Adult Continence Team
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Spinal injury clients with bowel regimes
Usually self managed (family/carers)
Increase in clients on D/N caseloads
Identified a need for refresh to promote good practice
Awareness of Autonomic Dysreflexia unique to clients with spinal cord injury
Provide evidence based practice
Unique to individuals with a spinal cord lesion injury above the level of the 6\(^{th}\) thoracic vertebrae
- Acute onset
- It is a medical emergency
- Risk of not identifying can lead to intracranial haemorrhage, seizures, cardiac arrhythmia or death
- 36\% individuals report dysreflexic symptoms occasionally and 9\% always when they conduct bowel management (Coggrave et al 2008)
Spinal cord injury effects

Acute Spinal Cord Injury

- T1 or above
  - Quadriplegia
- T1-T6
  - Paraplegia
- T6-T12
  - Paraplegia
- L1-L5
  - Paraplegia
Caused by irritants to below the level of the injury can be a full bladder, blocked catheter, UTI, constipation, tight underwear, cut to leg, ingrowing toenails, dressing to wound too tight

Pounding severe headache – rapid
Sweating
Nasal congestion
Blotching of skin
Cold / clammy
Blood pressure, slight increase can be significant / slow pulse

normally these patients have a low blood pressure, which does need to be known. A raised blood pressure during bowel management without symptoms has been recorded (Furusawa 2007, Kirshblum 2003). Treatment is not normally required in the absence of symptoms (Kirshblum 2003), therefore recording blood pressure when undertaking bowel management is of little benefit
Management and treatment

- Remove / stop stimulus causing AD
- Assess – recovery should be immediate
- If symptoms continue:
  - Sublingual nifedipine or glycerine trinitrate spray (prescribed by GP)
  - If symptoms persist 999
- Bowel management needs to continued on a regular basis – AD is most likely to occur in response to ineffective bowel care
  - Local anaesthetic gel, applied prior to digital interventions may reduce or eradicate the AD response during bowel care (Cosman, 2005) although this is not suitable for prolonged use (BNF, 2008)
Digital Rectal Examination

- PPE / Position / Consent / Comfort
- Observe perianal area for: soreness, excoriation, bleeding, discharge, swelling, haemorrhoids, rectal prolapse or infestation
- Record and report any of the above findings
- Insert gloved, lubricated finger into rectum and examine for faeces as per trust policy
- Sweep finger clockwise / anticlockwise
- Normally if rectum empty you would not proceed with administration of an enema/suppository
Digital Rectal Stimulation

- Insert a single gloved, water based lubricated finger gently into the rectum
- Turn the finger so that the pad is in contact with the bowel wall
- Rotate finger slowly in a clockwise direction, maintaining contact with the bowel wall throughout – gently stretching the anal canal until relaxation of the external sphincter is felt or stool is passed
- Continue for 15–20 seconds
- Remove finger to allow reflex bowel function to occur
- Stimulation maybe repeated every 5–10 minutes approximately

- NO MORE THAN 3 TIMES
Digital Removal of Faeces

- Insert a single gloved, water based lubricated finger gently into the rectum
- If stool is a solid mass push finger into centre, split it and remove small sections until none remains
- If stool is small, separate, hard lumps remove a lump at a time
- Great care should be taken to remove stools in such a way as to avoid damage to the rectal mucosa and anal sphincters – avoid using a hooked finger
- If the rectum is full of soft stool continuous gentle circling of the finger may be used to remove stool: this is still digital removal of faeces
Other bowel management options

- Abdominal massage
- Diet and fluids
- Peristeen – transanal irrigation
Intranet Policies

- Digital Rectal Examination
- Administration of suppositories and enema
- Digital removal of Faeces

References:
Guidelines for Management of Neurogenic Bowel Dysfunction in Individuals with Central Neurological Conditions (2012)
That's it Folks....

- Thanks for your participation and attention.
- Any Questions?????