

Chapter 30

Bowel Elimination

Bowel Elimination

- Bowel elimination is a basic physical need.
- You assist clients and residents in meeting their elimination needs.
- Client may have difficulty with bowel elimination.
 - May experience discomfort, frustration, and this may be humiliating for the client.
- Practice sensitivity and offer emotional support.
- Follow Standard practices.


Normal Bowel Movements

(1 of 3)

- Time and frequency of bowel movements varies.
- Most people go every day, or every 2 to 3 days.
- Stools are normally brown; they are soft, formed, moist, and shaped like the rectum.
- Stools have a normal odour caused by bacterial action in the intestines.
- Your observations are used for the care-planning process:
 - Carefully observe stools before disposing of them.
 - Ask the nurse to observe abnormal stools.

Normal Bowel Movements (2 of 3)

The Bristol Stool Form Scale

- | | | |
|--------|-------------------------------------------------------------------------------------|---------------------------------------------------|
| Type 1 |  | Separate hard lumps like nuts (difficult to pass) |
| Type 2 |  | Sausage shaped but lumpy |
| Type 3 |  | Like a sausage but with cracks on surface |
| Type 4 |  | Like a sausage or snake, smooth and soft |
| Type 5 |  | Soft blobs with clear-cut edges (passed easily) |
| Type 6 |  | Fluffy pieces with ragged edges, a mushy stool |
| Type 7 |  | Watery, no solid pieces (entirely liquid) |

(Source: First published in Lewis, S. J., & Heaton, K. W. [1997]. Stool form scale as a useful guide to intestinal transit time. *Scandinavian Journal of Gastroenterology*, 32[9], 920-924. http://static1.1.sqspcdn.com/static/1/1451532/22180508/1363249562587/bristol_stool_chart.pdf.)

Normal Bowel Movements

(3 of 3)

- Observations:
 - Observe and report the following to the nurse. If you are allowed to chart, also record the following:
 - Colour
 - Amount
 - Consistency
 - Odour
 - Shape and size
 - Frequency of defecation
 - Complaints of pain or discomfort

Factors Affecting Bowel Movement

- Privacy
- Personal habits
- Diet
- Fluids
- Activity
- Medications
- Aging
- Disability

Common Challenges Affecting Bowel Movement (1 of 6)

- *Constipation* is the passage of a hard, dry stool with less frequency than normal.
 - Constipation occurs when feces move slowly through the bowel.
 - Stool is hard, dry, and difficult to pass.
 - Client may complain of abdominal discomfort.
 - Constipation is prevented or relieved by:
 - Dietary changes, fluids, and activity
 - Drugs and enemas
 - See textbook box: *Think about Safety: Preventing Constipation*

Common Challenges Affecting Bowel Movement (2 of 6)

- *Fecal impaction* is the prolonged retention and build-up of feces in the rectum.
 - Fecal impaction results if constipation is not relieved.
 - A digital (finger) exam is done to check for an impaction by a physician or a nurse.
 - Sometimes the fecal mass is removed with a gloved finger.
 - This is called digital removal of an impaction.
 - Checking for and removing impactions is very dangerous.
 - This is never done by a support worker.

Common Challenges Affecting Bowel Movement (3 of 6)

- *Diarrhea* is the frequent passage of liquid stools.
 - Feces move through the intestines rapidly.
 - Diet and drugs are ordered to reduce peristalsis.
 - You need to:
 - Assist with elimination needs promptly
 - Dispose of stools promptly
 - Give good skin care
 - Fluid lost through diarrhea is replaced.
 - Otherwise, dehydration occurs.
 - Always follow Standard Practices when you come in contact with stools.

Common Challenges Affecting Bowel Movement (4 of 6)

- *Fecal incontinence (anal incontinence)* is the inability to control the passage of feces and gas through the anus.
 - Fecal incontinence affects the client emotionally.
 - Can occur because of delayed requests for help to use bathroom, commode, or bedpan.
 - A common problem support workers encounter is resistance to care, making washing and changing the client difficult.
 - Follow the client's care plan.

