medical advice if problem persists.*
Accidents or irregularity

Think about...

Time over toilet

- It is vital that you allow enough time on the toilet or commode. If you are too quick you may not give the bowel time to effectively or completely empty. Trying to hurry bowel care can result in an accident later in the day. Remember that your digestive functions are usually more sluggish after a spinal cord injury, particularly the emptying of the rectum.

- When you rely on carers to provide personal care ensure that the time allocated to you is sufficient for all your needs to be adequately met. If you feel the bowel care routine is being rushed, you may need to discuss the issue with your service provider or case coordinator. Be sure all your carers are competent to do personal care tasks and are familiar with your particular routine. If they are not, remember it is your responsibility to instruct them.

- You will know you have completed bowel care when you have passed a reasonable amount of stool and no further stool has been passed after 2 digital stimulations at least 10 minutes apart, or just mucus is being evacuated or the rectum is completely closed around the stimulating finger.

Medications

- Many antibiotics have the side effect of very soft stools. This may in turn lead to accidents or make it difficult for you to completely empty the rectum during bowel care, because the stools are not well formed. Don’t be tempted to cease antibiotics without your doctor’s approval before the course is completed. Eating yoghurt and increasing fibre will help.

- If you are taking stool softeners, cut down on quantity or stop taking them altogether.

Diet

- What you eat and drink can affect your bowel movements, every one responds differently to different foods. Have you noticed that you experience accidents after eating any particular foods?

- Examples of foods that make stools soft are vegetables (especially red capsicum, cabbage, onion, spinach, dried and fresh beans, peas, corn, brussel sprouts and broccoli), whole fruit, spices, chocolate, nuts, greasy/fatty foods, alcohol, caffeine.

- A balanced mix of fibres from a wide variety of food sources is important in your diet. For information on dietary fibre see back pages. Are you eating regularly? Eating at odd hours can upset your bowel routine.

Fibre supplements –bulking agents

- Fibre supplements are not designed to replace fibre in a healthy diet, but can be seen as a quick way to boost fibre intake. They come in powders, granules and sprinkles and are available from your supermarket, chemist or health food shop; they do not contain vitamins and nutrients. The amount of fibre they provide is small (less than 3g per dose) and they can be expensive. Regardless of how frequently you are attending bowel care, if you decide to take fibre supplements then they should be taken at set times each day. For information of supplement types see back pages.

- When you rely on carers to provide personal care ensure that the time allocated to you is sufficient for all your needs to be adequately met. If you feel the bowel care routine is being rushed, you may need to discuss the issue with your service provider or case coordinator. Be sure all your carers are competent to do personal care tasks and are familiar with your particular routine. If they are not, remember it is your responsibility to instruct them.

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- A balanced mix of fibres from a wide variety of food sources is important in your diet. For information on dietary fibre see back pages. Are you eating regularly? Eating at odd hours can upset your bowel routine.

NOTE: If you increase fibre in your diet you should also increase your fluid intake, otherwise the stools become dry and will be difficult to pass. Increasing fibre gradually will allow your bowel to adjust, which in turn will prevent bloating and intestinal wind/gas, which can occur with sudden intake of high fibre.

Fluids

- Water is the best fluid to drink. Two to three litres per day is recommended—depending on your bladder care program.

- Limit drinks containing caffeine as they may have a diuretic action, that is, they cause you to pass out higher amounts of fluid.

- Alcohol can stimulate bowel function but may also have a diuretic effect, so try to limit your intake to a safe and reasonable level.

- If you lose water through excessive perspiration, vomiting or diarrhoea, you must compensate by taking in extra fluids.

- Be aware that tea, coffee and alcohol have laxative properties.

Enemas and Suppositories

- Review your choice of enema or suppository. Be sure that the one you are using is appropriate for your particular type of bowel function.

- A Microlax enema acts as a lubricant, causing fullness in the rectum, which then stimulates a reflex action to empty.

- A Bisalax enema acts as a chemical stimulant to the rectum and bowel, resulting in a larger evacuation. Bisalax enema may be harsh on the bowel with long-term use.

