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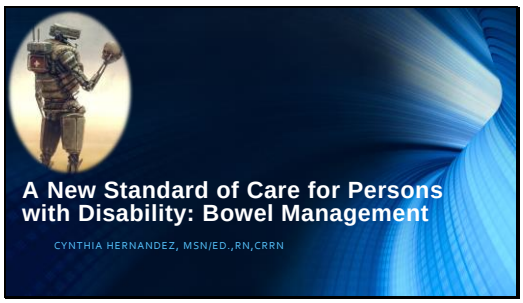

A New Standard of Care for Persons with Disability: Bowel Management

CYNTHIA HERNANDEZ, MSN/ED.,RN,CRRN

Slide 2

Objectives

- Describe standards for bowel management based on disability
  - Discuss the scope of the problem related to Fecal Incontinence
  - Describe the Nursing Interventions Appropriate for disability
  - Identify factors to assess regarding Fecal Incontinence
- Discuss new developments in bowel management

Slide 3

Clinical Tools for Continence Care: An Evidence-Based Approach

- **Algorithm 1**—General Assessment of Bladder
- **Algorithm 2**—General Assessment of Bowel Function
- **Algorithm 3**—Urinary Incontinence
- **Algorithm 4**—Voiding Dysfunction
- **Algorithm 5**—Constipation
- **Algorithm 6**—Diarrhea and/or Fecal Incontinence

Association of Rehabilitation Nurses, 2017

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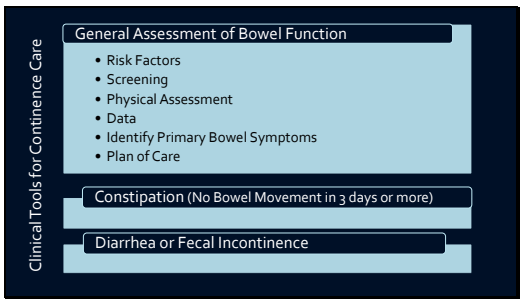

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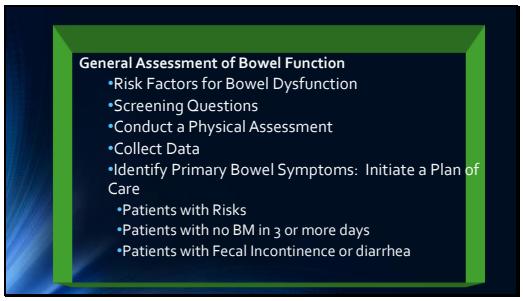

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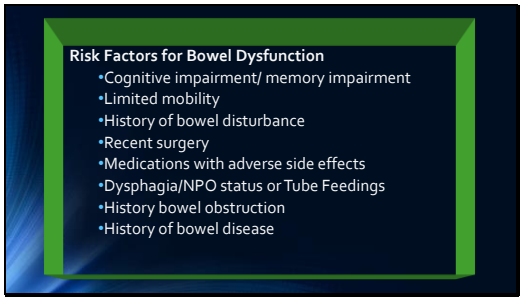

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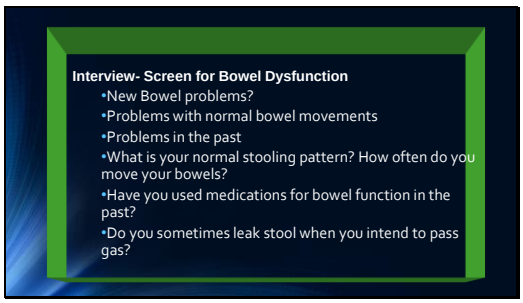

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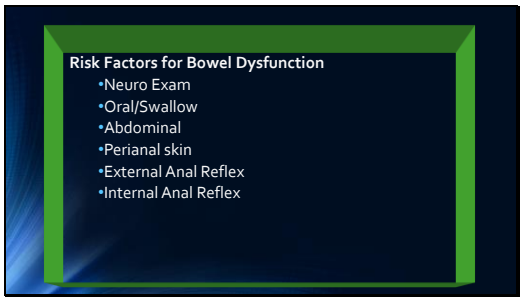

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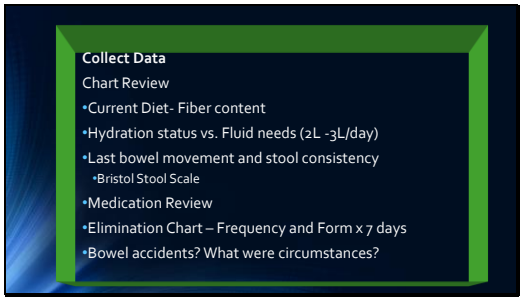

