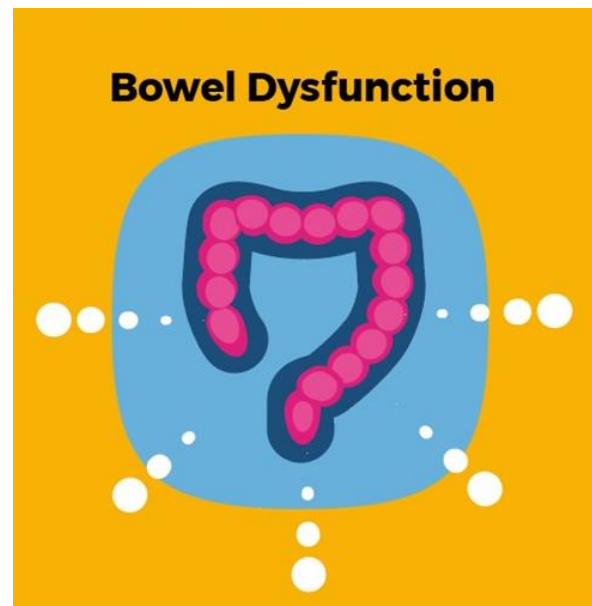




Fundamentals of Bowel Care - an awareness session around lower bowel dysfunction



Session Content

Setting the scene

What do we need to know

Bowel Assessment

Bowel care treatment / management / conservative treatments

RCN guidance

Discussion / Q & A

Webinar will be recorded & available on the RCN Bladder & Bowel Forum Webpage

vimeo

sia

The importance of appropriate bowel management for those with neurogenic bowel dysfunction

Presented by
Carol Adcock BSc (HONS), RN
SCI Nurse Specialist (North West)

21 June 2023



spinal.co.uk

Play

00:45



RCN Bladder & Bowel Forum - Bowel

Constipation resource

<https://www.england.nhs.uk/learning-disabilities/improving-health/learning-from-lives-and-deaths/constipation-resources/>

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Learning disability and autism

Improving health

Learning from lives and deaths
– People with a learning
disability and autistic people
(LeDeR)

Who is involved in LeDeR?

Continuous positive airway
pressure (CPAP) resources

Constipation resources

Action from learning: What
happens with reviews once
they are completed?

Where can I find out more
about LeDeR?

Blogs

Home > Learning disability and autism > Improving health >
Learning from lives and deaths - People with a learning disability and autistic people (LeDeR) >
Constipation resources

Constipation resources

Constipation can be a life-threatening issue for people with a learning disability who are at heightened risk from complications if it is left untreated.

These resources, including an animation, posters, leaflets, social media assets and template editorial copy have been created to help prevent, recognise and treat constipation in people with a learning disability.

They are designed to be printed and used in home or care settings, facilitating conversations about constipation, and hopefully leading to swift treatment and improved outcomes for those people with a learning disability who are experiencing constipation.

Resources are available to support people with a learning disability, their carers, and people who work in primary care.

- [Constipation campaign toolkit](#)
- [Resources for people with a learning disability](#)
- [Resources for carers](#)
- [Resources for primary care teams](#)

Impact of bowel dysfunction for individuals

Fear &
Embarrassment, does
anyone else have this
problem?

“ I spend a lot of time in
the toilet “

“I have to carry
spare clothes
with me “

“I can't tell
my
husband...”

“I've had to leave work”

“I am reliant on
others for toileting
which bothers me “

Prevalence

It is estimated that 6.5 million adults in the UK suffer with some form of bowel problem

1 in 10 of the population are affected by faecal incontinence

over half a million adults suffering from faecal incontinence, with a negative impact on their lives

It is likely that 0.5-1% of adults experience regular faecal incontinence that affects their quality of life

(Excellence in Continence Care NHS England 2018)



Faecal Incontinence

Neurological , eg Multiple Sclerosis,
Parkinson's CVA, Dementia, Spinal
Cord Injury

Diabetes

Chronic constipation and straining -
pelvic floor

Overflow due to impaction

Anal conditions

Obstetric trauma

Diarrhoea

Spina Bifida

Ano rectal malformations

Surgery

Medication

Anxiety

Diet

Toilet facilities

Constipation

There are many causes of constipation, and most are poorly understood

Constipation is a common problem, affecting up to one in seven adults and one in three children,

Bowel Interest Group - determined almost 77,000 people in England were admitted to hospital with constipation in 2018-19 – the equivalent of 211 people a day – and cost the NHS £168m for treatment and care over the same time period.

