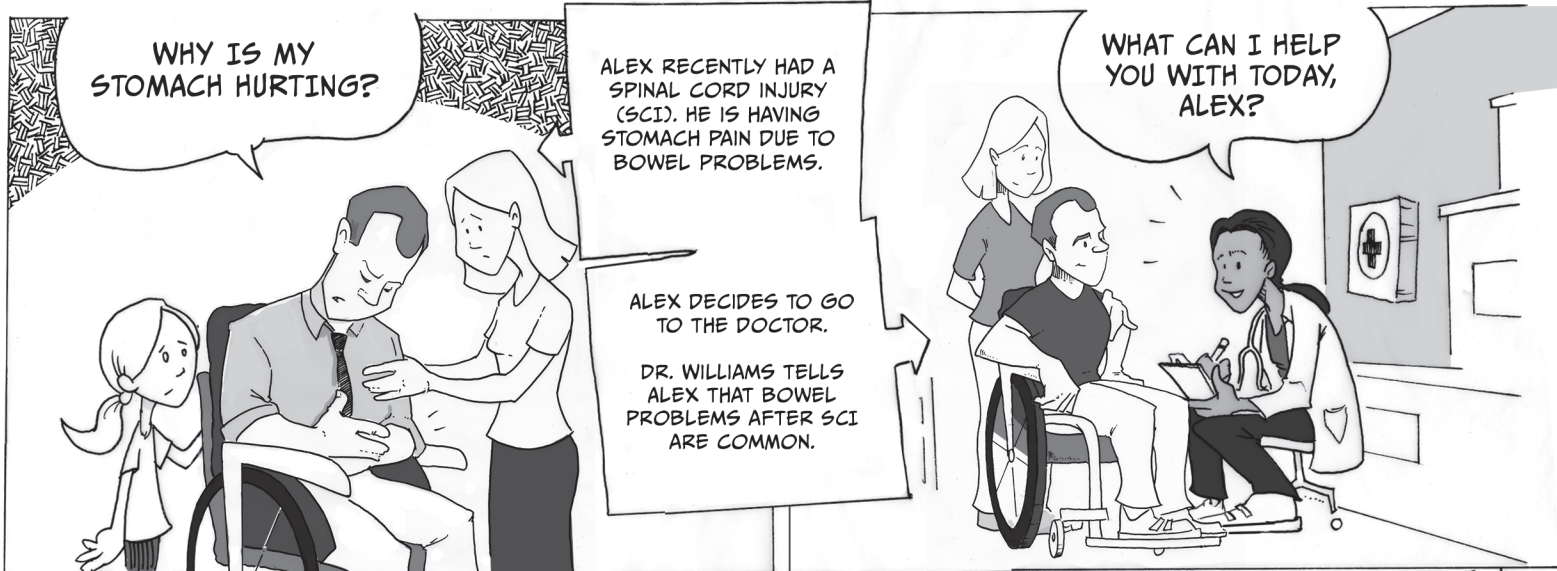


BOWEL FUNCTION After Spinal Cord Injury



ALONG WITH STOMACH PAINS, DR. WILLIAMS TELLS ALEX THAT SCI CAN LEAD TO OTHER BOWEL PROBLEMS.



...PASSING A STOOL WHEN YOU DON'T WANT TO OR HAVING A HARD TIME PASSING A STOOL.