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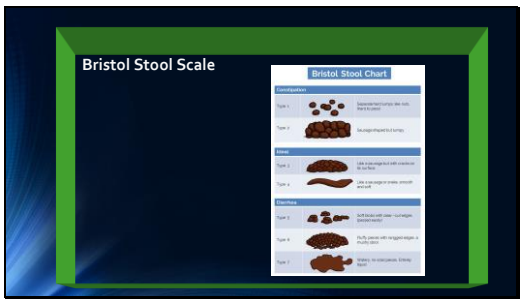

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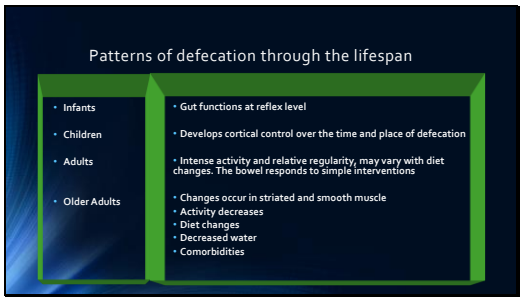

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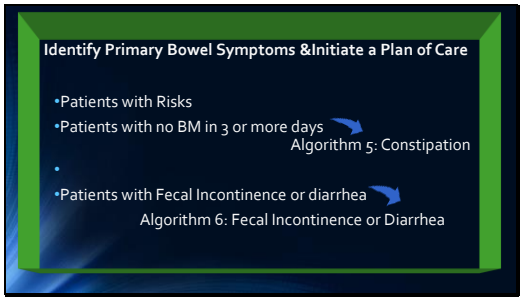

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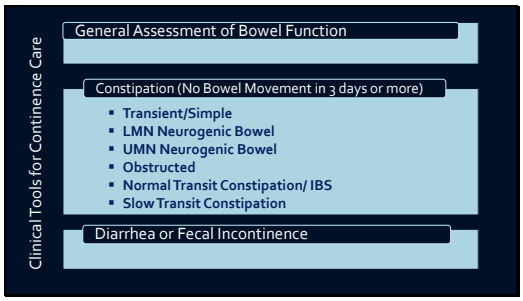

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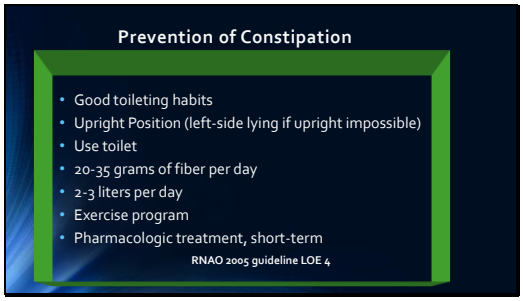

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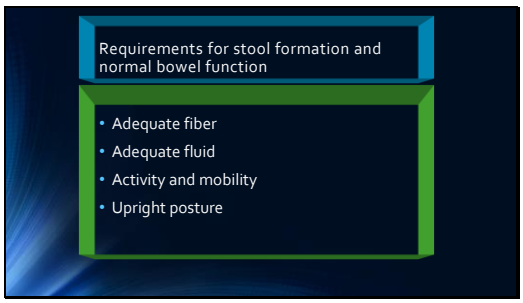

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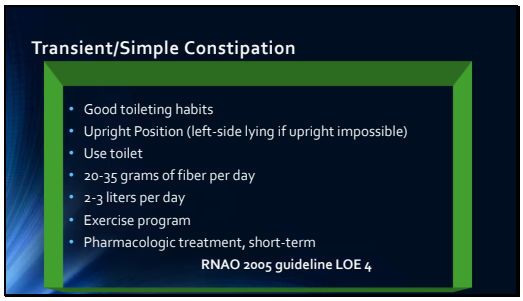

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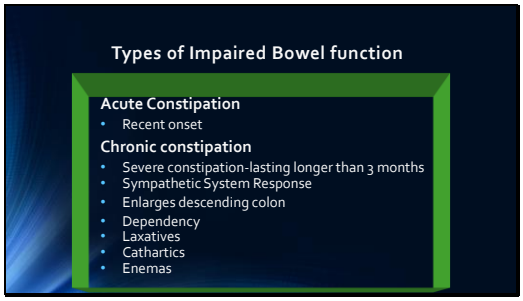

