



BOWEL MANAGEMENT

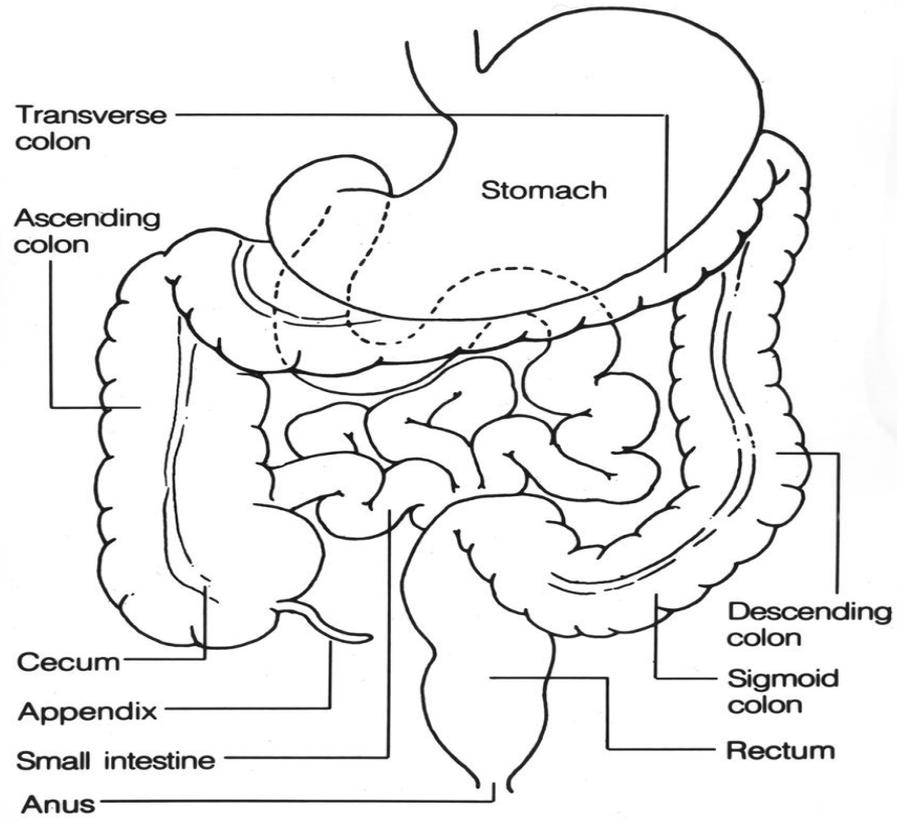
for Children with constipation and/or faecal incontinence

