BOWEL MANAGEMENT FOR SCI

What can YOU do....

SPASTIC BOWEL
Upper Motor Neuron
• Injuries above T12
• Routine is usually done EVERY OTHER DAY
• Keep stool soft
• Often requires stimulation with gloved finger and/or suppository

FLACCID BOWEL
Lower Motor Neuron
• Injuries below T12
• Routine is usually done DAILY or TWICE A DAY
• Keep stool firm
• Often requires removal of stool with gloved finger

AUTONOMIC DYSREFLEXIA (AD)
• May occur in injuries at or above T6
• A sudden increase in Blood Pressure
• Symptoms may include pounding headaches, sweating, redness of face and neck
• Often caused by
  • A full bowel
  • Digital stimulation

MAINTAIN ACTIVITY
Regular movement and activities can help bowel management
• Weight shift
• Transfers
• Sports
• ROM
• Abdominal massage

EAT AND DRINK WELL
Know how different foods affect your bowel routine
• How much fibre do you need?
• Drink 2L a day (water is best)

KEEP A ROUTINE
A routine will decrease chances of accidents, loose stools & constipation
• Find a time that works for YOU!
• Do bowel care at same time of the day
• Bowel care is best 30 min after meals
• Complete routine in less than 1 Hr

STIMULANTS
• 8-12 hrs before planned BM

STOOL SOFTENERS
• Taken daily or as needed

BULKING AGENTS
• Taken daily or as needed

SUPPOSITORY
• Use 10-30 min before planned BM

TIPS
• When making changes to your routine:
  • Keep a record
  • Make changes gradually, trying one change at a time
• Know how other medications affect your stool
  • e.g. Pain meds, Antibiotics
• Routinely check your stool for consistency or issues

REFERENCES
1 © All rights reserved. Canada’s Food Guide. Health Canada, 1977. Adapted and reproduced with permission from the Minister of Health, 2014.

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