

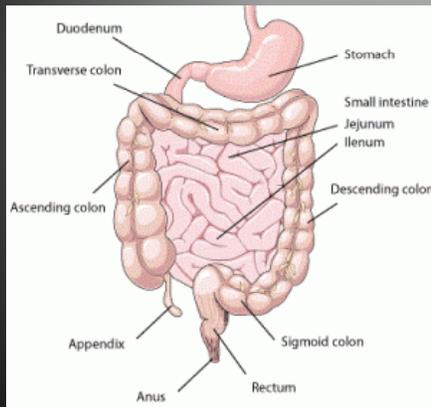
Bowel Disorders

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

Treatments for Constipation

- ▶ 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.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on 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. Entirely Liquid

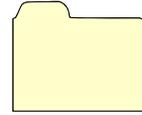
Roles and Responsibilities

- ▶ 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.

Roles and Responsibilities

- ▶ 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 (ie. 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.

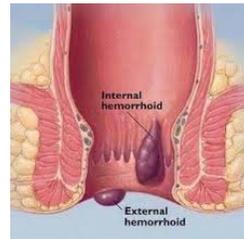
Bowel Complications

- ▶ 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.

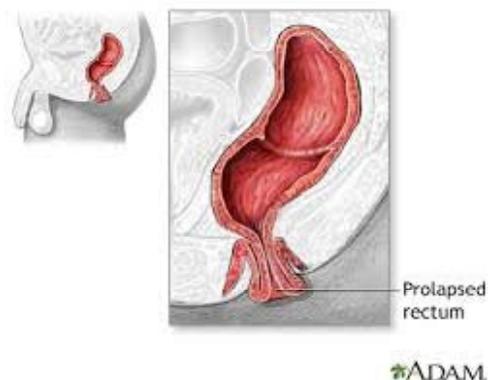
May treat topically for pain relief
Are often a cause of rectal bleeding
Resolving constipation is key



Rectal Prolapse

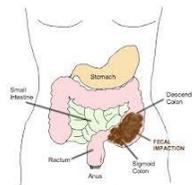
- ▶ This condition is caused by excessive straining during bowel movements over a long period of time. Rectal prolapse occurs when the rectal tissue extrudes from the anal sphincter.
- ▶ Treatment of the constipation to relieve the need to strain for bowel movements may reverse the condition.
- ▶ Severe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

Rectal Prolapse



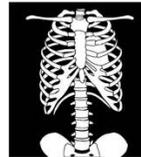
Fecal Impaction

- ▶ 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 often occurs just prior to bowel obstruction.

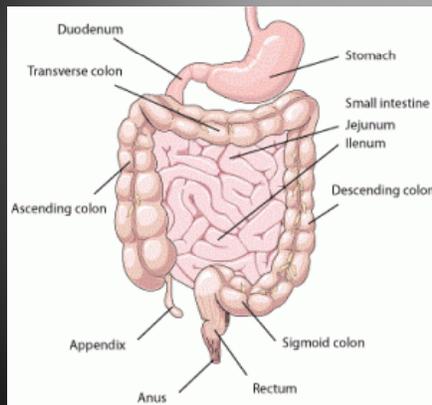


Bowel Obstruction

- ▶ 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



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 - (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.

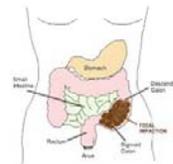


Non-mechanical Bowel Obstruction

- ▶ 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



Recognizing Emergencies

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| <ul style="list-style-type: none"> ▶ Abdominal pain—often crampy and in waves ▶ Nausea ▶ Vomiting (occurs earlier with SBO) ▶ Abdominal distention ▶ No passing of stool OR gas | <ul style="list-style-type: none"> ▶ May have leakage of loose stool around an obstruction ▶ Tachycardia ▶ Low blood pressure ▶ Fever ▶ Altered consciousness |
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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
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