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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Bowel Care (1 of 2)

Type of bowel

If you have an upper motor neuron spinal cord lesion you should have a reflex bowel. A reflex bowel should, if carried out appropriately, respond well to using suppositories and correct digital stimulation technique, followed by a manual evacuation (if appropriate). Some reflex bowels will empty on reflex and will only then require a DRE* check to make sure the rectum is empty. If it is not empty, and there are stools present, then a manual evacuation should be done.

If you have a lower motor neuron spinal cord lesion you should have a flaccid bowel. A flaccid bowel should be managed by carrying out manual evacuations regularly, that is daily or on alternate days.

NB: it is possible to have a 'mixed' bowel, which will require both digital stimulation and manual evacuation.

Timing of bowel care

It is vital that you decide the time of day to carry out bowel care, and that you keep to this (mornings or evenings, not a mixture of both). You will not be able to establish a good routine by frequently changing the timing of bowel care. You must carry out bowel care daily or on alternate days. This needs to be decided and kept to.

Establishing a routine

It can take at least 2 weeks to get bowels into a good routine and so you need to persevere with your regime, even if in the early days you do not feel it is working. If you feel you need to change an aspect of your bowel management it is best to change one thing at a time, and to 'run with it' for 2 weeks. This will help you to decide if it is working or not. We also recommend seeking advice about what to change in your regime.

Handy Hints

- Have a hot drink before bowel care and something to eat. This helps the gastro-colic reflex to work.
- It is possible to take too much fibre in your diet, which can be detrimental to your long-term results.
- Gravity helps the bowels to work, so if you are able to, sit on a padded shower chair over a toilet, or sit directly on the toilet (if the seat is padded).

Bowel Advice Service, Spinal Centre
Tel: 01722 429291

- DRE = Digital rectal examination. This means placing a lubricated gloved finger into the rectum to check if its empty.
- There is usually a reason for a bowel regime suddenly becoming erratic. Please seek advice if this happens.

Digital Stimulation and Manual Evacuation

Put 2 glycerin suppositories into the rectum and leave in place to work for 15-30 minutes. **NB the suppositories must be placed so that they are in contact with the rectal wall and not amidst stools.**

After 15-30 minutes, carry out **digital stimulation**. Put on a glove and lubricate your forefinger. Insert the lubricated gloved finger into the rectum, and slowly rotate the finger, **maintaining contact with the rectal wall at all times**. Rotate for up to 1 minute then remove your finger. **Repeat this at regular intervals** each time.

Each time a finger is inserted into the rectum (to carry out stimulation) remove any stools by **manual evacuation**. **This is carried out by gently hooking the finger around a stool and easing it out of the rectum. Continue to do this until all stools are removed.**

Five minutes after completing the final digital stimulation, carry out a DRE* check and remove any stools that are present.

If you require any further advice please contact:

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