



Bowel Program: Upper Motor Neuron Injury

What is a bowel program?

A bowel program establishes a regular time to stimulate the bowels to cause a bowel movement. The primary goal of a bowel program is to promote regular emptying of the bowels for cleansing and health. Establishing a bowel program will help prevent involuntary bowel movements, constipation, and impaction of the bowels.

Upper Motor Neuron (UMN) Injuries are injuries that are usually T12 and above. These injuries are spastic in nature; muscle spasms are common and the colon is really tight. People with this type of injury usually need to do digital stimulation and use suppositories to help stimulate the reflex to defecate. With upper motor neuron injuries, the goal is to have soft formed stool, similar in consistency to wet shredded wheat.

Many factors play a role in developing the bowel program – all of which affect the consistency of your stool. These factors include:

- Diet and fluid Intake
- Activity
- Medications
- Timing of the program
- Positioning and aids used

You must decide your plan for each element above. The bowel program is a combination of all of these factors – not just the physical act of going to the bathroom. People who are very consistent with each element of the bowel program tend to have the least complications and the most success with regular bowel movements after a spinal cord injury.

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How do you do a Bowel Program?

For your bowel program to be successful the regularity of time is important. Do your bowel program the same time of day every day with the same method. The normal reflex functions of the bowel increase after the evening or morning meals so some people find this is the most convenient time to schedule and do their bowel program.

Creating a regular bowel program and getting your system established with regularity will take some time. Maintaining the same time daily is important so that your body can get used to the elimination process happening with regularity. If you are unable to do at exactly the same time, try to do within a two hour frame of your established time. Running very late or even skipping your bowel program will place you at risk of an involuntary stool (accidental stools). A suppository, digital stimulation, combination of the two or a mini enema can stimulate the bowel. By using these, involuntary stools, constipation, and impaction of the bowels can be prevented.

From the insertion of the suppository or mini enema to the end of clean up should take no longer than one hour. This is also true if you don't use any of these products to assist with the bowel program.

Be sure to wash and dry your hands thoroughly before and after performing the bowel program. If you use a suppository, you need to lie on your left side. Do a rectal check for any stool that is present in the rectum. The suppository should be coated with a water-soluble lubricant. Now insert the suppository into the rectum, next to the rectal wall which is towards the backbone. Do not place the suppository directly into any stool as the chemicals in the suppository need to have contact with the rectal wall or tissue in order to work correctly. This is done while remaining on your left side. Stay on your left side for 20 minutes so the medication from the suppository will be absorbed.

Fingernail length should be no longer than ¼ inch beyond the fingertip. Nails, both natural and artificial, should be kept clean and gloves used. Hands should be washed with each glove change. Polished nail should not be chipped or cracked. Digital stimulation should not be done too vigorously.

If remaining in bed due to skin issues, illness, or other issues, stay on left side and start digital stimulation of the rectum. You stay on your left side because the large intestine empties to the left side of your stomach and this makes it easier.

Sitting on a commode chair or toilet is the best position to do your bowel program in. Gravity is then able to help in emptying of the stool from the rectum. If transferring to a commode chair or toilet, transfer after 15-20 minutes after insertion of the suppository then begin digital stimulation after transferring to the commode or toilet. Read the instructions on your suppository to be sure there are no other directions. It is okay if your bowels start to empty on their own after the suppository.

If using a mini-enema, then transfer to commode or toilet first. Insert mini-enema as you only need to wait for a period of 10-15 minutes as the solution is already dissolved and works quicker.

When do I know if I'm finished doing the Bowel Program?

- A rectal check with gloved lubricated forefinger comes out clean 2-3 times
- No more stool is present
- You feel complete and empty
- Getting mucous but no stool with digital stimulation.

Is there anything that can assist having better success with my bowel program?

- Having warm liquids 30 minutes before you start your bowel program.
- You can do an abdominal massage. The best way to do this to go from the lower right side of your abdomen to the top and across the top to the left and down the left as this is how your bowel moves the stool through to the rectum.
- You can also lean forward or sideways to help. Be sure to have your safety belt on when doing this.
- If your able to do so, you can do push-ups by raising your body off the commode or toilet seat.

Finally. . . .

Be sure and monitor bowel program for signs of diarrhea or constipation. In regards to constipation, it has been found that it can be a contributing factor to Purple Urine Bag Syndrome. Read brochure on Purple Urine Bag Syndrome.

Know it will take time and patience to get the process regulated but in the end it will lead to a happier and more enjoyable life.