The Patient With Bowel Incontinence

Facts

Bowel incontinence is defined as the loss of normal bowel control. It leads to stool leaking from the rectum at unexpected times. For some people, the incontinence does not occur very often, but for others it occurs more than once a day. Bowel incontinence is usually very upsetting to patients and to their caregivers. People often feel ashamed, embarrassed, and even humiliated. Because of the added stress of caring for someone who is incontinent, it is not surprising that bowel incontinence is often a big factor in the decision to place a person in a nursing home.

Bowel incontinence affects people of all ages and is more common in women than in men. It is more common in older people, but it is not a normal part of aging. More than 6.5 million Americans have bowel incontinence.

Why people develop bowel incontinence

There are many factors that can lead to bowel incontinence.

Chronic constipation:
Constipation causes the muscles of the rectum and anus to stretch and become weaker. Because of the stretching, the rectal sphincter muscles may not close tightly, and stool leaks when it reaches the rectum. Another result is that the intestinal muscles weaken and slow down the passage of stool. This allows more water to be absorbed from the stool, making it more firm and difficult to pass. Finally, the continual stretching of the anal muscles makes them less responsive to the nerves that signal the need to have a bowel movement, so the person does not recognize that stool is present in the rectum. Constipation is often caused by too little fiber and not enough water in the diet and is made worse by inactivity. There are other causes including certain diseases, some medications, and psychological problems.

Overuse of laxatives:
The frequency of bowel movements varies from person to person. Some people have a bowel movement two to three times a week, while others have more than one bowel movement every day. Unfortunately, some people believe that it is "normal" and necessary to have a bowel movement every day. If they do not have a bowel movement every day they take a laxative. When a laxative is taken, it stimulates the bowels and will cause several days' worth of stool to empty. After a laxative, it may take a few days for enough stool to pass through for a bowel movement. With no bowel movement the day following the laxative, these people will take another one, and develop a laxative habit. After awhile, the continual stimulation of the bowels by the laxatives destroys their natural emptying reflex and they cannot move without the laxative stimulants. The end result may be chronic constipation, which then leads to bowel incontinence.

Muscle damage:
When the anal sphincter muscles are damaged, they are not strong enough to close tightly, and bowel incontinence can result. Damage to the sphincter muscles can occur during childbirth, especially if forceps are used or the muscles are cut or torn during delivery. These women may be able to remain continent during younger years, but may develop incontinence in later life as the muscles become weaker. Muscle damage can also occur after hemorrhoid or other rectal surgery.

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Nerve damage:
Damage to the nerves that control the anal sphincter muscles can lead to bowel incontinence. In addition, there are nerves that sense the stool in the rectum and signal the brain that the person needs to have a bowel movement. If there is damage to these nerves, stool may leak out because the person doesn't feel the need to have a bowel movement. Nerve damage can occur in people with spinal cord injuries, stroke, and certain diseases that affect the nerves, such as multiple sclerosis or diabetes.

Loss of rectal capacity:
Normally, the muscles of the rectum stretch to hold the stool until a person has a chance to get to a bathroom. The rectum becomes a storage area for a short period of time. Sometimes after radiation treatments, rectal surgery, or certain types of bowel disease, the walls of the rectum are scarred. This makes them stiff, less elastic and they cannot stretch much. Therefore the rectum cannot hold the stool and the person becomes incontinent.

Diarrhea:
Loose watery stool is much harder to control than normal soft and formed stool. Sometimes the nerves do not detect the liquid stool in the rectum. In addition, more gas is produced when a person has diarrhea and the anal sphincter muscles may relax to allow the gas to be expelled. Stool passes along with the gas. Many times people who are not usually incontinent will soil themselves when they have diarrhea. There are many causes of diarrhea including certain diseases such as ulcerative colitis, Crohn's disease, cancer or malabsorption disorders. Diarrhea can also be caused by certain medications, infections, by certain foods, laxatives, or other conditions in which the stool passes too quickly through the intestines to allow for enough absorption of water.

WHAT CAN BE DONE ABOUT BOWEL INCONTINENCE?

