**Bowel Disorders**

Tracy Aldridge, MD

---

**Disorders of the Bowel**

- **Constipation**
  - *Occasional*— episode of constipation which resolves easily from time to time. Everyone has occasional constipation.
  - *Chronic*— requiring treatment with medications to control symptoms and maintain regular bowel movements.

- **Bowel Obstruction**
  - Small Bowel Obstruction
  - Large Bowel Obstruction
Anatomy of the Bowel

- Small intestine
  - (also called the small bowel)

- Large intestine
  - (also called the large bowel, or colon)

Constipation

- Constipation is defined as having a bowel movement fewer than three times per week.
- Stools are usually hard, dry, small in size, and difficult to eliminate.
- Normal bowel function can range from three times a day or three times a week, depending on the person.
Individuals at Risk

- **Developmental disabilities**
  - Less active, poor dietary fiber, less fluid intake

- **Neuromuscular disorders**
  - Abnormal nerve and muscle response or coordination in the bowel

- **Cerebral palsy**
  - Poor nerve responses within the bowel causing motility problems

- **Medication side effects**
  - Slowing of the transit time or alteration of bowel consistency or fluid content

---

**Constipation—Signs and Symptoms**

- Spending a lot of time on the toilet
- Straining and grunting while passing stool
- Hard, small, dry feces
- Bloating and complaints of stomach discomfort
- Engages in rectal digging
Treatments for Constipation

- Conservative and/or preventive measures
  - Increase fluid intake if able
  - Increase fiber intake
  - Increase physical activity

- Laxative medications
  - Stimulants (such as senna, docusate)
    - These help stimulate the intestine to move food and fluid through.
  - Stool softeners (colace)
    - Increase the liquid content of the stool to make it easier to pass
  - Lubricant laxatives (mineral oil)
  - Osmotic agents (such as Milk of Magnesia, Miralax)
    - These act like a sponge, drawing fluid into the bowel to help with elimination.
Treatments for Constipation

- Rectally administered treatments
- Should not be used regularly— but as needed for severe constipation. If using too frequently, re-evaluate the current regular treatment regimen
  - Glycerin suppository
  - Bisacodyl suppository
  - Enemas
    - Mineral oil, Fleet’s, soap suds, etc.

Roles and Responsibilities

- Direct Support Staff
  - Responsible for monitoring of individuals for signs and symptoms of constipation.
  - Notify supervisor/nurse of individuals who may be experiencing constipation.
  - Tracking of bowel movements in those individuals treated for or suspected to have problems with constipation.
Bowel Tracking

- Agencies should have a bowel tracking system for all individuals who receive bowel related treatments so that agency staff and nurses can recognize when problems are arising.

- Bowel tracking system should include day/time of bowel movement, quantity of stool, and character of the stool.
Roles and Responsibilities

Case Manager/QIDP
- Recognize relevant risk factors or trends that may indicate a need for medical evaluation and changes in the treatment plan.
- Ensure the healthcare provider is presented this information when the individual is assessed.
- Ensure individuals who are being treated for constipation have a bowel tracking system in place and that all staff are trained in this tracking.
- Consider periodic bowel tracking for all individuals so the diagnosis of constipation is not overlooked.

Agency
- Must ensure that individuals who are able to be physically active have adequate motivation and opportunity to stay physically active
- Ensure a meal program that provides good sources of dietary fiber
- Provide staff with appropriate support and training to continue to closely monitor individuals so problems are recognized and treated, thereby decreasing the chance of fatal complications
Program Planning

- Every individual should have an area that addresses bowel elimination in the annual nursing assessment, with inclusion in the ISP when appropriate
- For individuals treated with any medication for constipation, the plan should reflect information from bowel tracking forms as well as how often a “prn” medication (i.e. a suppository or enema) is used to treat the individual.
  - This type of review can often show trends that were perhaps not obvious at the time.

