

SCI Neurogenic Bowel: Common Problems and Ways to Manage Them

Constipation:

Definition:

- Small stools, dry and hard stools, lack of stool for more than 3 days
- Bowel program takes longer than usual

What to do:

- Increase fluids and activity.
- Do your bowel program daily until the problem gets better.
- Review your medications with your health provider and change them if necessary.
- Add or increase stool softener.
- Add a mild laxative (senna) or increase the dose.
- Add a stronger stimulant laxative if needed or repeat the dose of laxative.

Fecal Impaction:

Definition:

- A large lump of stool stuck in the rectum. This can happen if you have been constipated for a long time.
- You may have no stool or small amounts of liquid stool (leaking around the hard stool that is stuck in the rectum) for several days.

What to do:

- Follow all the steps under constipation.
- See your health care provider if you still have no stool 24 hours after following the steps for constipation or if you have abdominal pain, swelling, nausea or autonomic dysreflexia.

Anorectal fistula

Definition:

- A channel that can develop between the bowel and the skin near the anus. People with SCI are at risk for this problem.

What to do:

- Prevent by doing all the steps listed under constipation and hemorrhoids.
- Sitz baths are often recommended but can be difficult for people with SCI. Try warm moist soaks using a soft cloth or gentle irrigation using a plastic syringe.
- Fistulas may need surgery to close up.

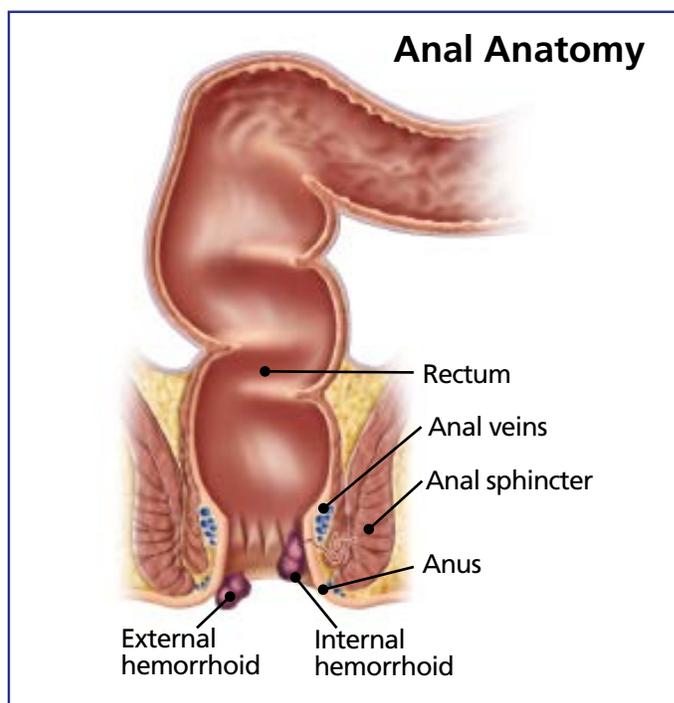
Hemorrhoids/anal bleeding:

Definition:

- Swollen, inflamed veins around or inside the anus that cause bleeding and/or pain. It is a common problem with SCI because of the need to use physical methods such as suppositories, enemas or digital stimulation.

What to do:

- Prevent by keeping your stool soft and being as gentle as possible during anal stimulation.
- Try hemorrhoidal creams, ointments or suppositories if you have any of these problems:
 - A lot of pain
 - Bleeding (more than 1 Tbsp/day)
 - Mucus accidents, which can happen when part of the mucus lining of the rectum comes out of the anus
 - Autonomic dysreflexia (AD)
 - If you have continual bleeding or frequent AD, talk to your health provider about surgery to treat or remove the hemorrhoids.



Autonomic dysreflexia (AD):

Definition: Sudden and potentially life-threatening rise in blood pressure. The most common symptoms of AD are a pounding headache, flushing, and sweating above the injury level along with blood pressure that is 20-40 mmHg above your usual readings. Any kind of irritation or stimulus can cause AD during a bowel program.

What to do:

- People with SCI lesions at T6 and above should know how to recognize and manage AD.
- Talk to your PCP or rehabilitation provider if you have frequent AD.
- How to avoid:
 - Prevent constipation.
 - Be very gentle with digital stimulation.
 - Relax during bowel care.
 - Use xylocaine jelly (numbing topical medication) for lubrication (prescription required).

Mucous Accidents

Definition: Clear, watery or sticky discharge from the anus. It can be caused by suppositories, especially bisacodyl, or over-stimulation from doing digitals.

What to do:

- Try mini-enema or less irritating suppository.
- Be gentle and use the least amount of digitals needed.
- If related to hemorrhoids, try hemorrhoid treatments and/or see your health care provider.

Too much time spent on toileting

Definition: Bowel care that requires more than 1 hour to complete.

What to do:

- Make dietary changes to increase or decrease fiber
- Sit up for bowel care
- Soften stool
- Change stimulant (mini-enemas usually work more quickly than suppositories)
- Do your bowel care more often.
- For reflexic bowels (thoracic or cervical injuries), try fewer and gentler digitals so as not to trigger sphincter spasms.

Bowel accidents from loose stool

These do not usually happen if your bowel is well-managed, but always be prepared.

What to do:

- Examine diet and all aspects of your bowel program for possible causes (foods, skipped routines, illness, infrequent bowel care).
- Stop using softeners and laxatives for a while.
- Stay hydrated.
- Try the BRAT diet (Bananas, Rice, Applesauce and Toast).
- If you are ill, if diarrhea continues for more than 2 days, or if you had recent antibiotic treatment: See your health care provider to find out if you have *Clostridium difficile* (also known as "*C. diff*") or other bacterial infection of your gut.
- Use Immodium only for a day or two, only if *C. diff* infection is not present or if you are receiving treatment for *C. diff*.

Resources:**For patients:**

- Taking Care of Your Bowels-The Basics at <http://sci.washington.edu/info/pamphlets/>
- Taking Care of Your Bowels-Ensuring Success at <http://sci.washington.edu/info/pamphlets/>
- Video about Bowel Management after SCI at <https://www.youtube.com/watch?v=uNfSJhZZZ34> [Kessler Foundation]. (2016). *Bowel Management (Managing Medical Complications after Spinal Cord Injury - Part 1 of 3.* [video file].

For health care providers:

- Consortium for Spinal Cord Medicine. (1998). Neurogenic Bowel Management in Adults with Spinal Cord Injury. Washington, D.C.: Paralyzed Veterans of America. Retrieved from <http://www.pva.org/CMSPages/GetFile.aspx?guid=bb130a73-03a5-419f-a719-927304257326>
- Northwest Regional SCI System Educational Pamphlet: Retrieved from <http://sci.washington.edu/info/pamphlets/>

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Disclaimer: This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

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