

# To Our Health...

Information for Improving Our Health / Prepared by Jill Peterson, RN, BSN, Nurse Consultant

## Maintaining Bowel Health

Although I haven't found the original source of the following statement, it has a lot of impact. **The causes of death of persons with developmental disabilities that are most preventable through increased awareness are choking and bowel obstruction.** The factors that contribute to constipation, impaction and obstruction all have commonalities that can be of particular risk for the people we support: not drinking enough fluids, a diet low in fiber, physical restrictions and particularly the medications they may take routinely. This information is provided to increase our awareness in regards to constipation, impaction, and bowel obstruction but let's start with what is normal.

### Normal Bowel Function

- Normal frequency of bowel movements can range from 3 times a day to 3 times a week.
- The pattern of bowel movements can be considered normal if it does not represent a change in the person's usual frequency or character of stool and if passing the stool is not associated with pain or discomfort.
- Discomfort may be reported or observed as straining, hard stool, or feeling of being unable to empty the bowel.
- Normal stool in an adult is brown, soft and formed.
- Abnormal stool: white or clay-colored, black/tarry or bloody stool, thin ribbon-like or pencil-shaped stool, hard or liquid.

### Constipation

- Bowel movements that occur less than 3 times a week (less than every other day or every third day).
- Stool that is small hard and difficult to pass.

Constipation is more than an annoying problem. Persons with chronic constipation report that they have a lower quality of life. Persons with only 1 or 2 bowel movements a week are more likely to have obesity, diabetes, diverticulosis, hemorrhoids, and colon cancer. Constipation can also lead to bowel impaction and bowel obstruction. Untreated, a bowel obstruction can lead to death.

### Impaction

- Accumulation of dry hardened stool in the rectum or colon.
- The mass may be so hard that it cannot pass out of the body and watery stool from higher in the bowel may move around the mass and leak out causing soiling.
- Sudden, watery diarrhea in someone who usually has chronic constipation is an indication of a fecal impaction.



#### FACTORS THAT MAY CONTRIBUTE TO CONSTIPATION:

- *Diet: not enough fiber, diet high in sugar and fat, eating pureed foods also not drinking enough liquids*
- *Inactivity and immobility*
- *Environmental factors: lack of routine, lack of privacy, person ignores the urge to have a bowel movement*
- *Medical conditions: including depression*
- *Medications: antipsychotic, antidepressants, iron supplements, antacids, blood pressure medications, antihistamines to name just a few*

#### FACTORS THAT MAY CONTRIBUTE TO IMPACTION:

- *Prolonged inactivity*
- *Dietary changes*
- *Psychiatric illness*
- *Chronic use of laxatives*

#### FACTORS THAT MAY CONTRIBUTE TO BOWEL OBSTRUCTION:

- *Persons who have undergone abdominal surgeries*
- *History of cancer or tumor*
- *Congenital abnormality*
- *Poor dietary habits*
- *Lack of exercise due to physical limitations*
- *History of constipation*

- Other symptoms include frequent straining with passage of liquid or small semi-formed stools and abdominal cramping.
- If impaction presses on the nerves of the back may cause back pain.
- If impaction presses on the bladder may cause urinary symptoms.

Treatment of an impaction is to hydrate and soften the stool so it can be removed or passed. An enema or a glycerin suppository may be given to lubricate the bowel and soften the stool. The impaction may need to be digitally removed if the impaction is within reach.

### Bowel Obstruction

- A blockage, partial or complete, that prevents passage of stool through the bowel
- A serious and dangerous condition that left untreated can be fatal
- Symptoms can vary depending on the area of the bowel involved
- Lack of appetite – not alone but in combination with these other symptoms
- Severe sharp, intermittent abdominal cramping or dull discomfort
- Constipation
- Vomiting – abrupt in onset, frequent. May have odor of stool
- Abdominal bloating and abdomen appears swollen
- Abnormal bowel sounds
- Dehydration – thirsty, drowsy, parched tongue and generally feeling weak
- Symptoms can look like “the flu”
- **It is possible to have loose stool (diarrhea) and still have a bowel obstruction.**

A bowel obstruction is a medical emergency requiring an x-ray to determine where the obstruction is and then treat accordingly. Treatment may include surgery to remove the obstruction.

