

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

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



KNOW THE ACTION OF YOUR MEDICATIONS

- Stimulants**
 - 8-12 hrs before planned BM
- Stool Softeners**
 - Taken daily or as needed
- Bulking Agents**
 - Taken daily or as needed
- Suppositories**
 - Use 10-30 min before planned BM



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

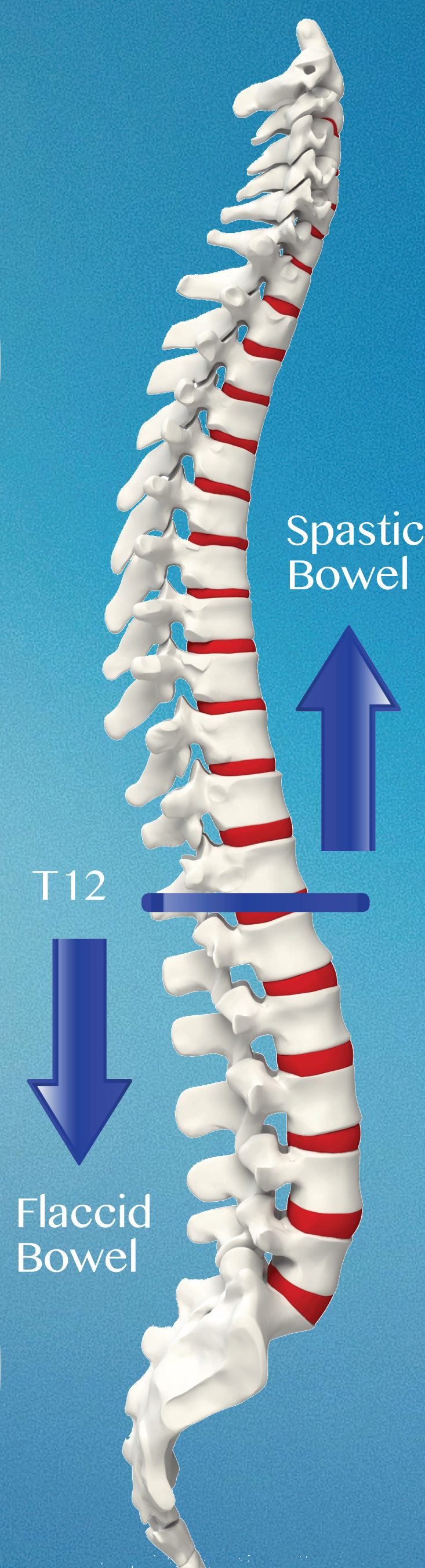
- Weight shift
- Transfers
- Sports
- ROM
- Abdominal massage



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)



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

