Bowel Management Week

Seattle Children’s Hospital
Reconstructive Pelvic Medicine Clinic
Welcome
Bowel Management Week

Overview

Incontinence
Enemas
Laxatives
Enemas to Laxatives
Incontinence

Types

True Fecal Incontinence (Organic)

Pseudo-Fecal Incontinence (Retentive Fecal Incontinence)
Incontinence

True Fecal Incontinence (Organic)

Patients that do not have the ability to have bowel control.

Congenital (born with it)
Acquired
Incontinence

Causes of Congenital True Fecal Incontinence

- Myelomeningocele
- Large spinal (sacroccocygeal) tumors
- Absent Sacrum
- Anorectal Malformations with bad prognosis for bowel control:
  - Bladder Neck Fistula
  - Complex Cloaca
  - Presacral Mass
  - Tethered Cord
Causes of Acquired True Fecal Incontinence

• Surgery Complications
• Trauma
Incontinence

True Fecal Incontinence

Treatment:

Enemas
Pseudo-Fecal Incontinence

Patients that have the ability to have bowel control and suffer from constipation.
Incontinence

Pseudo-Fecal Incontinence

Treatment:

Laxatives
Bowel Management with Enemas
First steps:

Look at the colon through a study called a contrast enema to find out if it is a:

- Dilated colon (big colon)
- Non-dilated colon (small or narrow colon)
Bowel Management with Enemas

Dilated Colon

Large volume and concentrated enemas
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Non-Dilated Colon

- Smaller volume enema
- Constipating diet with limited snacks
- Loperamide (medicine to slow down colon)
- Fiber/pectin (water soluble fibers)
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Enema Ingredients

- Saline solution
- Glycerin
- Castile soap
- Bisacodyl
- Phosphate
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One Week Program

Daily monitoring of enema results with daily abdominal x-rays to check the amount of stool in the left colon

• **Trial and error!**

Modify the type of enema daily depending on the clinical report and the abdominal x-ray
Bowel Management with Enemas

Demonstration
Bowel Management with Enemas

Enemas Through a Cecostomy or Appendicostomy

• Run the enema very slowly, over 15 minutes.

• This is to make up for the 10 minutes of hold (dwell) time that the balloon provides with rectal enemas.
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A Positive Experience

- Gather fun activities
- Be honest. Tell your child what to expect.
- Make no apologies.
- Validate feelings of frustration.
Bowel Management with Enemas

A Positive Experience

• Use words appropriate for your child’s age
• Decide what you want to call the enema
  • Flush, wishy-wash
• Connect with other kids and families for support
• Involve your child in the process
• Emphasize the positives!
  • New underwear, no accidents, no smell
Bowel Management with Laxatives
Laxative Program

The laxative dose must be adapted to each specific patient
Rule Number 1

Do not give your child laxatives if they are fecally impacted (the end of the rectum is filled with stool)
The Protocol

Disimpact

Determine laxative amount needed
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Disimpaction

3 enemas a day for 3 days:
- Normal Saline and Fleet
- Normal Saline and Glycerin
- Normal Saline and Soap

NG tube and GoLYTELY for 2 days or MiraLAX

Disimpaction under anesthesia
Abdominal X-ray after each step
Bowel Management with Laxatives

Determine Laxative Dose

Guess a dose to start on a Friday

- Diarrhea: decrease the amount of laxative
- No bowel movement or has an accident: give enema and increase laxative
- If your child has loose stools you can give water soluble fiber (Pectin, Benefiber or Citrucel) to give stool bulk
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Senna Based Stimulant Laxatives

- Ex-Lax
- Senokot
- Senokot® tablets (standardized senna concentrate)
Bowel Management with Laxatives

One Week

- **Daily x-ray** to see how much stool is in the rectum and colon
- Daily report from the parents to the nurses
- Team meets to discuss next steps
- Increase or decrease laxative and fiber accordingly
Bowel Management

Thursday: Contrast Enema
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First Friday: Lecture, Individual Plan, X-ray
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Monday: X-ray
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Friday: Final X-ray
Stopping Enema and Starting a Laxative Program
Stopping Enemas and Starting a Laxative Program

Divide patients into 2 groups

- Dilated colon (slow colon)
  Stop the enema and start laxative

- Non-dilated colon (fast colon)
  Stop the enema,
  Start water soluble fiber
  Constipating diet
  3 meals a day, with few snacks
Eligibility

- Patient is successful on a bowel management program with enemas
- Patient is likely to achieve bowel control
Stopping Enemas and Starting a Laxative Program

Process

One week trial:
- Daily abdominal x-rays
- Daily report from parents/patients
- Daily adjustments
Stopping Enemas and Starting a Laxative Program

At the End of the Week

- **Success:**
  Stay with the new regimen

- **Failure:**
  Go back to previous successful enema regimen and come back every summer for another trial
Thank You

See you in clinic

Contact us with questions at:
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