Management of bowel incontinence depends in part on the cause and severity. However, with treatment and training, the number of incontinence episodes can usually be reduced. Management is aimed at dietary changes, medications, special exercises to strengthen the rectal muscles, and bowel training.

Dietary changes:
Food greatly affects the consistency of the stool as well as the speed with which it passes through the intestines. Dietary changes that may help control bowel incontinence include the following:

1. Keep a food diary. In order to identify some foods that worsen incontinence, a person may need to keep a diary of the foods he or she eats, noting when and how often bowel incontinence occurs. After a while, there may be a pattern that shows that eating certain foods increases the incontinence. The person then eliminates a food thought to add to the problem in order to see whether the incontinence improves.
2. Increase foods that add bulk to the stool. These include bananas, rice, tapioca, cheese, oatmeal, and smooth peanut butter.
3. Increase the amounts of foods that are high in fiber. These include whole grains, beans, fruits such as apples, peaches, berries, and vegetables such as broccoli, brussels sprouts, cabbage, squash, and cauliflower. Too much fiber at once can cause bloating, gas, or diarrhea, so the person should gradually increase the fiber, avoiding seeds and skins at first.

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4. Drink more water. Unless there is a medical reason not to do so, most people should drink eight 8-ounce glasses of liquid a day and most of it should be in the form of water. Carbonated drinks, alcohol, and drinks with caffeine should be avoided.

Your responsibilities as a home health aide include knowing what diet each of your patients should have and encouraging him or her to follow it. You should also make certain that water is available and offered at frequent intervals.

Medications:

At times during the process of treating incontinence, medications may be used. If diarrhea is contributing to incontinence, medications may help. Sometimes bulking agents are added.

Your responsibilities related to medications depend upon your involvement with medication management. Certainly it is reasonable to ask patients whether they are taking their medications and report noncompliance to the nurse.

Bowel training:

Bowel training helps people relearn how to control their bowels. The keys to success are patience and persistence. It takes time for the training to change the bowels and time for the bowels to regain normal rhythm. The goals of any bowel training program are aimed at gaining greater control of bowel movements, developing a regular pattern of elimination, decreasing the frequency of bowel incontinence, and increasing the patient's self-esteem. The bowel training program is usually set up by the nurse and is based on the specific condition and needs of the patient. While you will be given specific instructions about the bowel training program for each patient, there are some common actions in almost all of them. A common bowel training program is likely to include the following:

» *Following a diet that will make the stool soft and formed.*

- The first step may be to have the patient or caregiver keep a food diary, listing the amounts of all the foods the person is eating, as well as the times they are eating.
  Your responsibility is to help the patient/caregiver keep the diary. Look at the diary on every visit. Ask the patient and caregiver if it has been kept up to date. Give praise if the record is being kept, or help them if they have problems.

- The next step will likely include developing a diet that provides enough fiber and fluids. The patient may be given a listing of foods he or she should eat every day, as well as instructions about how much water to drink. The patient will need to continue to keep the food diary.
  Your responsibility is to know what diet has been developed and to encourage the patient to follow it. Notify the supervisor if the patient is not following the diet.

» *Establishing a regular time for bowel movements.*

- The first step in establishing a regular time is to find out when the patient's bowels usually move. For many people this is about thirty minutes to an hour after breakfast. For others it may be after the evening meal.
  Your responsibility is to help the patient keep a record of when he or she has a bowel movement.

- The next step is to review the pattern of the patient's normal bowel movements and try to determine the best time for toileting. The time should be a convenient one and should be at a time when the patient will

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not be rushed. If allowed, a warm drink just before toileting might be helpful.
Your responsibility is to work with the nurse to help determine the best time for toileting. The patient should sit on a toilet or bedside commode if at all possible. Keep in mind that most people need some privacy when they have bowel movements. Do not rush the patient, and don't scold him or her if there is no bowel movement in the toilet. Reassure the patient that it will take some time to establish a routine.