[\(https://bowelinterestgroup.co.uk/resources/cost-of-constipation-report-2020/\)](https://bowelinterestgroup.co.uk/resources/cost-of-constipation-report-2020/)

Cost of Constipation Report 2020

BIG have launched the third edition of the Cost of Constipation report.

The report reveals the significant cost of constipation to the NHS and also highlights how the condition can have a damaging impact on patient lives.

New in the report for 2020 are:

- Changes in A&E admission rates for constipation over the last five years
- Admission rates for constipation per STP area
- A heat map showing the cost of admissions per STP
- Spend on laxatives per STP
- Opportunities to improve patient bowel care

The Cost of Constipation (3rd edition) also explores:

- The financial implications of constipation on the NHS
- The health and wellbeing impact on patients' lives
- Constipation in children



READ REPORT

Constipation

Common condition , affects people of all ages

- Not eating enough fibre
- Not drinking enough fluid
- Mobility issues
- Ignoring call to stool
- Change in diet / lifestyle
- Side effect of medication
- Stress, anxiety or depression
- Neurological
- Endocrine
- Diabetes
- IBS
- Diverticular
- Mechanical – pelvic floor
- Obstructive defecation
- Pregnancy

Identifying the problem

...Take every opportunity to ask about bowel (and bladder) health

Assessment

or

Signpost to those who can undertake further assessment .

What do we need to know about

A&P

Definitions & causes of
lower bowel
dysfunction

Assessment,
investigations including
digital rectal
examination (DRE)

Conservative
management and
interventions to
improve and maintain
bowel function

Pelvic floor muscle
training

Pharmacology and
prescribing

Surgical interventions

Risk assessment

end of life guidance for
bowel care

What do we need to know about

Lower bowel care
emergencies

Infection prevention
and control

Consent, confidentiality,
privacy and dignity
chaperoning
safeguarding

Communication

Documentation

health care assistants
and nursing associates

Legislation, policy and
good practice

Procedures

Further reading and
supporting information

Anatomy and physiology of the lower gastrointestinal tract, in relation to lower bowel function and continence status

Normal process of defaecation

Pelvic floor muscles



REVIEWS

Understanding the physiology of human defaecation and disorders of continence and evacuation

Paul T. Heitmann^{1,2,3}, Paul F. Vollebregt^{4,5}, Charles H. Knowles^{6,5}, Peter J. Lunniss⁴, Phil G. Dinning^{1,2,3} and S. Mark Scott^{4,5}✉

Abstract | The act of defaecation, although a ubiquitous human experience, requires the coordinated actions of the anorectum and colon, pelvic floor musculature, and the enteric, peripheral and central nervous systems. Defaecation is best appreciated through the description of four phases, which are, temporally and physiologically, reasonably discrete. However, given the complexity of this process, it is unsurprising that disorders of defaecation are both common and problematic; almost everyone will experience constipation at some time in their life and many will develop faecal incontinence. A detailed understanding of the normal physiology of defaecation and continence is critical to inform management of disorders of defaecation. During the past decade, there have been major advances in the investigative tools used to assess colonic and anorectal function. This Review details the current understanding of defaecation and continence. This includes an overview of the relevant anatomy and physiology, a description of the four phases of defaecation, and factors influencing defaecation (demographics, stool frequency/consistency, psychobehavioural factors, posture, circadian rhythm, dietary intake and medications). A summary of the known pathophysiology of defaecation disorders including constipation, faecal incontinence and irritable bowel syndrome is also included, as well as considerations for further research in this field.

Defaecation is a fundamental physiological process that results in the evacuation of faeces. Continence requires the voluntary control of defaecation. Both defaecation and continence are dependent on a morphologically intact gastrointestinal tract and, additionally, the coordination and integration of multiple physiological systems including: neural (principally the enteric nervous system, modulated by the peripheral somatic, autonomic and central nervous systems); muscular (smooth and striated); hormonal (endocrine and paracrine); and cognitive (behavioural and psychosocial)^{1,2}. Disorders of defaecation, such as constipation and faecal incontinence, are common, frequently coexist^{3–5}, and incur a considerable burden of morbidity and health-care expenditure^{6–10}. Constipation, for example, is the third most common presenting gastrointestinal symptom reported at out-patient clinics in the USA, with 2.5 million estimated visits in 2014 (REF.¹¹). The direct costs per patient for faecal incontinence and constipation are estimated to be between US\$1,594 per year¹² and \$7,522 per year⁷.

