



Mid North Coast Rural Palliative Care Project – Link Nurse Education 2004



Bowel Care and Management

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The Normal Bowel Process

The large intestine is where absorption is completed. Vitamins are produced, faeces are formed and expelled from the body.

It consists of 4 components:

- Caecum
- Colon - consists of 4 segments, ascending, descending, transverse and sigmoid
- Rectum
- Anal canal

The Normal Bowel Process

Faeces:

Composed of wastes, indigestible substances, bacteria and cells that slough off the G.I.T tract. Also contains digested materials that are not absorbed by the body.

Constipation

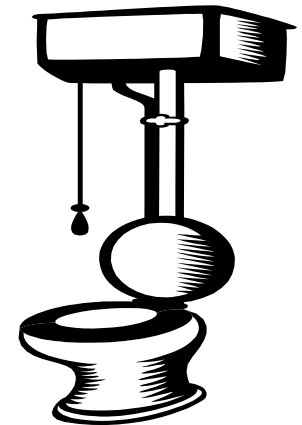
“Infrequent motions associated with difficulty of defecation.”

(Twycross & Lack, 1990)

Greater than 50% of palliative care clients experience constipation for a variety of reasons.

Causes of Constipation

- Decrease in mobility
- Decrease in food and fluid intake
- Drug related: opioids/cytotoxics
- Metabolic: hypercalcemia/hypokalemia
- Mechanical
- Privacy issues



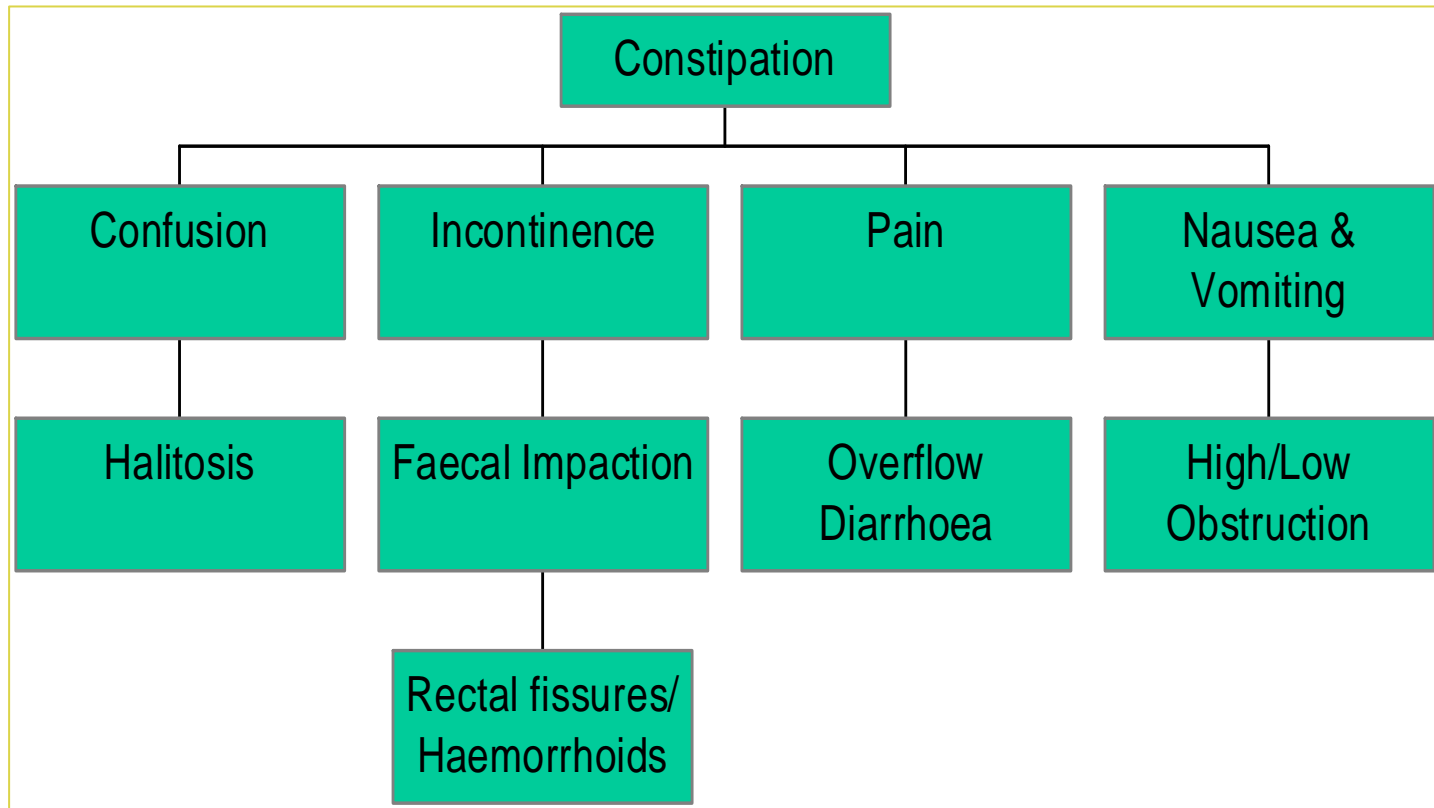
Symptoms of Constipation

- Abdominal pain
- Increased flatulence
- Distended abdomen
- Anorexia
- Nausea
- Dry mouth