- A Glycerine suppository forms a gel that lubricates the bowel, allowing the stool to move more rapidly through. However, it is difficult to remove the gel deposit, even after evacuation of the rectum. This residue can cause incontinence later on that day.

- Duralax or Bisocodyl suppositories are harsh, and act by irritating the bowel to empty.

See back pages of this booklet for more information

Digital stimulation

- Excessive digital stimulation, particularly when the lower bowel is empty or when the evacuation is actually complete, can overstimulate the large bowel. Often this causes it to secrete mucus or contract, and push its contents along and out at the wrong time.

- If the stool is not ready to be evacuated, it is often loose. Over-stimulation can cause the rectum and anus to temporarily lose tone and result in incomplete evacuation.

Bowel care routines

- If you are having accidents on the ‘non bowel’ day, your pattern may be changing.

- Your body may be telling you that a daily routine is required. If you were a regular, once a day person before the spinal injury you may need to adopt this routine again.

- Alternatively, if you notice that you are having a large result one day and a very small one the next, you may be better suited to a second daily program.

- If using Bisalax enema, it may be irritating the bowel, which will then produce mucous to ease the irritation. The mucous will then be evacuated during the day.

Seek medical advice if problem persists.
Stool is too high up and too soft

Stool cannot be felt on digital examination and is too soft when it comes to the rectum.

Think about...

Fluids
- Although an increased fluid intake is encouraged, it is unwise to exceed your recommended amount by too much on a regular basis. In some cases it could adversely affect the consistency of the stools.
- Some alcoholic drinks can affect the consistency of the bowel motion in this way, especially when taken in excess. Always try to restrict your intake of alcohol to the recommended level.

Diet
- Sometimes it is possible to eat too much of one particular type of food which could cause soft stools. You will soon learn to recognise which aspects of your diet need to be moderated to reduce the possibility of this type of problem.
- Examples of foods that make stools soft are vegetables (especially red capsicum, cabbage, onion, spinach, dried and fresh beans, peas, corn, brussel sprouts and broccoli), whole fruit, spices, chocolate, nuts, greasy/fatty foods, alcohol, caffeine.
- Introduce foods with soluble fibre content, for example of foods with high soluble content see back pages.

Fibre supplements — bulking agents
- Fibre supplements are not designed to replace fibre in a healthy diet, but can be seen as a quick way to boost fibre intake. They come in powders, granules and sprinkles and are available from your supermarket, chemist or health food shop; they do not contain vitamins and nutrients. The amount of fibre they provide is small (less than 3g per dose) and they can be expensive. Regardless of how frequently you are attending bowel care, if you decide to take fibre supplements then they should be taken at set times each day.

NOTE: Increasing fibre gradually will allow your bowel to adjust, which in turn will prevent bloating and intestinal wind/gas, which can occur with sudden intake of high fibre.

Medications
- Are you taking any medications that may be causing this problem? Be sure you know the correct dose and potential side effects of all the medications you take.
- Many antibiotics have the side effect of very soft stools. This may make it difficult to completely empty the rectum because the stools are not well formed. Eating yoghurt will help when on antibiotics. You may also need to introduce a soluble fibre supplement, temporarily. Don’t be tempted to cease antibiotics before the course is completed without your doctor’s approval.
- Could you be taking too high a dose of stool softener laxative? You might need to reduce or cease it.
- Your GP, Spinal Nurse or Spinal Clinic will advise you on how to make changes where necessary.

Assistive techniques
- Assistive techniques can increase the speed of bowel care. For this particular problem utilise the gastrocolic reflex, abdominal massage, digital stimulation (which will trigger stronger contractions of the bowel which can help to move the stools down and out), forward or sideward bending, check that your position for bowel care is correct and for persons with low level injuries gentle Valsalva manoeuvres can help push stool out; see back page for information on each of these techniques.

