

## ORGANIZATION NEWS

### Information/Education Page

## Bowel Function After Spinal Cord Injury



### What you need to know

A spinal cord injury can lead to bowel problems:

- You may have problems moving waste through your colon (or large intestine).
- You may pass stool when you do not want to, or stool may be hard to pass.
- These problems can cause pain in your abdomen.
- When eating, you may feel full sooner than normal, or you may eat less than you usually do.
- Bowel problems can contribute to depression or anxiety. You may feel overly concerned about not being able to control bowel movements in public. You may not want to do things outside your home.

A bowel program can help you control bowel movements. Following a bowel program can help you avoid other problems and perhaps bowel surgery.

### Understanding your body

- Waste forms into stool in your colon.
- The process of passing stool through and out of your body is known as a *bowel movement*.
- The process of having a difficult time passing stool is called *constipation*.
- The process of not being able to control when you pass stool is called *stool incontinence*.
- If your injury is above level T11/T12, you may have constipation.
- If your injury is level T11/T12 or lower, you may have stool incontinence.

### What is a bowel program?

A bowel program is a plan to retrain your body to have regular bowel movements. Your health, bowel and personal history, and physical examinations are an important part of this review:

- Level and completeness of your spinal cord injury
- Description and pattern of bowel problems
- Past and present medical problems
- Intake of food and drink
- Physical activities

- Need for or availability of resources
- Home environment
- Lifestyle
- Preferences
- Gastrointestinal tests

The goals of a bowel program are as follows:

- Passing stool every day or every other day
- Preventing unplanned bowel movements
- Emptying your bowel around the same time of day
- Passing medium or large stool every time you have a bowel movement
- Emptying all or most of your rectum each day
- Having stools that are soft, formed, and bulky
- Emptying your bowel completely within 30 to 60 minutes after eating

### What is involved in a bowel program?

A bowel program includes 4 parts. The program is not the same for everybody, because each person has different needs and responds differently to each part of the program.

### Timing

A program involves the following:

- Eating a good diet and drinking plenty of fluids
- Using bowel medicines, dose, frequency, and timing as recommended by your doctor
- Practicing techniques that activate the reflex to empty your rectum
- Using methods to clean out stools

### Diet and fluids

Eating a good diet and drinking plenty of fluids are important to bowel health:

- Natural fiber from fruits and vegetables increases the bulk of stool, making it easier to move through the colon.
- When eating a diet high in fiber, you should drink plenty of fluids. Water is best. You may get constipated if you do not drink enough fluids.

- You should limit your intake of liquids with caffeine.

## Medicines

Your doctor may have you take 1 or more medicines:

- Stool softeners
- Stimulant laxatives
- Bulking laxatives
- Rectal laxatives

Some medicines may cause constipation. They may be ones that you are already taking to

- reduce pain
- treat bladder spasms but they slow down intestinal motility (such as oxybutynin or tolterodine)
- stop muscle spasms all over the body
- treat depression

## Techniques

You can do 1 or more techniques to help you have a bowel movement.

- Digital rectal stimulation: Move your finger tip in a small, gentle circular motion around the rectum/anus. Perform this technique for 20 seconds and repeat it every 5 to 10 minutes until the bowel program is completed and the rectum is empty. Be sure to cut your fingernails short to avoid trauma.
- Digital removal of stool: Use your finger to remove stool from the rectum.
- Enema: Use a device such as a catheter enema or cone enema to flush warm water into your rectum.

## What if I cannot do a bowel program or it does not work?

Surgery may be a good option in a few cases, such as the following:

- If you cannot achieve regular complete bowel movements, it can lead to recurrent severe constipation.
- If you have frequent stool incontinence (associated with pressure ulcers) or lack of caregiver support, it can lead to poor quality of life and confinement to the home.

There are 2 kinds of surgery.

## Colostomy

- Surgeons attach the colon to the abdominal wall through a hole called a “stoma” (or opening). A bag is attached to the stoma. Stools pass into the bag instead of through the rectum. The bag is changed regularly.
- Most people who have undergone colostomy choose to have it permanently.
- Colostomy promotes good bowel movements and is easy to manage by yourself or by a caregiver. The procedure prevents stool incontinence and unplanned bowel movements.

## Antegrade continence enema

- Surgeons open the abdominal wall to create a tract to either the first part of the colon (ascending colon) or the last part of the colon (descending colon/sigmoid).
- You or a caregiver place an enema catheter through the stoma daily to flush the stool out of the colon. Cleansing the colon daily and regularly prevents unplanned bowel movements and stool incontinence.

## Why is maintaining bowel function so important?

Worsening and untreated bowel function can lead to other health problems:

- Partial paralysis of the stomach
- Chronic heartburn
- Gas pain
- Stomach or intestinal ulcers
- Hemorrhoids
- Abdominal discomfort, pain, or distension
- Nausea
- Bloating or fullness
- Change in weight
- Autonomic dysreflexia
- Worsening pain and/or spasticity
- Decreased sense of well-being

These health problems can reduce your quality of life. But you may be able to avoid these problems by following a bowel program every day. Your doctor or nurse can help you and will check with you to see how you are doing.

## Source

Our health information content is based on research evidence whenever available.

## Authorship

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## Disclaimer

This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. The contents of this factsheet were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (grant no. H133A110004). The contents of this factsheet do not necessarily represent the policy of Department of Health and Human Services, and you should not assume endorsement by the federal government.

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