» *Stimulating the bowels to empty on a regular basis.* Sometimes bowel training requires stimulating the bowels at a regular time. This is usually done three times a week. For some patients, stimulation may be necessary for a short while until a pattern is established. For other patients, especially those with nerve disorders such as spinal cord injuries or multiple sclerosis, the stimulation will continue as a major part of the bowel training. Stimulation may include:

- Rectal suppositories — Usually glycerine suppositories are tried first. If they are not successful in stimulating a bowel movement, other suppositories such as bisacodyl may be tried. In most patients, there will be a bowel movement within thirty minutes after the suppository is inserted.
  Your responsibility may be to insert the rectal suppository and then assist the patient to the toilet or bedside commode after twenty minutes. If you find the bowels move sooner than that, adjust the time. The nurse will assign you the days to insert the suppositories, and will train you in how to do it. Document on your visit note how the patient tolerated the insertion and what the results were.

- Digital stimulation (also called manual stimulation) — Digital stimulation may be used alone, or following the insertion of a suppository. A gloved, lubricated index finger is inserted into the rectum about an inch. The finger is then gently rotated to stimulate the bowel. If at all possible, it should be done with the patient sitting on a toilet or bedside commode.
  Your responsibility is to perform the digital stimulation at the time assigned. If it follows the insertion of a suppository, then the nurse will instruct you how long to wait. Follow good infection control practices and wear protective equipment. Document the procedure and results.

» *Strengthening exercises.* For some patients, regularly performing rectal strengthening exercises will greatly help in bowel training. It is more likely to be of assistance in patients who do not have nerve disorders. The exercises, called Kegel exercises, work muscles in the pelvic floor, including those that are involved in controlling urine and stool. The nurse will teach these exercises.
Your responsibility: You will not likely have any responsibilities related to strengthening exercises.

KEY POINTS TO KEEP IN MIND:

1. Help the patient maintain self-esteem. Never be critical when the patient is incontinent, and do not complain about cleaning him or her. Most patients do not like the idea of wearing diapers, so call them undergarments or something besides diapers.

2. Helping the patient improve in bowel incontinence is a group project. You, the nurse, the patient, and the caregiver must all work together as a team.

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3. Developing a successful bowel training program takes a lot of time and patience. Continue to give encouragement.
4. Document when the patient has bowel incontinence, including the time of day as well as a description of the stool.
5. Notify the supervisor if there is a significant change in the patient's bowel movements, especially if there is an increase in the number of times he or she is incontinent.
6. For some patients, the goal of the bowel training program is not to eliminate incontinence completely. For these patients, reducing the number of times they are incontinent is a success measure.

Case Study: Patients with Bowel Incontinence

Joann takes care of Mrs. Howard, a sixty three-year-old patient with multiple sclerosis. Her seventy-five-year-old husband is her primary caregiver. Mrs. Howard has a home health aide every day to care for her foley catheter. Within the past several months she has started having more and more episodes of bowel incontinence. The nurse has set up a bowel training program for her that includes a special diet and use of a suppository every Monday, Wednesday, and Friday. Mr. Howard has been instructed to keep a food diary as well as a record of Mrs. Howard's bowel movements.

After greeting the Howards, Joann looks at the diaries. She notices that nothing has been recorded since her visit the previous morning. She says, "Mr. Howard, you have been doing a really good job with the diaries, but I notice you didn't fill anything out for yesterday. Can the two of you remember all of the things Mrs. Howard ate yesterday? And did she have any bowel movements? Let's try to catch up and keep the diaries as well as you have been."

Today is a day for Mrs. Howard's suppository. When Joann prepares the suppository, Mrs. Howard starts to cry. She is very upset because she had an "accident" yesterday. "And I thought this was going to work," she cries. Joann reassures Mrs. Howard that it takes time for bowel retraining to work, and that it not unusual for this to happen. She inserts the suppository and then assists Mrs. Howard to the bedside commode. She has a small softly formed stool. Joann tells her that perhaps it would be a good idea to wear the undergarments the nurse brought out. She explains that while she may not have another "accident" today, it might be a good idea to wear the undergarments for awhile, until the bowel training is complete. She completes her assigned duties. She notes in her visit report that Mrs. Howard was incontinent yesterday and was crying because of it. She also writes about the results of the suppository and how Mrs. Howard tolerated it. When she was ready to leave, Mrs. Howard smiled and thanked her for being so understanding.