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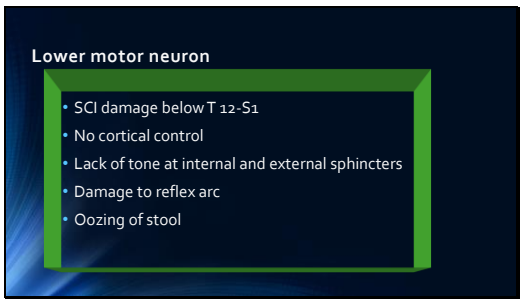

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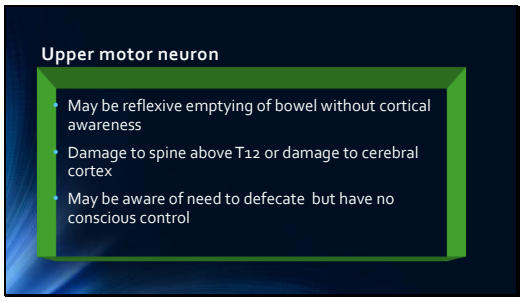

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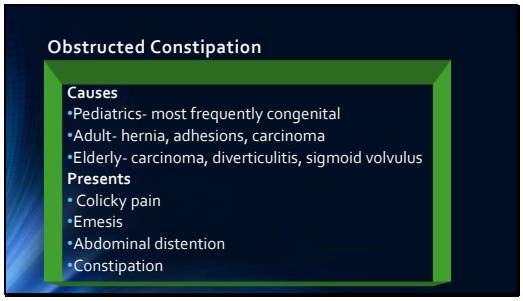

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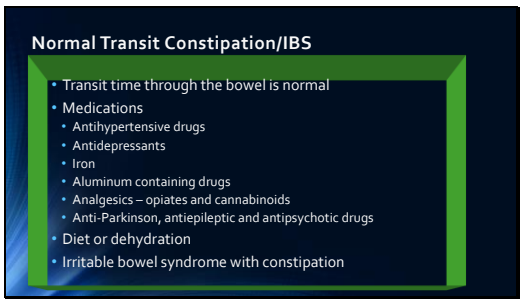

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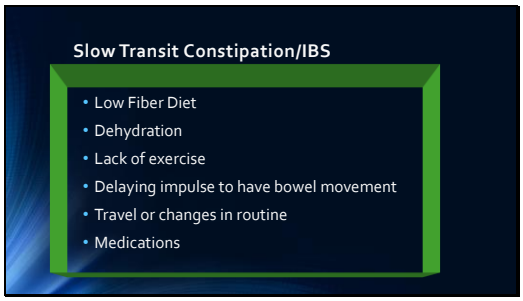

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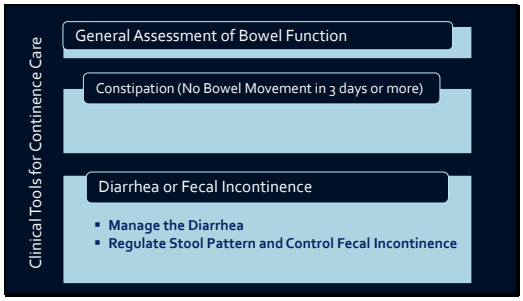

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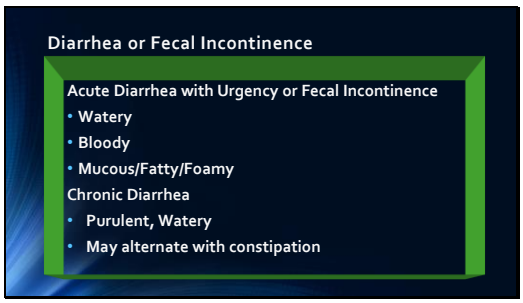

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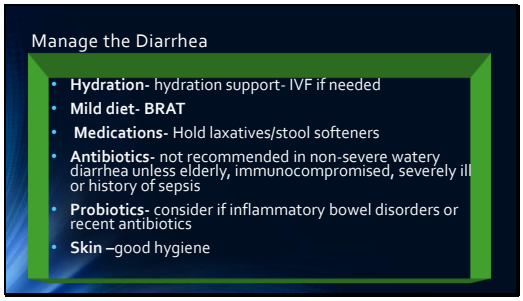

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Treatment

Treat underlying constipation and rule out impaction
Promote Diet with natural fiber
Pelvic Floor/ anal sphincter exercises with PT
Consider every 3rd night suppository
Good Skin Care

OR

Establish a Neurogenic Bowel Program

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Bowel management goals are best achieved through interdisciplinary team goals

key factors in the choice of appropriate bowel management strategies

- Cognitive ability
- Communication ability
- Hand function
- Level of independence in ADL
- Transfers

