



Information on bowel problems



Normally, your brain controls the choice of when to move your bowels. It receives messages from your bowel when it is full and needs to be emptied. If it is not the right time or place for you to have a bowel movement, then your brain sends a message to the muscles of your bowel which stops the faeces being released. If an injury or disease affects any part of this process, bowel problems can result.

The main causes of bowel problems are:

1. Diarrhoea
2. Constipation/Impaction
3. Lack of sensation/lack of control
4. Lack of insight.

In some cases, faecal incontinence can result from any of the above problems. This will be explained later.

1. Diarrhoea - the main causes of diarrhoea are: food that upsets your stomach, side-effects from medication and tube-feeding. Bowel diseases and infections can also cause diarrhoea but are less common.

What can be done? - the treatment for diarrhoea depends on the cause. Try to avoid eating foods which you know disagree with you. If you are being fed through a tube, your nurse may change the rate at which the feed is given. If this does not cure the diarrhoea, the dietitian may change the type of food you are given. If the diarrhoea continues, your doctor may decide to alter your medication as this could be the cause. If none of these work and the diarrhoea persists, your doctor will investigate the cause further and treat as necessary. You should have extra fluids if you have diarrhoea to replace fluids you are losing. If you are tube-fed, extra fluid would be given through the tube.

2. Constipation/Impaction - constipation occurs when your faeces are hard and difficult to pass. If your bowels do not move for a long period of time, it is known as impaction. Sometimes brown fluid, which appears like diarrhoea, is passed around the hard faeces. This can be difficult for you to control. Some causes of constipation are: a diet lacking in fibre, lack of fluids, reduced mobility and some types of medication.

What can be done?

- i) Eat a diet which includes fibre, e.g. fresh fruit, vegetables, wholemeal bread
- ii) Drink at least 3 pints of fluid daily
- iii) Exercise regularly if you can, even if it is only standing up for a short time
- iv) Try to go to the toilet when you feel the need to go
- v) The doctor can prescribe laxatives or suppositories to soften the faeces and to stimulate the bowel to empty.

3. Lack of sensation/Lack of control

Lack of sensation can mean that you are not aware that you need to have a bowel movement, or unaware when you have had a bowel movement. Lack of control can mean that you are aware when your bowels need to move, but cannot control this.

What can be done? - you and your nurse can record when your bowels move. This process can take up to a week. If a pattern emerges it is important that you go to the toilet well in advance of these times, so you do not get "caught short". Your nurse will discuss with you how you can get to the toilet on time.

If a pattern does not emerge, you may need help to establish one. This help could be a suppository given at the same time every day. This programme will be tailored to your needs so your bowel can be trained to empty regularly. This can prevent your bowel moving when you are not prepared.

4. Lack of insight - if the front part of the brain is damaged, there may be a lack of concern about where or when to move the bowels. Therefore it could occur at odd times and places.

What can be done?

- i) The patient can be taken to the toilet regularly, every couple of hours at first, to try to avoid incontinence
- ii) Really encourage them when they use the toilet successfully
- iii) Try not to comment if they have an 'accident'
- iv) Also respond positively when they are continent.

Faecal Incontinence

Faecal incontinence occurs when you are unable to control your bowel movements.

What can cause faecal incontinence?

1. Trauma or disease damaging the nervous system (which

controls the bowel).

2. Trauma or disease damaging the bowel itself (where the faeces are made and stored).

Damage to the nervous system or bowel can lead to the 4 problems discussed earlier. It is possible that any of the 4 problems could result in faecal incontinence, if you were unable to control your bowel movements. However, having any of the 4 problems does not necessarily mean that you will be incontinent.

What can be done?

- i) Go to the toilet when you need to. (Ask for assistance if you need help to get to the toilet.)
- ii) With your nurse, monitor the pattern of when your bowels open and go to the toilet at these times
- iii) A bowel programme can train the bowel to empty at a regular time
- iv) Wear pad and pants to help contain any leakage
- v) Keep your bottom clean to keep your skin healthy. Always wipe yourself from front to back and change pads regularly to stop infection going into your bladder.

Your nurse will need to know if you have any bowel problems. They will ask you on a regular basis if your bowels have moved and make a note of it.

When you are living at home there is often a Community Laundry Service which you may be able to use. This will depend on an assessment by either your community nurse or social worker.

Faecal incontinence can be extremely upsetting, but it is a common problem. There is help available from your nurse, and all staff will be sensitive to your needs.

Where to get more information

If you have any questions about this information or any other problems with your bowels, ask your nurse to discuss it with you.

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