

What To Do If...

CONTINUED FROM OTHER SIDE

still no results, repeat the laxative the next evening. If there are no results in the morning, consult your health care provider.

Rectal Bleeding

Keep your stool soft. Be very careful to do digital stimulation gently and with sufficient lubrication, and keep your fingernails short. If you have hemorrhoids, you may treat them with an over-the counter hemorrhoidal preparation such as Anusol or Anusol HC. If bleeding persists or is more than a few drops, consult your health care provider.

Excessive Gas

Avoid constipation. Increase the frequency of your bowel programs. Avoid gas-forming foods, such as beans, corn, onions, peppers, radishes, cauliflower, sauerkraut, turnips, cucumbers, apples, melons and others that you may have noticed seem to increase your own gas. Try simethicone tablets to help relieve discomfort from gas in your stomach.

Bowel program takes a long time to complete

Try switching from a suppository to mini-enemas. Increase your intake of dietary fiber. Try switching your program to a different time, and be sure you schedule it after a meal to help increase intestinal peristalsis. Do your bowel program in the sitting position if you have been doing it in bed. Try exercising before your program.

Autonomic dysreflexia during bowel program

Use xylocaine jelly (available by prescription from your health care provider) for digital stimulation. You may also need to insert some of the jelly into your

rectum before beginning the program. Keep your stool as soft as possible. If dysreflexia persists, consult your health care provider. You may need medication to treat or prevent this condition.

UW Medical Center Spinal Cord Injury Clinic:

- ◆ Maria Reyes, MD, Attending Physician.
- ◆ Rehabilitation Clinic nurses 206-598-4295.

Harborview Medical Center Spinal Cord Injury Clinic:

- ◆ Barry Goldstein, MD, PhD, Attending Physician
- ◆ Rehabilitation Clinic nurses 206-744-5862.

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Authors: Ginger Kawasaki, CRRN, and Cathy Warms, ARNP.

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Staying Healthy After a Spinal Cord Injury

TAKING CARE OF YOUR BOWELS: ENSURING SUCCESS

Northwest Regional SCI System

UW Medicine

Department of Rehabilitation Medicine

University of Washington Medical Center
1959 NE Pacific St. • Box 356490
Seattle, WA 98195

Harborview Medical Center
325 Ninth Ave. • Box 359612
Seattle, WA 98104

What To Avoid

Regular use of stimulant laxatives

Stimulant laxatives such as bisacodyl (Dulcolax) tablets, phenolphthalein (Ex-Lax), cascara, senna and magnesium citrate are not recommended for use as a regular part of a bowel program. An occasional small dose of a mild laxative, such as Milk of Magnesia or Miralax (polyethylene glycol), can be used to treat constipation if other measures have not worked. Some people may require a small daily dose of one of these mild laxatives. If you need to use laxatives frequently, discuss the problem with your health care provider.



Enemas

Any full-size enema (such as Fleet's, soap suds or tap water) is too irritating to the bowel and can cause autonomic dysreflexia. A "mini-enema", which has only a few drops of liquid stool softener, does not fall into this category and can be used regularly. Occasionally, your health care provider may prescribe a full-size enema as preparation for a medical procedure or for treatment of severe constipation.

Skipping or changing the time of your program

Your bowels will move more predictably if your bowel care program is carried out on a regular, predictable schedule.

Skipping your program can also result in constipation or accidents.



Rushing.

The more tense you are, the more difficult it will be for you to empty your bowels. A hurried program will increase the likelihood of an unplanned bowel movement later in the day. People with upper motor neuron (reflexic) bowels should avoid straining (Valsalva) to push out stool because this can cause a contraction of the sphincter that will block passage of stool.

More than four digital stimulations at a time

This can cause trauma to the rectum, resulting in hemorrhoids or fissures (cracks or breaks in the skin).

Long fingernails

They can damage the rectal tissue and cause bleeding, even through a glove.

What To Do If...

Stool is too hard (constipation)

Do your bowel program on a daily basis until constipation resolves. Add or increase the dose of a stool softener (such as ducosate or colace). Add or increase the dose of psyllium hydro-mucilloid (such as Metamucil or Citrucel). Increase your fluid intake (this is essential if you are increasing psyllium). Increase your activity level and your intake of dietary fiber. Avoid foods that can harden your stool, such as bananas and cheese. (See the brochure titled "Taking Care of Your Bowels: The Basics" for more information about specific foods and their effect on the bowels.)

Stool is liquid or runny (diarrhea)

Temporarily discontinue the use of any stool softeners. Continue your bowel program at the regular

time and frequency. (If you are having accidents, increase the frequency of your program.) Try adding or increasing the dose of psyllium hydro-mucilloid (Metamucil, Citrucel), which adds bulk to liquid stool. If the diarrhea seems to be related to an acute viral or bacterial illness, change to a liquids only or very bland diet for 24 hours (avoid milk, however). If diarrhea persists for more than 24 hours or if you have a fever or blood in your stool, consult your health care provider.

A frequent cause of diarrhea is a blockage or impaction of stool (liquid stool leaks out around the blockage). Evaluate whether you may have this problem. Have you had small hard stools recently? Or have you had no results from the past several programs? If you suspect impaction, consult your health care provider.

Frequent bowel accidents

Be sure your rectum is completely empty at the end of your program. Increase the frequency of your program (some people with a flaccid bowel may need to empty their bowels twice daily). Try using only half of a suppository or switching to a mini-enema. Evaluate stool consistency — if it's too hard or too soft, see above. Monitor your diet for any foods that may over stimulate your bowel, such as spicy foods.*

Mucous accidents

If you notice a clear, sticky, sometimes odorous drainage from the rectum, try switching from a suppository to a mini-enema or using only half of a suppository. Avoid hard stools.

No results for 3-4 days

Treat constipation as recommended above. If there are no results in three days, take 30 cc. of Milk of Magnesia or a single scoop of Miralax at bedtime. Do your bowel program in the morning. If there are