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

**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

**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

**KNOW THE ACTION OF YOUR MEDICATIONS**

Stimulants
- 8-12 hrs before planned BM

Stool Softners
- Taken daily or as needed

Bulking Agents
- Taken daily or as needed

Suppositories
- Use 10-30 min before planned BM

**REFERENCES**

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