

## Bowel Retraining

More than 5.5 million Americans have fecal incontinence which can range from occasionally leaking a small amount of stool while passing gas to serious loss of control. Bowel training helps people relearn how to control their bowels. Frequently, within a few weeks of beginning a bowel program, individuals who were formerly incontinent can have regular bowel movements.

### Causes

Women are almost twice as likely as men to suffer from incontinence as injury to the anal sphincter muscles frequently occurs during childbirth. It can go undetected for years and later become apparent as the body ages. Similar muscle damage can occur after hemorrhoid or other rectal surgery.

Another common cause is chronic constipation as this causes the muscles of the rectum and anus to stretch and weaken. Continual stretching of anal muscles causes them to become less responsive to nerves that signal the need to have a bowel movement.

Damage to nerves in the lower portion of the digestive tract is another contributor. In people with spinal cord injuries, stroke, multiple sclerosis, diabetes, or a long-term habit of straining at stool, decreased sensation and control over the rectum and anus is common.

Individuals who frequently have problems with diarrhea have less control over the passage of gas and liquid stool. Also, rectal surgery, radiation, and gastrointestinal disease can result in tissue scarring that reduces the elasticity of the rectum and decreases its ability to contain stool.

### Treatment

Some basic principles must be taken into account for a successful bowel training program:

- Improve the consistency of the stool. The diet should include sufficient fiber to create large, soft, well-formed stools. When increasing fiber, it should be increased gradually over a few weeks to reduce the possibility of bloating and gas. Also, make sure the patient gets plenty of fluids to prevent constipation.
- Establish a regular time for elimination. Keep a record of when the patient has bowel movements. Over time, the pattern of bowel habits can be seen and this will determine the best time for toileting.
- Take advantage of the peristalsis or wave-like movements occurring 20-40 minutes after a meal that propel fecal material through the gastrointestinal tract. After a meal is often a good time to place the patient on the commode.

### Ways to Stimulate Emptying

Stimulating the bowels to empty on a regular basis is usually done at least three times a week until a pattern is established. For patients with nerve disorders, the stimulation continues as a primary part of the program.

A meal or hot drink may be adequate to promote a bowel movement for some persons. Others will need enemas, digital stimulation and/or medication. It's important to use the least stimulus that is effective to promote evacuation.

Digital stimulation is done immediately prior to sitting the patient on the toilet. Patients who are unable to sit should lie on their left side.

Manual stimulation may be repeated if no bowel movement is produced with 20 minutes. It may be performed every day, until a regular bowel pattern is established. You may consult the nurse concerning correct procedure.

## Dietary Issues

If bowel movements are difficult to control because of loose stools, consuming foods that thicken stool may be helpful. Foods that contain digestible fiber have this effect as it slows down the passage of food through the digestive tract. These include bananas, rice, oatmeal, tapioca, cheese, bread, pasta, potatoes, applesauce, yogurt, and peanut butter.

Products with psyllium seed such as Metamucil can also add bulk to watery stools. Activia yogurt contains a strain of beneficial bacteria that promotes regularity.

Triggers for diarrhea in sensitive individuals can include:

- Caffeinated food and drinks, including chocolate, as caffeine relaxes the anal sphincter muscles
- Cured or smoked meats such as sausage, ham, smoked fish or turkey
- Spicy foods and nutmeg
- Alcoholic beverages
- Dairy products for those who are lactose intolerant
- Fresh fruit
- High-fat and greasy foods
- Fructose in juice drinks and processed foods.
- Sugar alcohols (sorbitol, xylitol, and mannitol) in sugarless food and beverages, including gum.

Maintaining a written record of all food and drink intake, with amounts, can be very helpful for discovering patterns involving certain foods/drinks and loss of control. Consuming small, frequent meals can reduce the frequency of bowel movements.

## Strengthening Exercises

In patients who do not have nerve disorders, but do have a weak rectal sphincter, Kegel exercises can greatly help in strengthening pelvic and rectal muscle tone. This increases patients' ability to control both urine and stool. Your nurse can give instruction regarding how to do these simple exercises.

## Summary

Loss of bowel control is a primary reason for placement in a nursing home where approximately 50% of the residents are incontinent. In spite of the overwhelming prevalence of this condition at end of life, there is often much that can be done to achieve some degree of regularity. The keys to success are patience and persistence.

## Resources for Bowel Training

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