Briana is another home health aide and today she is visiting Mr. Marks, a seventy-year old patient with Alzheimer's Disease. Mrs. Marks is his primary caregiver and she is very frustrated about his increasing bowel incontinence. Mrs. Marks says she just doesn't know what to do. Briana asked her if she had talked with the nurse about the incontinence. "Not since we started, and that was over a month ago, and it has gotten much worse since then," Mrs. Marks replies. She added, "the nurse always seems so busy that I didn't want to bother her with this. She doesn't seem to have much time to talk." Briana tells her that she will talk with the nurse about the problem, and that the nurse will likely call to discuss it with her. Briana tells Mrs. Marks it might be a good idea to begin keeping a list of

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the foods that Mr. Marks eats, as well as when he has bowel movements and which of them were incontinent. She completes her assigned duties and writes her visit note. She calls the office to report to the supervisor about the increase in incontinence. On the visit note she writes that Mrs. Marks said the patient was having increased bowel incontinence. She also writes that she notified the supervisor, including the name of the person she talked with.

Think About It

Compare the two visits. What factors are likely to be leading to incontinence in each of the patients? What are some of the things each home health aide did well? Can you think of other things they might have done?

What are your own feelings in dealing with patients who have bowel incontinence?

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DIRECTIONS: READ EACH QUESTION CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. DO NOT WRITE ON THIS POST-TEST.

1. Which of the following statements is true about bowel incontinence?
    a. It is a normal part of aging.
    b. Overuse of laxatives has nothing to do with incontinence.
    c. Nerve damage can be a factor in having incontinence.
    d. Everyone who has a foley catheter will develop bowel incontinence.

2. Management of bowel incontinence may involve which of the following?
    a. Dietary changes
    b. Use of stimulant suppositories
    c. Medications
    d. All of the above

3. Having bowel incontinence means you can never control your bowels.
    a. True
    b. False

4. Which of the following is not important in establishing a bowel training program?
    a. Drinking less water than usual
    b. Following a diet that makes the stool soft and formed
    c. Establishing a regular time for bowel movements
    d. Having patience and persistence

5. Which of the following is an important goal in a bowel training program?
    a. Making certain the patient never has any more incontinence
    b. Obtaining greater control of the bowels
    c. Reducing the cost of buying diapers
    d. None of the above

6. Digital stimulation would never be part of a bowel program for longer than three months.
    a. True
    b. False

7. Which of the following best defines bowel incontinence?
    a. Bowel incontinence is the same as diarrhea.
    b. Bowel incontinence is the term for describing colostomies.
    c. Bowel incontinence is a loss of normal bowel control.
    d. Bowel incontinence is having "accidents" more than twice a day.

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8. Which of the following is not likely to help establish a regular time for bowel movements?
    a. Keeping a record to see when they occur most often
    b. Taking a laxative every night
    c. Drinking warm liquids before toileting
    d. Using the toilet about thirty minutes after a meal

9. Which of the following factors does not lead to bowel incontinence?
    a. Smoking cigarettes
    b. Overusing laxatives
    c. Having damage to the pelvic muscles
    d. Being chronically constipated

10. Which of the following should be recorded in your visit report?
    a. The patient had an incontinent stool.
    b. A description of the consistency of the bowel movement
    c. The results of digital stimulation
    d. All of the above

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NAME _____ DATE _____

DIRECTIONS: READ EACH QUESTION IN THE POST-TEST CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON THIS ANSWER SHEET. DO NOT WRITE ON THE POST-TEST.

MULTIPLE CHOICE ANSWER SHEET

1.	❑ a	❑ b	❑ c	❑ d
2.	❑ a	❑ b	❑ c	❑ d
3.	❑ a	❑ b		
4.	❑ a	❑ b	❑ c	❑ d
5.	❑ a	❑ b	❑ c	❑ d
6.	❑ a	❑ b		
7.	❑ a	❑ b	❑ c	❑ d
8.	❑ a	❑ b	❑ c	❑ d
9.	❑ a	❑ b	❑ c	❑ d
10.	❑ a	❑ b	❑ c	❑ d

INSTRUCTOR'S COMMENTS/SIGNATURE

Signature _____ RN Date _____