Since this topic was last reviewed¹³, there have been major technological advances in the investigative tools

used to assess colonic and anorectal function (BOX 1) including high-resolution colonic^{14,15} and anorectal manometry^{16,17}, wireless capsule devices^{18,19} and MRI techniques^{20–22}. In this Review, we provide an overview of the anatomy and physiology of defaecation and continence. In human studies, an overview of the pathophysiology of defaecation disorders and summarize considerations for further research (BOX 2).

Overview of relevant anatomy

Several structures in the abdomen, pelvis and perineum are integral to defaecation and continence (FIG. 1). We highlight key features in this section, with knowledge gaps and considerations for further research summarized in BOX 2.

Colon

The colon is a viscoelastic²³, tubular organ, beginning proximally at the ileocaecal junction and ending distally at the rectosigmoid junction. The human colon is approximately 130 cm in length in adulthood²⁴, with a luminal diameter of 60–80 mm in the caecum,

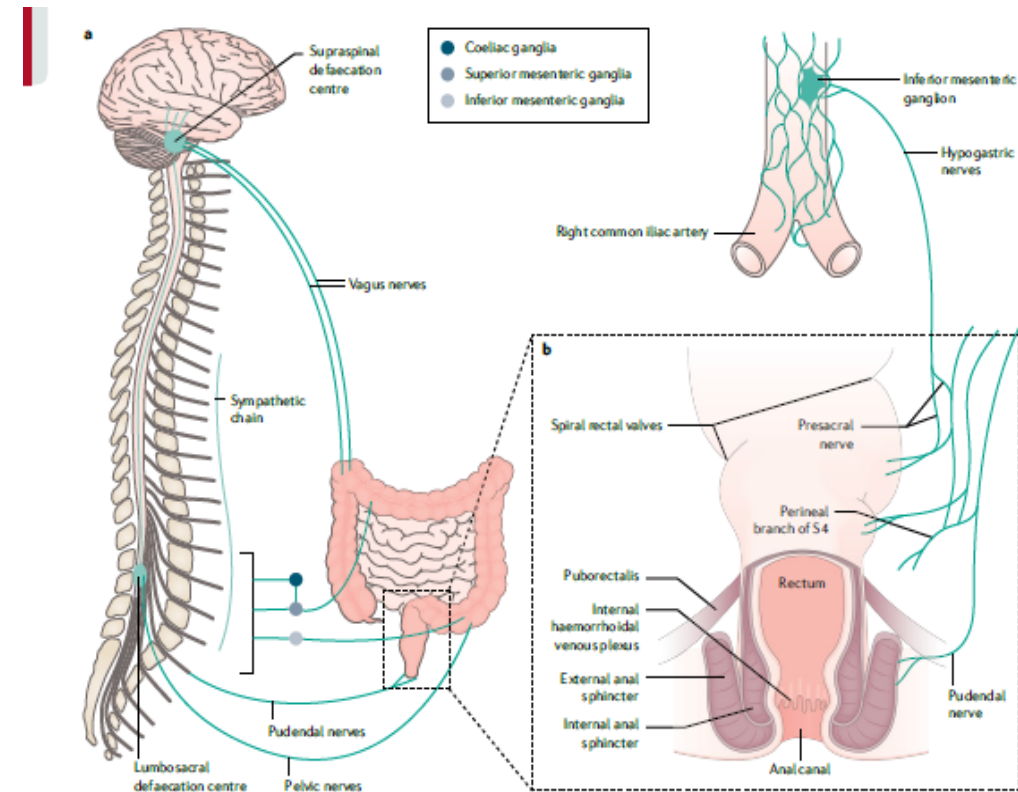


Fig. 1 | Neuromuscular anatomy of the colon and anorectum. a Extrinsic sensorimotor innervation of the colon and anorectum relating to the physiology of defaecation. **b** A coronal diagram of the anorectum, demonstrating features of

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²Centre for Neuroscience, Flinders University, Adelaide, SA, Australia.

