BOWEL ELIMINATION

Basic Nursing: Chapter 31

Anatomy of GI Tract

Colon / Large Intestine

Diagram of the Colon and Rectum
Terms

- Defecation
- Feces
- Peristalsis
- Gastrocolic Reflex
- Anal Sphincters
- Valsalva Maneuver

Factors that Affect Bowel Elimination

- Age
- Diet
- Fluid Intake
- Activity
- Anesthesia
- Psychological Factors
- Personal Habits
- Postion
- Muscle tone
Assessment of Bowel Elimination

- Assess Abdomen
- Monitor Elimination Patterns
- Observe Stool Characteristics

Abdominal Assessment

- Inspection
- Auscultation
- Palpation (Light)

Elimination Patterns

- “Normal” can be different for everyone
- Note patient’s usual pattern
- Frequency
- Effort
- Aids needed
Stool Characteristics

- Objective Data
  - Color
  - Consistency
  - Shape
  - Unusual Components
  - Table 31-2, Pg. 681
  - Guaiac (Occult Blood Test)

Constipation

- Hard dry stool that is difficult to pass
- Signs & Symptoms
  - Abdominal fullness &/or bloating
  - Abdominal distention
  - Pain with defecation
  - Unable to pass stool
  - Changes in stool characteristics
**Types of Constipation (Who Knew???)**

- **Primary (Simple)**
  - Lack of fiber in diet
  - Inactivity
  - Decreased fluid intake
  - Ignoring urge to defecate
- **Secondary**
  - Pathologic disorder
  - Resolves when cause treated
  - Obstruction / Impaction
- **Iatrogenic**
  - Results from other medical treatments
- **Pseudo Constipation**
  - Perceived constipation

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**Fecal Impaction**

- Impossible to pass stool voluntarily
  - Large, hardened mass of stool blocks defecation
- **Causes**
  - Unrelieved constipation
  - Dehydration
  - Retained barium
  - Muscle weakness

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**Fecal Impaction**

- **Signs & Symptoms**
  - Desire to defecate, but unable to
  - Rectal pain
  - Liquid stool coming around impaction, may be mistaken for diarrhea
  - No BM in several days
- **Nursing Guidelines 30-2, pg 683**
Flatulence

• Excessive accumulation of intestinal gas
• Possible causes
  – Swallowing air
  – Foods (cabbage, beans etc.)
• Rectal tube
  – M. D. order
  – Skill 31-1, pg 691

Diarrhea

• Urgent passage of watery stool usually accompanied by abdominal cramping
• Usually sudden onset & lasts only a short time frame
• May be accompanied by N/V or blood in the stool

Diarrhea

• Causes
  – Viruses
  – Food
  – Laxative abuse
  – Pathogen
  – Bowel disorder
  – Stress
Diarrhea

- Treatment
  - Bowel / Gut rest
  - BRAT diet
    - B ~ Bananas
    - R ~ Rice
      - Cereal, warm or cold
      - NO Butter NO Milk
    - A ~ Applesauce or Apples
      - NO Apple Juice
    - T ~ Toast
      - Any dry bread or cracker
      - Small amount of jelly, but NO butter
  - See M. D. if not resolved within 24 hours

Fecal Incontinence

- Inability to control elimination of stool
- Neurologic changes
  - Impair muscle activity (sphincter), sensation, or thought process
- Can be socially & emotionally devastating
- Need support, understanding & teaching
- Guidelines for management 31-1, pg 684

Measures to Promote Bowel Elimination

- Inserting a rectal suppository
- Administering an enema
Rectal Suppository

- Oval / Cone shaped
- Melts at body temperature
- Used to promote expulsion of stool
- Skill 31-2, Pgs 693-694

Enema

- Introduction of solution into rectum
- Uses
  - Most common: cleanse lower bowel
  - Soften stool
  - Soothe irritated mucous membranes
  - Diagnostic procedures
  - Treatment of worm & parasite infections

Types of Enemas

- Cleansing
- Retention
Cleansing Enemas

- Different types of solutions remove stool from the rectum
  - Tap water
  - Normal saline
  - Soap solution
  - Hypertonic saline
- Amounts of 120 – 100mls solution used
- Pre-packed unit dose / enema bucket

Tap Water Enema

- Effective for cleansing
- Water is absorbs into bowel
- Hypotonic solution
  - Multiple enemas can cause fluid & electrolyte imbalance
  - Give no more than 3 in a row with calling M. D.