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Bowel Management: Research and Alternate Treatment Options

Slide 31

SCI Bowel Care and Autonomic Dysreflexia

SPINAL CORD, 2014

"In the present study, all subjects with high SCI had AD during bladder filling, digital anorectal stimulation and transanal colorectal irrigation." (n=8)

Faaborg, et al, 2014

ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, 2002

Silent Dysreflexia:

- *During the bowel program, no subject reported experiencing any of the classic symptoms of autonomic dysreflexia.*
- *All of the patients had an increase in SBP greater than 20mmHg above baseline*
- *70% had an increase in SBP greater than 40mmHg above baseline.*
- *40% of subjects reaching an SBP greater tham 170mmHg at least once during their bowel program*

Kirshblum, House, O'Connor, 2002

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Spinal Cord Bowel Management

DIL

- Digital stimulation- continuous or with short breaks
- Stimulation lasts longer than 30 seconds
- Continue 5 minutes after no further results

DIGITAL STIMULATION

- Insert suppository
- Wait 15-20 minutes
- Digital stimulation every 10 to 15 minutes
- Until no results x 2

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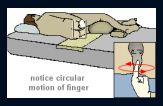
Perform the dil (digital stimulation)

- Put gloves on both hands or place dil stick in the hand
- Lubricate index finger or dil stick
- Gently put finger or dil stick into the rectum past the sphincter
- Gently move the finger or dil stick in a circular motion
- When the stool begins to empty form the rectum, move the finger or dil stick to one side or remove so stool can pass
- Do this for at least 20 minutes if no stool is coming. If stool is produced, do the dil as long as stool is coming and dil for five additional minutes afterward without getting any more results.
- You may need to gently remove stool from rectum with your finger if it does not come out on it's own



Copied from
www.myshepherdconnection.org

Slide 34

Anal Irrigation System

Anal irrigation is an alternative to other methods such as laxatives, suppositories and mini enemas. It requires a doctor's order.

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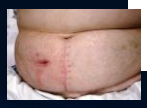
Antegrade Colonic Enema (ACE)

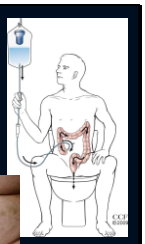
MALONE ANTEGRADE CONTINENCE ENEMA (MACE)

- ACE procedure is an alternative for patients with chronic fecal incontinence or constipation for who more conservative treatment has been unsuccessful.
- It is an alternative to a colostomy for a patient who does not want to wear an external stoma appliance.
- Colonic irrigation is a permanent solution and it requires a motivated patient and educated, supportive nursing staff.
- Stomal stenosis is the most common complication of the procedure.

Types of ACE

- *original cecum ACE*
- *new left colonic ACE*





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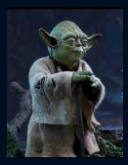
- Incontinence can profoundly affect the client's Quality of Life
- Nursing interventions can make a significant difference in quality of life and lifestyle.



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Questions?

Slide 39

Slide 40

Functional Independence Measure

- 4 (Minimal Contact Assistance) Minimal Contact Assistance--Pt requires minimal contact assistance to maintain a satisfactory excretory pattern by using suppositories, enemas, or an external device. Pt performs 75% or more of bowel management tasks in the past 3 days. (Helper.)
- 3 (Moderate Assistance) The pt requires moderate assistance to maintain a satisfactory excretory pattern by using suppositories, enemas, or an external device. The patient performs 50-74% of bowl management tasks in the past 3 days. (Helper.)
- 2 (Maximal Assistance) Pt performs 25-49% of bowel management tasks in the past 3 days. (Helper.)
- 1 (Total Assistance) Pt performs less than 25% of bowel management tasks in the past 3 days. (Helper.)

Accidents

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Functional Independence Measure

Function

- 7(Complete Independence) The pt controls bowels completely and intentionally w/o equipment or devices, and does not have any bowel accidents. (No Helper.)
- 6 (Modified Independence) The pt requires a bedpan, bedside commode, digital stimulation or stool softeners, suppositories, laxatives (other than natural laxatives like prunes), or enemas on a regular basis, alternately, the pt uses other medications for control. If the individual has a colostomy. (No Helper.)
- 5 (Supervision or Setup) Supervision or Setup--The pt has required supervision (e.g., standby, cueing, or coaxing) or setup of equipment necessary for the individual to maintain either a satisfactory excretory pattern or an ostomy device at any time during the past 3 days. (Helper.)