³Departments of Surgery and Gastroenterology, Flinders Medical Centre, Adelaide, SA, Australia.

⁴GI Physiology Unit, Barts Health NHS Trust, London, UK.

⁵Billard Institute, Centre for Neuroscience, Surgery and Trauma, Queen Mary University of London, London, UK.

⁶✉e-mail: m.scott@gmat.ac.uk

<https://doi.org/10.1038/s41575-021-00487-5>

Continence is complex



BOWEL ASSESSMENT



Red Flags

<https://www.nhs.uk/conditions/bowel-cancer/symptoms/>

- changes in stool / bowel habit - diarrhoea or constipation that is not usual
- needing to open bowels more or less often than usual
- blood in stool , which may look red or black
- rectal bleeding
- often feeling like you need to evacuate , even if you've just been to the toilet
- abdominal pain
- noticing other changes eg lump in abdomen
- bloating
- losing weight without trying
- feeling very tired for no reason

<https://www.nice.org.uk/guidance/ng151>

Colorectal Cancer NICE Guidance (NG151)

Local Guidance

Other reference resources e.g. Bowel Cancer UK

<https://www.bowelcanceruk.org.uk/>

Risk assessment

- Individuals at risk of developing bowel dysfunction include those suffering from or with:
- central neurological disease or a trauma such as SCI, MS, Parkinson's disease, stroke
- eating disorders
- end of life care needs
- cognitive impairment or behavioral issues
- acute disc prolapse – cauda equina syndrome
- acquired brain injury
- history of abuse (sexual, physical)
- mobility issues
- prostatic obstruction/hypertrophy

- nutritional issues
- alcohol and drug dependency issues.

As well as:

- frail older people
- individuals in communal settings
- perinatal/pregnant women
- women post-childbirth
- patients' post-surgery
- critically ill patients.