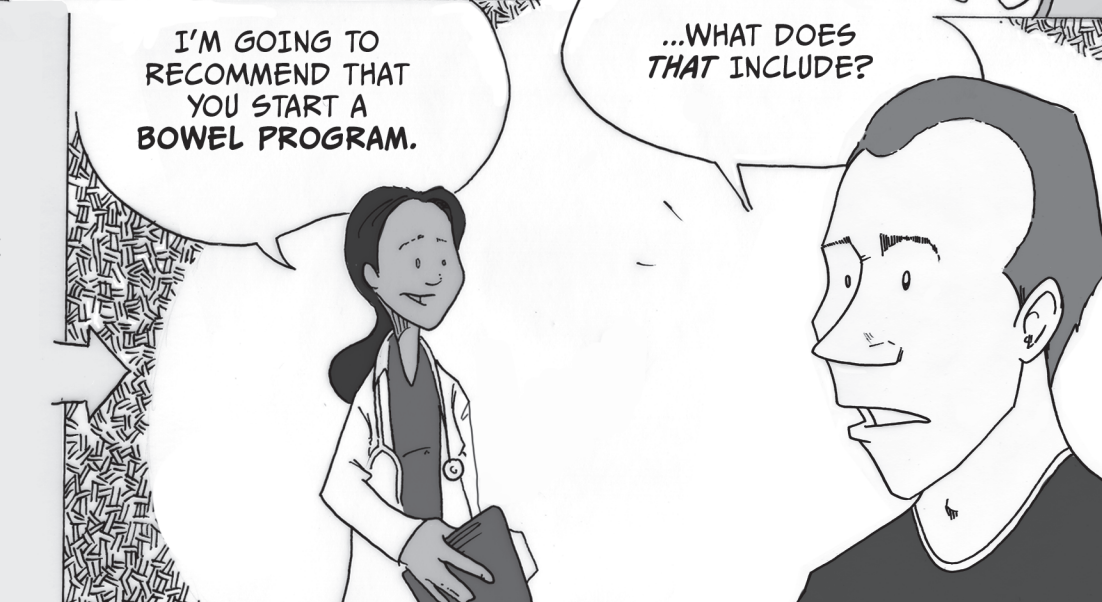
...FEELING FULLER THAN NORMAL WHEN EATING, OR EATING LESS THAN USUAL.



...FEELING ANXIOUS ABOUT CONTROLLING BOWEL PROBLEMS IN PUBLIC. THIS MAY MAKE YOU NOT WANT TO DO THINGS OUTSIDE.

TO HELP WITH BOWEL FUNCTION, YOUR DOCTOR MAY SUGGEST A PLAN TO RETRAIN YOUR BODY TO HAVE REGULAR BOWEL MOVEMENTS.

A DOCTOR OR NURSE DESIGNS THIS PLAN, CALLED A BOWEL PROGRAM, JUST FOR YOU.



A BOWEL PROGRAM INCLUDES THESE GOALS:

1. REGULAR, PLANNED BOWEL MOVEMENTS.
2. MODERATE TO LARGE STOOL OUTPUTS PER EACH BOWEL MOVEMENT.
3. BOWEL MOVEMENTS AT THE SAME TIME OF DAY (A.M. OR P.M.)
4. COMPLETE EMPTYING OF THE RECTAL VAULT WITH EVERY BOWEL MOVEMENT.
5. STOOLS THAT ARE SOFT, FORMED, AND BULKY.
6. COMPLETING BOWEL CARE WITHIN 30 MINUTES (AT MOST WITHIN 1 HOUR).
7. NO EPISODES OF FECAL INCONTINENCE OR UNPLANNED BOWEL MOVEMENTS.



A BOWEL PROGRAM HAS FOUR PARTS:

1. TIMING

				W	Th	F	S
				01	02	03	04
				X	X	X	X
05	06	07	08	09	10	11	
X	X	X	X	X	X	X	
12	13	14	15	16			
X	X	X	X	X			
19	20	21	22	23			
26	27	28	29	30	31		

2. DIET + FLUIDS



FOLLOW YOUR BOWEL PROGRAM EVERY DAY OR EVERY OTHER DAY. THIS WILL HELP DECREASE STOOL INCONTINENCE.

EAT HEALTHY (ESPECIALLY FIBER) AND DRINK PLENTY OF FLUIDS FOR BOWEL HEALTH.

3. MEDICINES



YOUR DOCTOR MAY SUGGEST THAT YOU TAKE MEDICINE TO SOFTEN YOUR STOOL.