Common Challenges Affecting Bowel Movement (5 of 6)

- Gas or air passed through the anus is called *flatus*.
- *Flatulence* is the excessive formation of gas or air in the stomach and intestines.
 - If flatus is not expelled, the intestines distend.
- Common causes of flatulence:
 - Bacterial action in intestines
 - Constipation
 - Bowel and abdominal surgeries
 - Medications that decrease peristalsis

Common Challenges Affecting Bowel Movement (6 of 6)

- The following help produce flatus:
 - Exercise
 - Walking
 - Moving in bed
 - The left side-lying position
- Doctors may order enemas, rectal tubes, or drugs to relieve flatulence.

Bowel Training

- Bowel training has two goals:
 - To gain control of bowel movements
 - To develop a regular pattern of elimination
- Factors that promote elimination are part of the care plan and the bowel training program.

Enemas (1 of 3)

- An enema is the introduction of fluid into the rectum and lower colon.
 - Doctors order enemas for the following reasons:
 - To remove feces
 - To relieve constipation, fecal impaction, or flatulence
 - To clean the bowel of feces before certain surgeries and diagnostic procedures
 - Most enemas are *commercial enemas*; they are pre-packaged and ready to administer.
 - *Saline enema*: must be prepared prior to administration.

Enemas (2 of 3)

- Delegation to Perform an Enema
 - Questions you need to answer before you do this task:
 - Do your provincial or territorial laws and employer's policies allow you to do this?
 - Do you have the necessary education and training?
 - Have you reviewed the procedure with a nurse?
 - Is a nurse available to answer questions and supervise you?

Enemas (3 of 3)

- Commercial Enemas
 - Commercial enemas stimulate and distend the rectum and cause defecation.
 - The solution is usually administered at room temperature.
 - To give enema, squeeze and roll up the plastic bottle from the bottom; do NOT release pressure, as that would cause the solution to be drawn back into the bottle,
 - Encourage client to hold the solution for 5 to 10 minutes before expelling.

Rectal Tubes

- *A rectal tube* is a flexible tube that is inserted into rectum to relieve flatulence and intestinal distension.
- It is usually inserted about 10 cm into adult rectum and left in place for 20 to 30 minutes.
- Can be re-inserted every 2 to 3 hours.
- Procedure is performed by a nurse.

The Client With an Ostomy

(1 of 3)

- An *ostomy* is a surgically created opening.
 - The opening is called a *stoma*.
 - The client wears a pouch over the stoma to collect stools and flatus.
- **Colostomy**
 - A *colostomy* is a surgically created opening between the colon and abdominal wall.
 - With a permanent colostomy, the diseased part of the colon is removed.
 - A temporary colostomy gives the diseased or injured bowel time to heal.
 - After healing, surgery is done to reconnect the bowel.
 - The colostomy site depends on the site of disease or injury.

The Client With an Ostomy

(2 of 3)

- Ileostomy
 - An *ileostomy* is a surgically created opening between the ileum (*ileo*) and the abdominal wall (*stomy*).
 - Liquid stools drain constantly from an ileostomy.
 - A portion or entire section of the colon is removed.
 - Ileostomy pouch must fit well to avoid feces touching and irritating the skin.
 - Good skin care is essential.

The Client With an Ostomy

(3 of 3)

- Ostomy pouches
 - The pouch has an adhesive backing that is applied to the skin.
 - Sometimes pouches are secured to ostomy belts.
 - Many pouches have a drain at the bottom that closes with a clip, clamp, or wire closure.
 - The drain is opened to empty the pouch.
 - The pouch is emptied when stools are present.
 - The pouch is changed every 3 to 7 days, and when it leaks.
 - Do not flush pouches down the toilet.

Stool Specimens

- Stools are checked and studied for blood, fat, microbes, worms, and other abnormal contents.
- The stool specimen must not be contaminated with urine.
- Some tests require a warm stool.

Testing Stools for Blood

- Stools may contain blood for many reasons.
 - Often, blood is seen if there is bleeding low in the bowels.
 - Stools are black and tarry (*melena*) if there is bleeding in the stomach or upper gastro-intestinal tract.
 - Sometimes bleeding occurs in very small amounts and cannot be seen (*occult blood*).
 - When using occult blood test kits, follow the manufacturer's instructions.