Lower bowel care emergencies

Bowel Obstruction

Perforation

Faecal Impaction

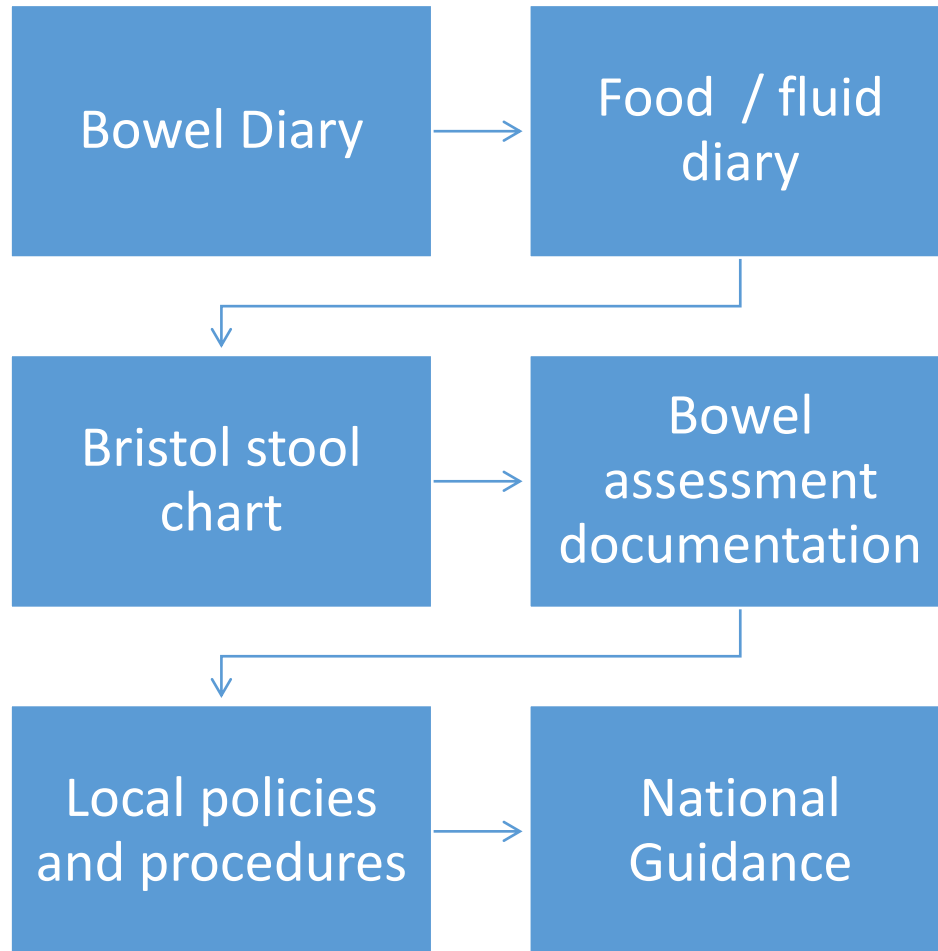
Undiagnosed Diarrhoea








Undiagnosed rectal bleeding

Rectal prolapse

Autonomic Dysreflexia

Tools & supporting information examples



Type 1		Separate hard lumps, like nuts
Type 2		Sausage-like but lumpy
Type 3*		Like a sausage but with cracks in the surface
Type 4*		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces



What questions should I ask

Formulate a picture which will help direct treatment / management

Assessment to include medical, surgical, obstetric, neurological, psychological, functional, sexual history .

Presenting signs & symptoms, duration, any changes to bowel habit, bothersome

Diet and fluid intake, completing charts / diaries may be helpful

Any previous treatment, management for bowel health issue, any tests / investigations , what's worked / not worked / current management

Review medication including OTC / laxatives / any rectal interventions

Pain / discomfort / when does this occur .

Bowel Assessment, other considerations

Consider any urinary symptoms

Any change in lifestyle

Beware of symptom overshadowing (NICE)

Access to toilet – privacy and dignity / if assistance required

Consider any recent illness and surgery

Assessment - digital rectal examination

Who can undertake digital rectal examination (DRE)

When can a DRE be performed

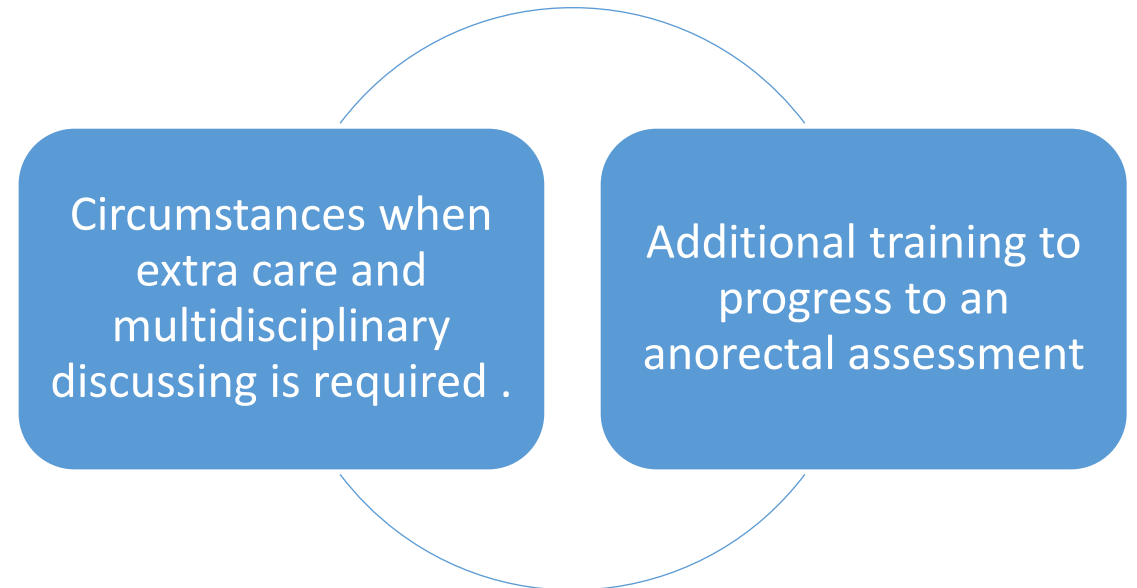
Evaluate

Assess

Identify

Positioning

Observation



Examples of conservative treatment & management

Lifestyle

Diet / fluid advice

Routine & Timing

Correct sitting position on toilet

Bowel retraining

Pelvic floor muscle re education

Dynamics of defaecation

Perineal support

Vaginal digitation

Skin care

- Bowel emptying techniques (incl DRF / DRS go to webinar on RCN page) *
- Rectal medication
- Oral medication