Bowel Complications

- Chronic constipation can lead to more serious bowel complications.
  - Hemorrhoids
  - Rectal prolapse
  - Fecal impaction
  - Bowel obstruction
Hemorrhoids

- Swollen or enlarged veins around the anal canal or just within the rectum are hemorrhoids.
- Caused by increased pressure, often from straining for bowel movements.

May treat topically for pain relief
Are often a cause of rectal bleeding
Resolving constipation is key

Rectal Prolapse

- This condition is caused by excessive straining during bowel movements over a long period of time. Rectal prolapse occurs when the rectal tissue extrudes from the anal sphincter.
- Treatment of the constipation to relieve the need to strain for bowel movements may reverse the condition.
- Severe prolapse may require surgical repair.
**Rectal Prolapse**

- A fecal impaction is when hard stool becomes packed tightly within the rectum or colon such that the normal forces of the colon cannot dispel the stool.
- Treatment is usually in the form of enemas or manual disimpaction or a combination.
- Fecal impaction oftens occurs just prior to bowel obstruction.
Bowel Obstruction

- Bowel obstruction refers to the partial or complete blockage of the small or large intestine.
- This blockage can be “mechanical”
  - Such as a tumor or foreign object blocking the bowel
- Or “non-mechanical”
  - When the bowel just won’t move contents through

Anatomy of the Bowel

- Small intestine
  - (also called the small bowel)
- Large intestine
  - (also called the large bowel, or colon)
Bowel Obstruction

- Small bowel obstruction (SBO) –
  - When the small bowel becomes obstructed
  - Mechanical causes include adhesions, hernias, tumors, scarring or twisting of the small bowel.

- Large bowel obstruction (LBO) –
  - When the large bowel becomes obstructed
  - Mechanical causes include impacted feces (from severe constipation), tumors, scarring of the colon.

Bowel Obstruction

- Individuals with pica have a risk of bowel obstruction. Depending on the amount and size of ingested foreign material, this can cause a blockage within the bowel.
Non-mechanical Bowel Obstruction

- This type of obstruction is also called a “pseudobstruction”. This is caused when the normal ability to move fluid and food through the bowel is lost.
- This is usually due to a problem with the nerves and/or muscles. There is nothing physically blocking the bowel in this type of obstruction.

Bowel Obstruction—Signs and Symptoms

- Abdominal pain—often crampy and in waves
- Nausea
- Vomiting (occurs earlier with SBO)
- Abdominal distention
- No passing of stool OR gas
- Leakage of small amounts of loose stool around a mechanical obstruction
- SEEK MEDICAL CARE
Advanced Signs and Symptoms...

- Tachycardia
- Low blood pressure
- Fever
- Altered consciousness
- THIS IS A MEDICAL EMERGENCY

Responding to Suspected Bowel Obstruction

- A suspected bowel obstruction is a medical emergency. This condition can be FATAL.
- Individuals who exhibit symptoms of a bowel obstruction should be promptly evaluated by medical personnel. *Especially if they have a history of constipation, or pica*
- Constipation is a risk factor for developing a large bowel obstruction.
Recognizing Emergencies

- Bowel obstructions can progress quickly. Initial symptoms are often similar to a viral gastroenteritis (or “stomach flu”)
- Treat all cases of abdominal pain, nausea, and vomiting as a potential serious illness
- Notify nursing personnel early
- Prompt physician evaluation is key

- Abdominal pain—often crampy and in waves
- Nausea
- Vomiting (occurs earlier with SBO)
- Abdominal distention
- No passing of stool OR gas

- May have leakage of loose stool around an obstruction
- Tachycardia
- Low blood pressure
- Fever
- Altered consciousness
Bottom Line

- Individuals with developmental disabilities are inherently at risk for constipation
- Recognition and adequate treatment of constipation will prevent serious medical complications
- Recognition of the signs and symptoms of bowel obstruction will allow for prompt medical intervention in the case of complications from constipation

Please contact the Bureau of Clinical Services for any concerns or questions regarding recognition or management of constipation or bowel obstruction

- Division of Developmental Disabilities
- Bureau of Clinical Services
- 319 E Madison, Springfield, IL 62701
- (217)782-9449