Jacqueline Brown

RN, BN

Childrens Continence Nurse Advisor

Anatomy

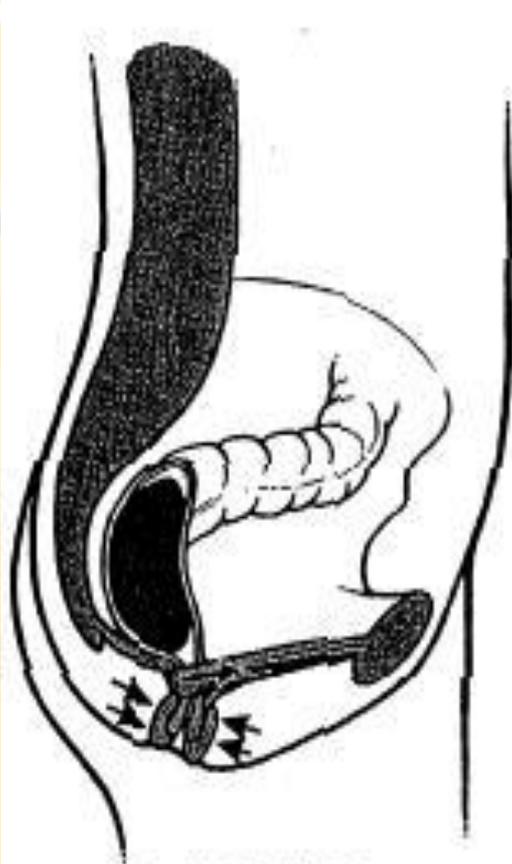




Physiology of a bowel motion

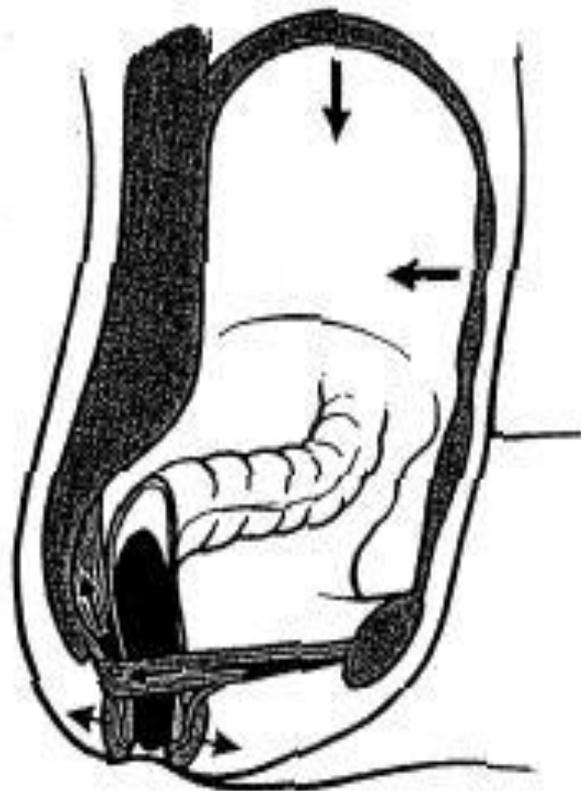
Normal bowel action

- Stretching of rectal wall indicates need to pass a motion
- When seated in convenient place, abdominal and rectal pressure rise
- Anal sphincter relaxes, and internal and external anal sphincter pressure is reduced
- Rectal pressure is higher than anal pressure
- The puborectalis muscle relaxes, the pelvic floor descends, and anorectal angle increases
- Elimination then occurs



A. HOLDING

- Puborectalis, external and internal anal sphincters contracted



B. INITIATION

- Puborectalis and external anal sphincter relax
- Levator ani, abdominals and diaphragm contract



C. COMPLETION

- Internal and external anal sphincters relax
- *Rectum contracts*



Assessment

➔ As per earlier session by Frances Ryan



Management

- ➔ Behavioural
- ➔ Routines
- ➔ Toilet position
- ➔ Diet and fluids



Management cont'd

- ➔ Exercise
- ➔ Laxatives
- ➔ Monitoring
- ➔ Abdominal massage



Behavioural

➔ ☐ Educate child and parents

Externalise the problem --> “sneaky poo”

➔ Negotiate

➔ Coach



Routines

- ➔ Eat regularly
- ➔ Exploit the gastro-colic reflex
- ➔ Toilet sitting 5-10 minutes twice a day
- ➔ Establish the toilet habit



Toilet position

- ➔ The pelvic floor muscles *must* relax for defecation to occur.
- ➔ Leaning forward while seated with feet supported during defecation facilitates the passage of faeces by lengthening the anal opening and widening the anorectal angle (Tagart, 1966).





Diet

- ➔ Ensure an adequate fibre intake.
- ➔ Aim for a variety of foods including wholegrain cereals, breads and fruit and vegetables. Include dried fruit and fruit eaten with skin on as well as vegetables, particularly beans, peas, sweet corn and pulses such as lentils.



Dietary Fibre

FIBRE

- ➔ Age + 5 g fibre/day
- ➔ Note: Increasing fibre is NOT useful until AFTER disimpaction



Fluids

	Total water intake per day (including water contained in food)	Water obtained from drinks per day
Children 1-3 years	1.3 litres	0.9 litres- 900mls
Children 4-8 years	1.7 litres	1.2 litres- 1200mls
Boys 9-13 years	2.4 litres	1.8 litres-1800mls
Girls 9-13 years	2.1 litres	1.6 litres-1600mls
Boys 14-18 years	3.3 litres	2.6 litres-2600mls
Girls 14-18 years	2.3 litres	1.8 litres-1800mls

2004, National Academies, Institute of Medicine, Food and Nutrition Board.
Suggested water requirements for children, based on US population data.



Exercise

- ➔ Stimulates the muscles of the abdomen and bowel increasing peristalsis
- ➔ Transit time is dramatically accelerated by moderate exercise (Oettle, 1991)
- ➔ Works best if the exercise is undertaken around the same time each day

Oettle GJ "Effect of moderate exercise on bowel habit." *Gut*. 1991 Aug;32(8):941-4.



Laxatives

TWO KEY PRIORITIES:

- ➔ Disimpact colon
- ➔ Maintain regular soft poos



Movicol™

- ➔ Movicol Half™ is the treatment of choice, for both disimpaction and maintenance
- ➔ Works by adding water to the child's poo which softens the poo as well as increasing bulk, both of which make it easier to pass



Other Laxatives

- ➔ Lactulose - osmotic
- ➔ Senokot - peristaltic stimulant
- ➔ Coloxyl - faecal softener
- ➔ Dulcolax - peristaltic stimulant
- ➔ ...and a multitude of others



Monitoring

Star Chart

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Fibre							
Water							
Toilet 10 minutes 2 x day							
Laxative							
Poo in toilet							
Exercise							

Bristol Stool Chart



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



Abdominal Massage

- ⇒ NOT SUITABLE IF BOWEL IMPACTED
- ⇒ MUST be very gentle especially in younger children
- ⇒ Need empty bladder, not after meals
- ⇒ Use vegetable oil to lubricate hands
- ⇒ Position lying down with pillow under knees, feet flat
- ⇒ If ticklish or tense or painful, massage not an option



Abdominal Massage cont'd

Using your palms or fingertips, press in **lightly** and stroke down the left side of the abdomen (toward the feet).

Move your hands to the right side of the abdomen, just below the ribs, and stroke across the abdomen to the left.

On the right side just below navel level, stroke upward along the abdomen (toward your head).

Repeat for five to ten minutes.



Recovery

- ➔ Can take 6-12 months, or longer
- ➔ Be realistic



Resources

- ➔ Tim's Problem
- ➔ Downloadable brochures from www.continence.org.nz along with:
- ➔ Web forum for parents, and health professionals