Pharmacology

Understand drugs that may cause bowel dysfunction

Drugs used to treat bowel dysfunction

Choice of route

administration times

Duration of treatment

Interactions and expected outcomes

Cautions and contraindications

Licensed usage

Local formularies

Products

Products

- Containment Products
- Irrigation
- Anal Inserts

OT referral may be considered

- Toilet adaptations
- Other equipment and assessment

Check your local policies for example

Infection prevention and control

Consent

Confidentiality

Privacy and dignity

Chaperoning

Safeguarding

Communication

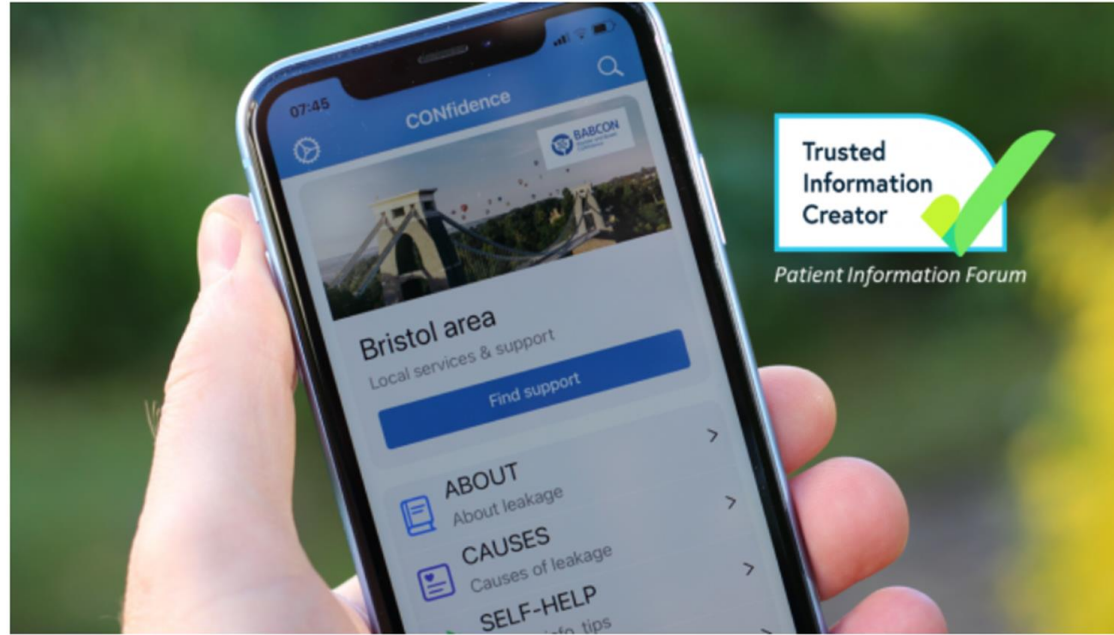
Documentation

RCN document additional information

- Procedures
- Reference
- Reading list
- Useful resources and organisations

Resources

CONFidence App



RCN Bladder and Bowel Learning Resource -

<https://www.rcn.org.uk/clinical-topics/Bladder-and-bowel-care/RCN-Bladder-and-Bowel-Learning-Resource>



RCN Bladder and Bowel Learning Resource

This updated resource is designed to help you support people who have incontinence or bowel and bladder problems.

This resource is for registered nurses, nursing students and nursing support workers (which includes assistant practitioners, nursing associates, health care assistants, nursing assistants and health care support workers) working in any health and social care setting or specialism.

Further reading

<https://www.nice.org.uk/guidance/cg49> :
Faecal Incontinence in adults :management

Join the Forum !!!
<https://www.rcn.org.uk/join-the-rcn/Join>



- <https://www.nice.org.uk/guidance/mtg36> Peristeen Plus Transanal Irrigation System for Managing Bowel Dysfunction
- <https://www.nice.org.uk/guidance/cg61> Irritable bowel syndrome in adults: diagnosis and management
- <https://www.nice.org.uk/guidance/ng147> Diverticular disease and management
- <https://www.nice.org.uk/guidance/ng151> Colorectal Cancer
- <https://www.nice.org.uk/guidance/ng123> Urinary incontinence and pelvic organ prolapse in women: management



Thankyou

[rcn.org.uk](https://www.rcn.org.uk)