4. TECHNIQUES



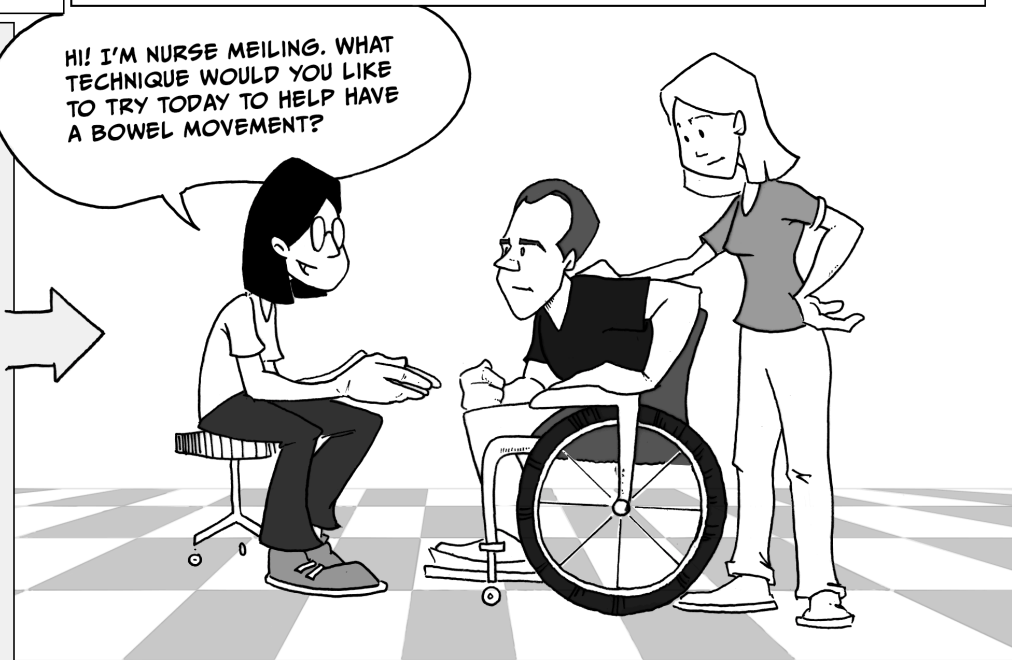
YOU CAN USE ONE OR MORE TECHNIQUES TO HELP WITH BOWEL MOVEMENTS.

SEVERAL TECHNIQUES CAN HELP YOU HAVE A BOWEL MOVEMENT AND EMPTY THE RECTUM. YOU CAN DO THE FOLLOWING ALONE OR WITH HELP FROM A CAREGIVER OR NURSING AID:

- **DIGITAL RECTAL STIMULATION:** MOVE YOUR FINGER IN A SMALL, GENTLE CIRCULAR MOTION AROUND THE RECTUM.
- **DIGITAL REMOVAL OF STOOL:** USE YOUR FINGER TO REMOVE STOOL FROM THE RECTUM. THIS WILL SPEED UP THE ABILITY TO EMPTY THE RECTUM.
- **ENEMAS:** USE A DEVICE TO FLUSH WARM WATER INTO YOUR RECTUM, WHICH WILL HELP EMPTY IT OF STOOL.

BOWEL MANAGEMENT TECHNIQUES MAY WORK DIFFERENTLY FOR DIFFERENT PEOPLE. LEARN WHAT WORKS FOR YOU MAY TAKE SOME TRIAL AND ERROR.

HI! I'M NURSE MEILING. WHAT TECHNIQUE WOULD YOU LIKE TO TRY TODAY TO HELP HAVE A BOWEL MOVEMENT?



DR. WILLIAMS TELLS ALEX THAT UNTREATED BOWEL PROBLEMS CAN LEAD TO OTHER HEALTH PROBLEMS.

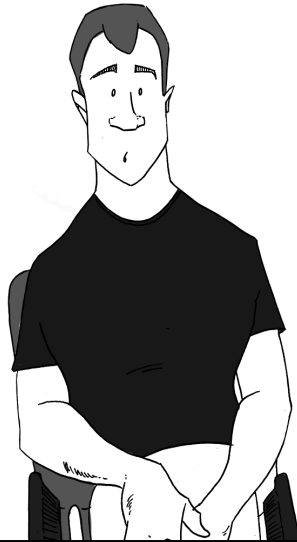
THESE INCLUDE PARTIAL PARALYSIS OF THE STOMACH, GAS PAIN, AND CHRONIC HEARTBURN.

OTHER PROBLEMS INCLUDE WORSENING PAIN, HEMORRHOIDS, NAUSEA, AND A DECREASED SENSE OF WELL-BEING.

THIS IS WHY TREATING BOWEL PROBLEMS IS SO IMPORTANT.