Enemas and suppositories
- Review your choice of enema or suppository. Be sure that the one you are using is appropriate for your particular type of bowel function.
- A Microlax enema acts as a lubricant, causing fullness in the rectum, which then stimulates a reflex action to empty.
- A Bisalax enema acts as a chemical stimulant to the rectum and bowel, resulting in a larger evacuation. Bisalax enema may be harsh on the bowel with long-term use.
- A Glycerine suppository forms a gel that lubricates the bowel, allowing the stool to move more rapidly through. However, it is difficult to remove the gel deposit, even after evacuation of the rectum. This residue can cause incontinence later on that day.
- Duralax or Bisocodyl suppositories are harsh, and act by irritating the bowel to empty.

See back pages of this booklet for more information

Carer competence
- Be sure all your carers are competent to do your personal care tasks and are familiar with your particular routine. If they are not, remember it is your responsibility to instruct them. If you have a carer, you will need to instruct them to ensure that they are using the technique that is most effective for you. Get them to tell you what they are feeling when they are doing digital stimulation or any rectal examinations so that you can decide what further action to take.

Seek medical advice if problem persists.
Glossary of terms

Abdominal massage uses a firm, slow and rhythmic action in a clockwise motion from the lower right side of the abdomen, across the top to the left and continuing down left side of abdomen to assist the stool move along the large bowel towards the rectum and anus.

Assistive techniques are used to increase the speed of bowel care routines. These include abdominal massage, digital stimulation, gastrocolic reflex, Valsalva manoeuvres, manual removal, positioning on toilet and forwards and sideward bending.

Diet—For a bowel program to be successful, you must have a healthy well-balanced diet. Bowel function is your responsibility, what you eat and drink hardens or softens your stool which affects your bowel movements. You will learn in time how your bowel reacts to foods. Try to fit into your diet, five serves of vegetables and two serves of fruit per day. Generally aim for at least 15g of fibre each day from a wide variety of foods. Be aware that a high fibre intake by some immobilised persons can lead to stool loading in the gut and subsequent incontinence. Remember if increasing fibre, also increase your fluid intake.

Digital examination/PR/Check refer to the application of gentle pressure of a gloved and well lubricated finger to the anus until the sphincter/muscle relaxes enough to allow the finger to be inserted into the rectum to assess the condition of the bowel and for presence of stool.

Digital stimulation involves a gloved and well lubricated finger being gently inserted to the second finger joint into the rectum. Rotate the finger in a gentle sweeping motion against the rectal wall. While digital stimulation can be repeated every 5 to 10 minutes until the bowel has evacuated, each stimulation usually takes 20 seconds and no longer than 1 minute. No more than 5 stimulations per bowel care routine should be required.

Enema is a medicine in liquid form to be inserted via lubricated nozzle into the rectum, the function being to empty the rectum of stool and wind. It should be given at room temperature. With the nozzle in the anal canal the contents are squeezed into the rectum from the base of the container to prevent backflow. Slow withdrawal avoids reflex emptying of the bowel. Depending on type, an enema works within 10 minutes.

Fibre is a plant-based substance which is a natural laxative. Foods have different fibre content. High fibre—fresh fruits and vegetables, dried peas and beans, whole grain cereals and breads. Low fibre—refined breakfast cereals, cakes, biscuits, fruit and vegetable juices, fast foods, fatty foods, sugar and products made from white flour. No fibre—in meat, fish, eggs, poultry and dairy produce. High fibre foods are associated with wind and bloating, therefore increase fibre into your diet slowly, so that your body adjusts. The table below shows fibre (g) content in commonly eaten foods.

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<th>Low fibre</th>
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<td>Wholemeal pasta (4.6g half cup)</td>
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<td>Orange juice (0.8g one glass)</td>
<td>Whole orange (2.0g)</td>
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Fibre can be classified into two types—insoluble and soluble. Most plant foods contain a mixture of both in different amounts.