Saline (NSS) Enema

- Effective cleansing enema
- Isotonic solution
- Decreased fluid & electrolyte issues
Soap Suds Enema

- Castile soap: mild
- 1 ml of soap per 200 ml water (5 ml soap / 1000 ml water)
- Can cause chemical irritation to mucous membrane lining of colon
- Too much / too strong soap will be too irritating

Hypertonic Saline enema

- Sodium Phosphate / Fleet enema
- Draws fluid from body tissues into bowel
- Acts as irritant
- Commercially prepared
- Smaller volume
- Less fating & distressing
- Kick start for post-operative patients

Retention enemas (Oil Retention)

- Held with in rectum / colon for a specific amount of time: usually 30 minutes
- Soften / lubricates stool for easier passage
- Types
  - Fleets oil retention
  - Mineral oil
  - Magnesium / Glycerin / Water (MGW)
Enema Administration

- Skill 31-3, pgs 695-697
- Check order
- Assess abdomen
- Prepare enema
- Position patient in Left Sims position
- Insert lubricated tube 3-4 inches into rectum
- Hold container 12-20 (NO more) inches up from the anus
- Instill solution slowly
- Cramping occurs: clamp tubing and lower container
- Trouble holding: turn to back / right side

Enema Unit

Fleet enema www.assetchemist.co.uk
Stool Specimens

- Guaiac
  - Also called hemocult
  - Tests for occult blood in stool
  - May or may not be visible
  - www.medplususa.com

Stool Specimens

- Ova & Parasites
- Culture
  - www.calgarylabservices.com
  - www.canalejo.org

Colostomy

- www.craighospital.org
Descending Colostomy

Ostomy Care

- Peristomal Care
- Ostomy Appliance
- Continent Ileostomy
- Colostomy Irrigation

Peristomal Care

- Prevent skin breakdown
  - Enzymes from stool can cause chemical skin damage / excoriation
- Skin Care
  - Daily skin assessments essential
  - Wash stoma & peristomal area with mild soap & water; pat dry
  - May use skin barrier / yeast powder
- Applying appliance
  - Face plate to peristomal area
  - Pouch attached to collect stool
- Appliance care
  - Left in place 3-5 days
  - Empty pouch when 1/2-2/3 full
Rectal Tube

Continent Ileostomy
- Internal reservoir / pouch surgical formed
- Stool from ileostomy is generally liquid
- Stool is siphoned every 4-6 Hours
- No appliance needed
- Crohn’s disease / Ulcerative colitis
- Skill 31.5, pgs 701-703

Nursing Implications
- Assessment of bowel elimination
  - Auscultation
  - Last bowel movement
- Nursing Diagnosis
  - Constipation
  - Risk for constipation
  - Perceived constipation
  - Diarrhea
  - Bowel incontinence
  - Toileting self-care deficit
  - Situational low self esteem
Gerontologic Considerations

- Predisposed to constipation, diarrhea & diverticulum
- Slower motility of GI tract and loss of intestinal wall elasticity
- Use home remedies to treat constipation
- Risk of constipation / diarrhea r/t poor eating habits
  - Economics
  - Meat & potatoes
  - Lack of fiber supplements
  - Commercially prepared foods
- Incidence of colorectal cancer increases with age

TOXIC MEGACOLON

SAME PATIENT: TOXIC MEGACOLON