

How to manage constipation and prevent accidents: Bowel management strategies

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Disclosures

▶ None

Goals

Define	Define Neurogenic bowel
Discuss	Discuss the role of a bowel program
Review	Review typical ways to manage bowels
Present	Present alternate strategies if conservative measures not enough

How can I help you?

Role of PM&R: focus
on function

- **Physiatry**

Spinal Cord Injury
Medicine and Brain
Injury Medicine

- **→ Rare neuroimmune disorders a subset**

Neurogenic bowel:

- ▶ “Neurogenic bowel occurs when there is a dysfunction of the colon or rectosigmoid due to the lack of nervous control”
 - ▶ Mis-messaging
 - ▶ Constipation
 - ▶ Diarrhea
 - ▶ Fecal Incontinence
 - ▶ Poop Happens!



Neurogenic bowel

- ▶ Brain, spinal cord, nerves, local chemistry control the gut and thus bowel movements
- ▶ Important to have coordination from the brain but in the end, pathways of the spinal cord and local nerves are important in transmission of these messages
- ▶ When this gets thrown off, we take advantage of the body's reflexes, fluid and food intake to consider performing a **bowel program**



Bowel program



- The bowel program should be planned, predictable and “effective”
- The bowel program should confer the most independence of function if possible
- The bowel program should take approximately one hour or less*
- Avoid complications
- Use the least amount of interventions
- Minimize the occurrence of unplanned bowel movements

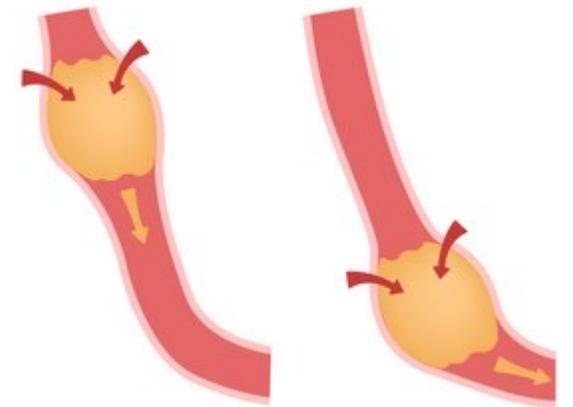
Bowel program



- ▶ Things to ask/think about:
 - ▶ Prior to your neurologic event, did you have a certain time of day when you would go
 - ▶ Where does your neurologic lesion occur
 - ▶ Any food sensitivities or other GI/gut related issues

Bowel program: reflexic

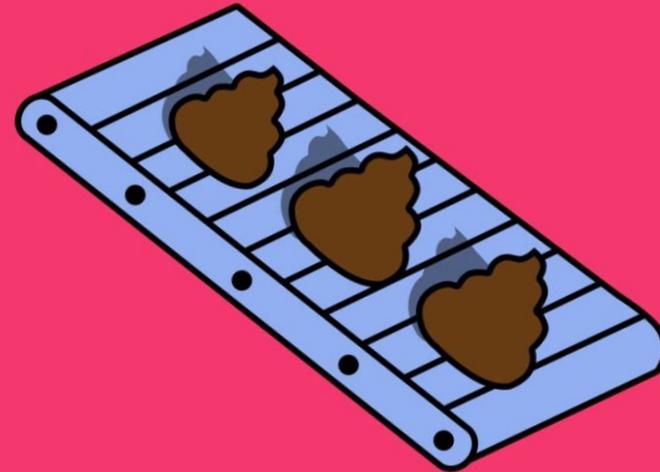
- ▶ Takes advantage of some of the reflexes of the GI system to try to plan for bowel movements
 - ▶ Gastro colic
 - ▶ Colo-colonic
 - ▶ Recto-colonic



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Bowel program: reflexic

- ▶ Goal: soft, formed stool
- ▶ Typically with use mechanical and chemical physiology to promote bowel emptying
- ▶ Base the timing on schedule that works for you



Example: Morning bowel program

- ▶ Before neurologic lesion, Bob Murphy used to have a bowel movement after his morning coffee
- ▶ Keeping that in mind, his bowel program is as follows
 - ▶ Stimulant such as senna in the evening
 - ▶ Eats breakfast in the morning
 - ▶ Places suppository sometime after breakfast, if possible.
 - ▶ Then move to the commode a little bit later and start performing digital stimulation



Morning bowel program, continued



- ▶ Perform digital stimulation every 5-10 minutes to stimulate stretch and promote colonic emptying
- ▶ Once the rectum has ceased relaxation, stimulation is stopped
- ▶ If stool is very hard, may need to take something like miralax or other laxative to help soften the stool once per day

Bowel Program: areflexic

- ▶ Some with more peripheral lesions, such as GBS, lower lumbar spine, flaccid paralysis may not have intact reflexes
- ▶ Goal: more firm stool
 - ▶ Bulking: Fiber such as Metamucil, fiber con or dietary changes as possible
- ▶ Bowel program involves bulking the stool and then performing manual sweep/evacuation to empty the bowel
 - ▶ May need to be done with bladder emptying, as similar nerve triggers involved for bowel
- ▶ Timing: May need to happen more than once per day to empty the bowel and minimize smear or full accidents



Troubleshooting

- ▶ Most common reason for incontinence is constipation
 - ▶ Especially if not on a bowel program
 - ▶ Sometimes may need to discuss further considerations with provider
 - ▶ Different stimulant
 - ▶ Different laxative
 - ▶ Stronger medication by rectum such as mini enema, full enema
- ▶ If making changes, be sure to wait 3-5 bowel programs before having results



Alternatives

- ▶ Medications
 - ▶ Stronger prescription Prokinetic agents such as methylnaltrexone, lubiprostone, linaclotide
- ▶ Peristeen/PIE
- ▶ Surgeries
 - ▶ MACE
 - ▶ Colostomy



In conclusion

- ▶ Find a provider with good understanding of neurogenic bowel
 - ▶ Physiatry available for pediatrics and in adult medicine
- ▶ Bowel accidents are NOT the norm
- ▶ There are ways to try to plan for bowel movements to decrease incontinence
- ▶ Talk to your provider if you want to learn more about a bowel program or if your bowel program isn't working