Symptoms of Constipation

- No defecation
- Diarrhoea
- Passage of small stools frequently
- Confusion
- Increased bowel sounds
- Decreased bowel sounds

Complications of Constipation



Bowel Assessment

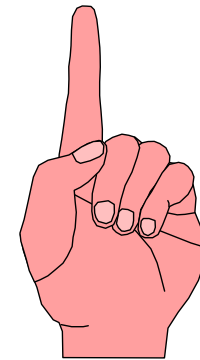
- Thorough history
- Physical Examination
- Diagnostic Investigations



Physical Examination

Per Rectal: done to determine faecal impaction, loaded colon and constipation

Contraindications are rectal tumours, enlarged prostate, neutropenia and thrombocytopenia



Physical Examination

Four main findings:

- Loaded rectum with soft faeces
- Loaded rectum with hard faeces
- Empty rectum, but ballooned
- Empty rectum, but empty

Faecal Impaction

- Faeces build up in the rectum and descending colon due to incomplete evacuation, unresolved constipation, spinal cord compression, severe weakness and debility and inappropriate laxative selection

Diarrhoea

- Definition: an increase in the frequency of defecation and/or fluidity of the faeces (Twycross & Lack, 1990)

Bowel Obstruction

Definition: occurs when the tumour compresses intestines externally or blocks the intestines internally. May be complete or partial blockage. The passage of faeces is slowed or stopped leading to accumulation. It is dependant on where the blockage is and the degree of the blockage as to what symptoms they experience. Common diseases that may cause bowel obstruction are ovarian, bowel, liver and pancreatic malignancies.

Types of Bowel Obstruction

HIGH

- Short life span
- Projectile vomiting
- Mild nausea
- Pain
- Distress
- Decreased fluid intake
- Do not use maxalon/cisapride
- Use haloperidol/cyclizine
- Buscopan is good for pain

LOW

- Longer life span
- Less vomiting
- Severe nausea
- Crampy abdominal pain
- Squashed stomach syndrome
- S/C fluids 2L/day
- Buscopan for colic pain
- Use cisapride/ maxalon
- If diagnosed early, may resolve

Management of Bowel Obstructions

- Surgery – assessed on an individual basis
- Nasogastric tube
- Intravenous Fluids
- Venting Gastrostomy
- Aperients
- Pain Management
- Octreotide

Bowel Medications

Choose medications based on the cause of constipation and the actions of the laxatives/aperients