The digestive system

SANCTUM

LARGE BOWEL

RECTUM

ANAL CANAL

STOMACH

The digestive system

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**References**


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**GLOSSARY OF TERMS**

**Insoluble fibre**, also known as roughage, bulks up the stool and helps speed its way through the gut, therefore it is best for managing constipation, if taken with sufficient fluids. A rich source of **insoluble fibre** is wheat bran. Other sources are mixed grain or wholemeal breads, wheat based and wholegrain cereals, fibrous vegetables such as carrots, celery and skins of fruit and vegetables, nuts, seeds, wholemeal pasta and brown rice. Normafibe, Granacol and Normacol are Sterculia based **insoluble fibre supplements**. Methylcellulose based supplements are also insoluble fibre.

**Soluble fibre** forms a gel in the gut which binds bowel contents together making the stool wetter and bulkier which generally slows down its passage through the gut. It is useful in managing diarrhoea. Sources are peeled fruits and vegetables, barley, oat bran, psyllium, oats, natural muesli, rye breads and legumes, eg, all beans types, peas and peanuts. Metamucil, Nucolax, Agiofibe, Fybogel, are iSpagula and/or Psyllium based examples of **soluble fibre supplements**. Benefibre is Guar gum based.

**Laxatives** are medications which increases bowel function. Seek advice when introducing or increasing dosages. Correct diagnosis will ensure appropriate laxative.

**Types and examples of common oral laxatives, enemas and suppositories**

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
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<tr>
<td>Bulk forming</td>
<td>Metamucil, Muclax, Nucolax, Agiofibe, Fybogel , Normafibe, Granacol, Normacol, Agiolax, Cellulone, Benefibre</td>
</tr>
<tr>
<td>Softeners</td>
<td>Coloxyl tablets, enema concentrate, suppositories and drops, Agarol, Duophilac, Parachoc, Lactulose</td>
</tr>
<tr>
<td>Stimulants</td>
<td>Senokot and senna containing products, Normacol plus, Granacol, Durolax tablets and suppositories, Fleet suppositories and Fleet, Bisalax and Microlax enemas</td>
</tr>
<tr>
<td>Osmotics</td>
<td>Movicol, Duphilac, Actilax, Sorbilax, Glycerol, Epsom salts, Picolax</td>
</tr>
<tr>
<td>Lubricants</td>
<td>Agarol, Glycerine suppositories</td>
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**Gastrocolic reflex** is a reflex whereby eating and drinking (particularly the first meal of the day) stimulates the digestive process and causes contractions in the large bowel which help to propel the formed stools down towards the rectum, ready for evacuation.

**Haemorrhoids**, also known as piles, are distended veins in the anal canal, they can be internal or external. Haemorrhoids are mainly caused by constipation.

**Manual removal** involves use of one or two gloved lubricated fingers to break up or hook stool and remove it from rectum.

**Position in bed for inserting suppositories and enemas**—Lay on your left side with knees bent.

**Positioning on toilet**—Sitting upright on a cushioned commode chair/padded toilet seat is best for helping gravity to empty the lower bowel. Have your feet placed on foot rests/foot plates so that your hips and knees are flexed. Leaning forward or sideways bending may help move stool through the colon to the rectum ready for evacuation. **Warning:** if you are a person with poor balance you are at risk of falls, and may require a lap safety belt/harness or stand-by assistance.

**Suppository**—a medicated solid form prepared for insertion into the rectum, the function being to empty the rectum of stool and wind. The suppository requires a lubricant to insert and should be pushed 4cms into the rectum and placed against the rectal wall. It will dissolve at body temperature and depending on type, it works usually within 30 minutes.

**Valsalva manoeuvre**—breathing in and trying to push air out while at same time blocking the air in your throat to increase abdominal pressure. Not to be used if there is a history of heart problems.

**Wind and bloating**—eat more slowly, chew with your mouth closed, try not to gulp food and don’t talk with food in your mouth. Experiment with vegetables known to cause the problem—beans, broccoli, cabbage, cauliflower, corn, cucumbers, radish, onions and turnips. Fruits associated with wind are raw apples, avocados, watermelon and honeydew melons. Nuts, fizzy drinks, beer and dairy products can also cause wind. High fibre foods are also associated with this problem, therefore increase fibre into your diet slowly, so that your body adjusts.