Assessing and treating people with bowel dysfunction

The majority of patients with bowel dysfunction will have poor control of their bowels (faecal incontinence) or difficulty opening their bowels (constipation). Both require assessment and treatment.

While faecal incontinence in adults affects approximately 2% of the population (Perry et al, 2002), constipation is estimated to affect one third of people in westernised countries (Klaschik et al, 2003). Both conditions occur more frequently in women and can impair quality of life.

Bowel dysfunction is common in hospitals and the community for many reasons, including privacy and dignity issues, diet, poor fluid intake, medication, poor access to toilets, limited mobility and many others. With both conditions, the cause must be established before treatment is started.

Bowel dysfunction is a sign or symptom, not a diagnosis. It is important to avoid ‘diagnostic overshadowing’, for example when a patient with diarrhoea has impaction or a patient presumed to have bleeding haemorrhoids has bowel cancer.

Start with simple treatments such as dietary and fluid changes, correct toilet positioning, regular toilet use (often overlooked), skin care, medications to modify stool consistency and correct use of containment products. The incorrect use of such products can worsen a problem.

Most patients improve with conservative treatments, such as lifestyle and dietary changes, use of medications, biofeedback and behavioural interventions, but some go on to have surgery such as sacral nerve stimulation. NT

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5 key points

1. Detailed assessment is crucial to establish the cause of the problem so correct treatment is given

2. Treatment should be structured; simple treatments should be tried first and steps taken to avoid diagnostic overshadowing

3. Medication can cause faecal incontinence or constipation, and should be reviewed

4. Dietary and fluid changes can be used to modify stool consistency, which should ideally be 3-4 on the Bristol Stool Chart

5. Ensure patients have access to private toilets. The best time to go to the toilet is 30 minutes after meals, especially after breakfast. Ensure correct toilet positioning

WHEN TO CONTACT THE NURSE SPECIALIST

- If a cause of bowel dysfunction cannot be established
- If simple treatments have been tried but the patient’s symptoms of bowel dysfunction have not improved or been resolved
- If a patient needs more specialist management of their problems such as bowel retraining, pelvic floor muscle training, a course of biofeedback, electrical stimulation or rectal irrigation
- If further advice, support and education are required around bowel dysfunction, causes and treatments. These include digital rectal examination (see page 18) – which is not against the law as is commonly thought – and digital removal of faeces

GUIDANCE AND RESOURCES

- Association for Continence Advice: www.aca.uk.com
- Bladder and Bowel Foundation: www.bladderandbowelfoundation.org

References