(continued on back)

## Maintaining Bowel Health (continued)

### So how can we help to maintain healthy bowel function?

**1. Monitor for constipation.** Persons supported should be asked on a daily basis whether they have had a bowel movement. This information needs to be documented in order to learn what the individual's normal routine is and to monitor for the development of problems. Communicate this information between home and day services. Wait no more than 3 days between bowel movements.

**2. Encourage increase in fluids.** Drinking eight 8 oz. (1 cup) glasses a day is a great goal unless there is a fluid restriction related to a medical problem. Be aware that caffeinated beverages have a dehydrating effect. Offering warm liquids one hour prior to a person's usual time of evacuation can be helpful. Prune juice is a natural laxative and adding grape juice to it can improve its taste. Pear juice is also recommended as a natural laxative.

**3. Increase fiber in the diet.** Increase fiber slowly to one's diet so the body can adapt and remember to increase fluids as you increase fiber. In fact, without water as its partner, good fiber goes bad, causing constipation and extreme discomfort.

• **Eat whole grains whenever possible.** "Whole Grain" should be the first or second ingredient on the label. Products that say "100 % wheat" or "multigrain" are usually not whole grain.

• **Look for cereals that offer 5 or more grams of fiber per serving.**  
– One cup of Fiber One = 14 grams  
– One cup of Raisin Bran = 7.5 grams  
– One cup of cooked oatmeal = 3 grams

• **Eat a rainbow of fruits and vegetables (5-9 servings daily).** Some foods can act as natural laxatives: figs, prunes, pears, raisins and rhubarb.

• **Eat beans a couple times a week.** Beans offer more fiber than most plant sources. Add navy or kidney beans to soups and salads.

### NO BM IN 3 DAYS?

1. How do you feel?
2. Check existing protocol
3. Call someone

**1. Are you uncomfortable? Nauseated? Are you having diarrhea?**

**2. Are there recommendations from physician or nurse regarding laxatives, suppositories, fleet enemas to administer if no bowel movement after 3 days? Offer warm water and/or prune juice.**

**3. Check with residential, day services, and/or family - did he have a bowel movement that wasn't noted?**

**Check with nurse – should I administer an approved laxative? How long should I wait for results?**

**Check with physician – I'm worried, he is really cramping, having loose stools, his vomit smells really bad.**

**4. Encourage regular exercise.** Exercise is helpful in establishing regular bowel movements. If a person uses a wheelchair or is in bed, change positions frequently and help to perform abdominal contraction exercises, range of motion exercises, gentle leg raises and bicycling motions with the legs. A physical therapist could recommend an appropriate exercise program.

**5. Establish a routine.** A bowel movement is most likely to occur an hour after meals.

Again, offer warm liquids an hour prior to usual time of evacuation. Positioning is important, squatting increases pressure on the rectum and encourages use of abdominal muscles. Use of a raised seat or bedside commode may help with positioning.

**6. Administer medications for constipation as ordered.** If a bulk laxative (Metamucil) and/or a stool softener (Colace) is recommended make sure these are given with 8 ounces of liquid to help them work. Frequent use of laxatives can be habit-forming over time. The colon begins to rely on the laxative to bring on a bowel movement. Laxatives may be ordered by the physician and they should be administered as directed but remember to include natural options such as dried fruits and prune juice.

### 7. Provide privacy.

To those of you working closely with the persons we support, it is you who notices that something is not right; they are off their schedules or something just feels wrong. We have had several bowel obstruction situations averted by staff's astute observations and notification of

medical personnel. I appreciate your help in taking steps to prevent constipation from occurring and noting that if there is no bowel movement in 3 days, **do something.**

### SOURCES:

Mayoclinic.com

www.nwhealth.edu

WebMd

Children and Adults with Spina Bifida and Hydrocephalus

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### FRUIT-LAX

1 cup prunes, pitted  
1 cup dates, pitted  
1 cup raisins

1/2 c orange juice  
2/3 c prune juice

Steam dried fruit over boiling water to soften.  
Blend all ingredients thoroughly in food processor or blender to a spreading consistency. Refrigerate.  
Can be eaten alone or served on toast, crackers or hot cereal.  
Yields: 60 one tablespoon servings.



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