

SCI BOWEL MANAGEMENT

GOALS

- regular & reliable emptying
- maintain continence
- prevent constipation

PRINCIPLES

A fibre intake of no less than 15-30mg per day
Adequate fluids (1.5-2.0 L/day)
Physical exercise

TYPES OF BOWEL ROUTINES

Spinal Cord Lesions Above L1-L2:

- ★ Aim for evacuation of bowels at least every second day
- ★ Avoid highly processed and spicy foods
- ★ Ensure adequate fluid intake (1.5-2.0 L/day)
- ★ Manually remove any waste material in rectal vault prior to administration of rectal stimulant to ensure contact with mucosa
- ★ Schedule enema or suppository {"magic bullet" (bisacodyl suppository)} about 30 minutes after food and/or warm fluid (utilize gastro-colonic reflex)
- ★ Perform anal stimulation for 15-20 seconds every 5-10 minutes until rectum is empty
- ★ Monitor symptoms of Autonomic Dysreflexia (e.g. headache, sweating, flushing or blotchy rash) and abdominal spasm

Spinal Cord Lesions Below L1-L2:

- ★ Avoid highly processed/spicy foods
- ★ Avoid strong colonic stimulants
- ★ Ensure adequate fluid intake (1.5-2.0 L/day)
- ★ Try suppository 30 minutes post-prandial (after meal)
- ★ Due to poor anal tone it may be helpful to administer suppository in side lying position
- ★ After approximately 20-30 minutes position patient flexed over toilet
- ★ If suppository is unsuccessful, perform manual evacuation using plenty of lubricant
- ★ In LMN bowel firm stool consistency is the key factor to maintaining continence

MONITORING IN SCI

Colorectal cancer screening the same as the general population
Hemorrhoids
Constipation

DO NOT REPRODUCE WITHOUT PERMISSION FROM THE CENTRE FOR FAMILY MEDICINE FHT