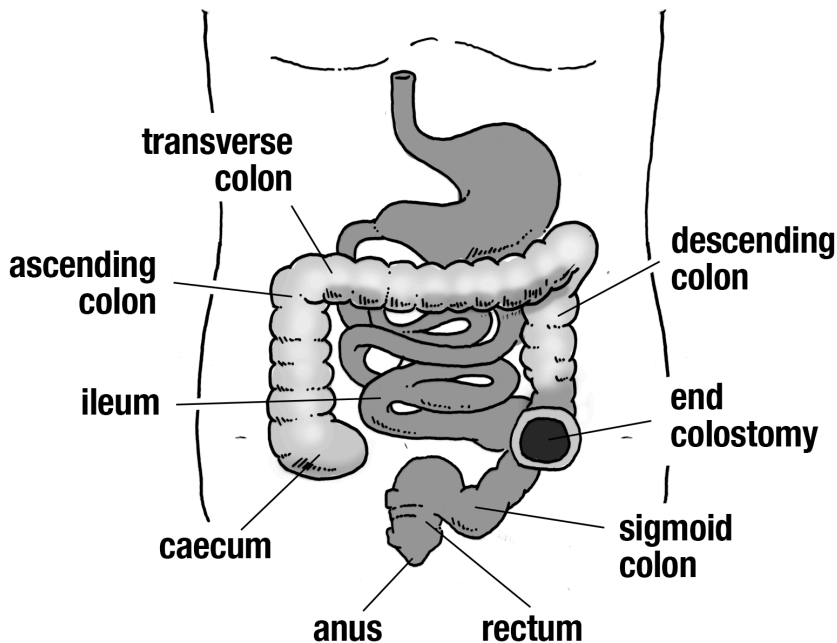


...WHAT IF A BOWEL PROGRAM DOESN'T WORK FOR ME?



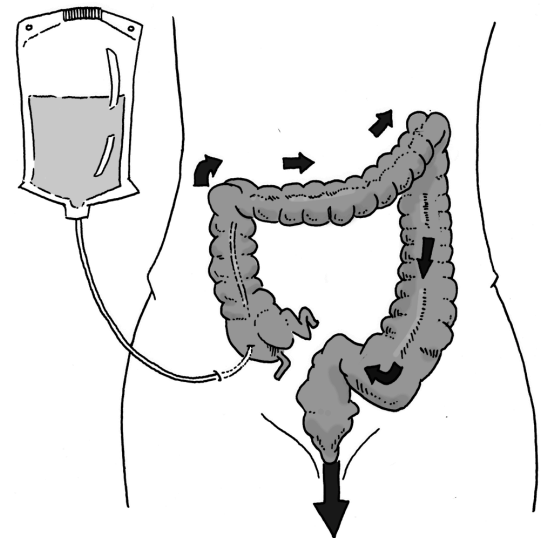
DR. WILLIAMS TELLS ALEX OTHER OPTIONS ARE AVAILABLE IF A BOWEL PROGRAM DOESN'T WORK. OPTIONS INCLUDE TWO TYPES OF SURGERY:

1. COLOSTOMY



THE COLON IS ATTACHED TO THE ABDOMINAL WALL THROUGH A HOLE CALLED A "STOMA". A BAG IS ATTACHED TO THE STOMA. STOOLS PASS INTO THE BAG INSTEAD OF THE RECTUM. YOU OR A CAREGIVER EMPTY AND CHANGE THE BAG AS NEEDED.

2. ANTEGRADE CONTINENCE ENEMA



THE ABDOMINAL WALL IS OPENED TO CREATE A PATH TO THE COLON. YOU OR A CAREGIVER PLACE AN ENEMA CATHETER THROUGH THE STOMA EACH DAY TO FLUSH STOOL OUT OF THE COLON WITH TAP WATER.

LET'S SEE HOW YOUR PLAN WORKS OUT. A GOOD BOWEL PROGRAM WITH REGULAR AND CONSISTENT STOOL IS KEY TO SUCCESSFUL BOWEL MANAGEMENT.



Source: The Content of this infocomic has been adapted from the factsheet Bowel Function After Spinal Cord Injury (https://msktc.org/sci/factsheets/Bowel_Function), which was developed by Gianna M. Rodriguez, M.D., in collaboration with the Model Systems Knowledge Translation Center. It was illustrated by Grant Corley.



Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the SCI Model System directors.

Disclaimer: This information is not meant to replace the advice of a medical professional. You should consult your health care provider about specific medical concerns or treatment. The contents of this infocomic were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0082). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this infocomic do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the federal government.



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