- Regulators
- Lubricants
- Osmotics
- Surfactant
- Saline

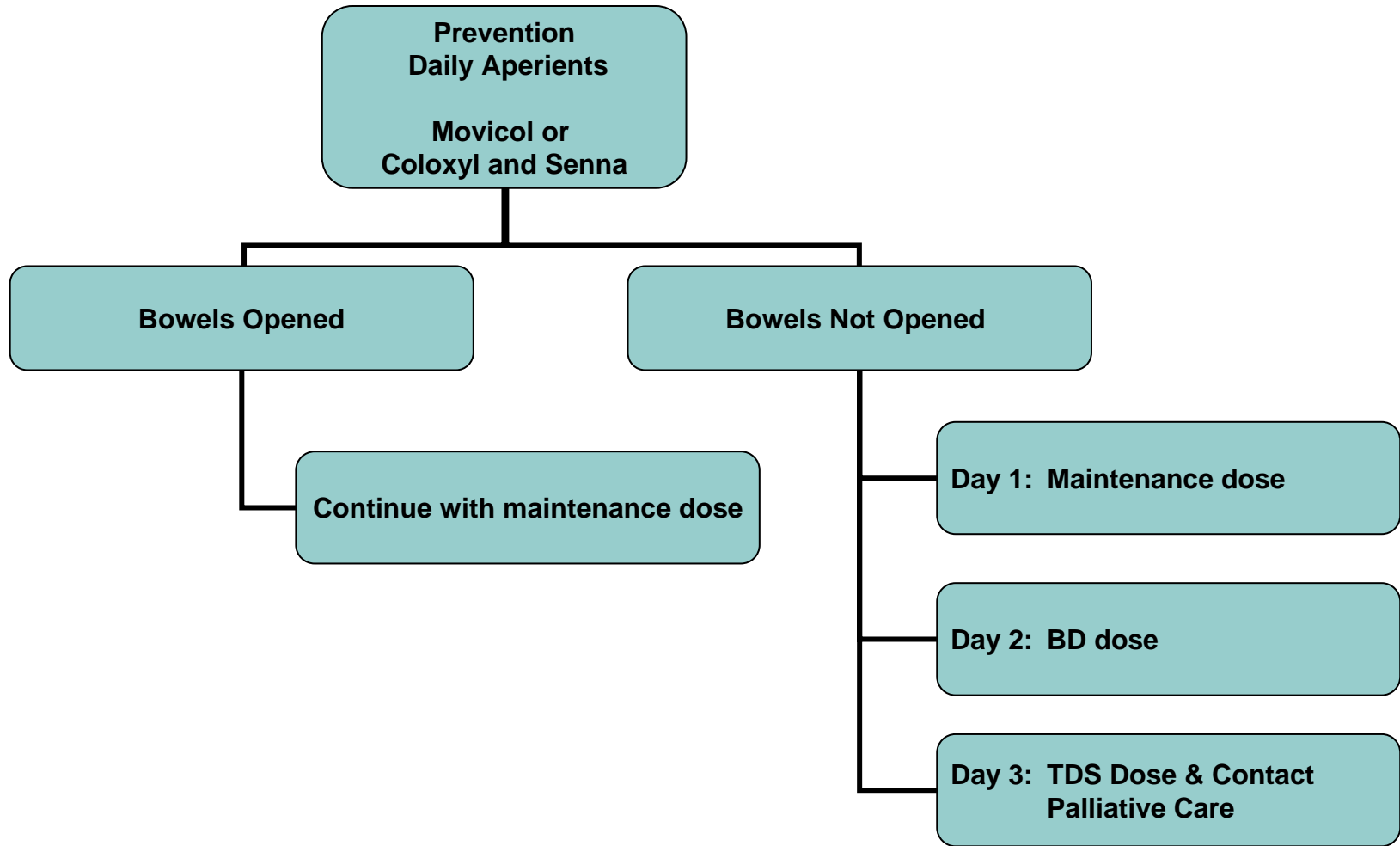
Suppositories

- Durolax/Bisacodyl
- Glycerine

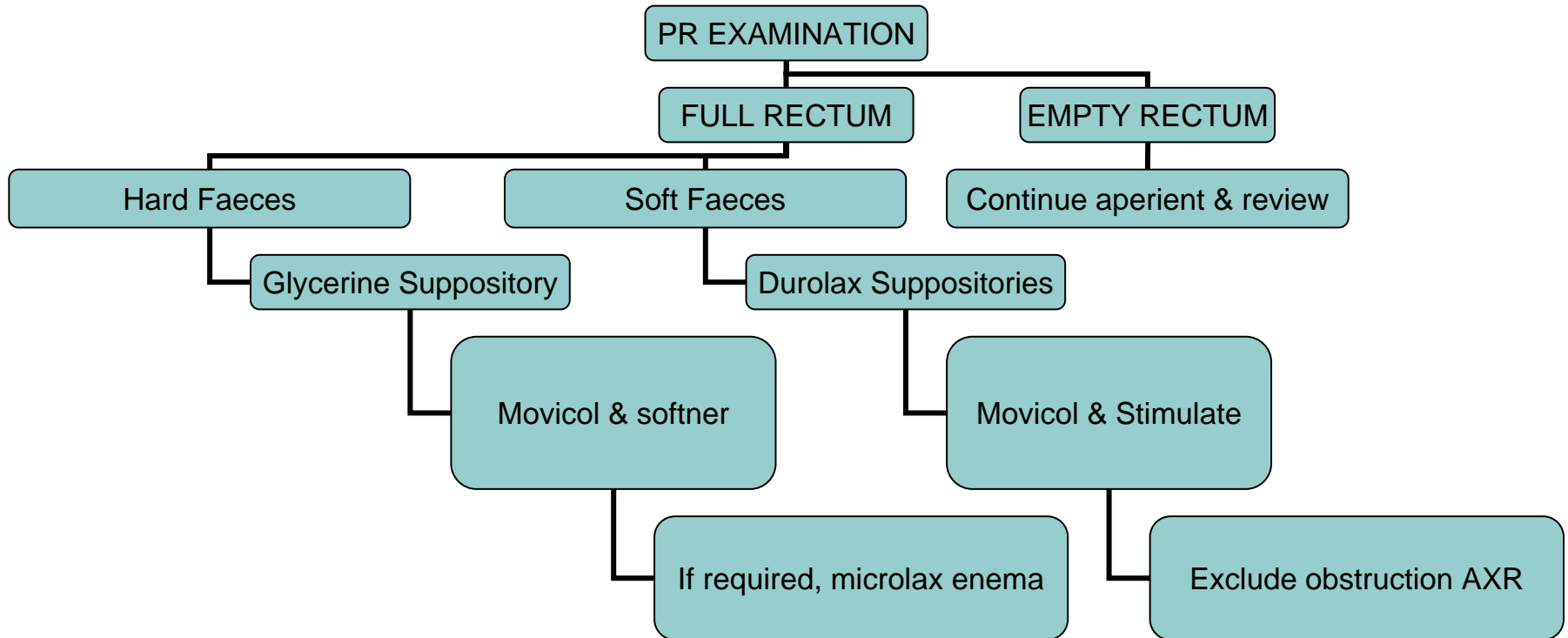
Enemas

- Microlax
- Fleet
- High coloxyl enema

Constipation Flow Chart



BNO x 3 days



References

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