



## | RYGG MÄRGS | SKADA

<http://www.ryggmargsskada.se>

The following text is a selection from the website.

**Author:** Lena Lindbo,  
Nurse, Urotherapist



**Translation:** funded by Allmänna  
Arvsfonden & project RG Integration.

<http://www.rgintegration.se/en/>

## Spinalis®

**The website Ryggmargsskada.se  
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The Spinalis Foundation is a charitable foundation with the mission to promote research and develop treatments for people with SCI.

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## Bowels

A spinal cord injury radically changes life. Nothing works as before. In addition to undergoing a major mental trauma, you also need to learn to live with a changed/paralysed body.

Bowel and bladder dysfunction are one of the most common problems for people with a spinal cord injury – but they are also problem areas filled with many taboos and prejudices.

### IRRITABLE BOWELS WITH A SPINAL CORD INJURY

A spinal cord injury leads to a more or less extensive functional disability that includes reduced sensitivity and reduced mobility of various muscles. The reduction in function itself can cause problems using the toilet, as independence is affected by a lack of balance, reduced hand function, difficulty moving around and getting dressed/undressed. Diet, medication and stress are also factors that can negatively affect the bowel function.

The spinal cord contains cells that send and receive signals from the entire body. In the event of a spinal cord injury, the signal is disturbed and can no longer be transmitted correctly. The bowel function is affected by the reduction or complete disappearance of voluntary control of the muscles that control defecation or gas evacuation.

**High injuries** – tetraplegia, high paraplegia (injury above T12). A delay in the gastro/intestinal tract can be seen along with a disturbance in voluntary control of the sphincter muscles. The sensation of defecation or gas evacuation is impaired or disappears completely.

**Low injuries** - paraplegia and spina bifida (injury between T12 and L1). With these injuries, you get more relaxed muscles, and you lose control of the sphincter muscle. This involves difficulties in emptying the bowels because the body cannot be triggered to help. If the bowels contain a build-up in the lower part of the intestine and the sphincter muscles do not provide resistance, it may lead to involuntary leakage.



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### TYPICAL SYMPTOMS WITH SPINAL CORD INJURY

#### Constipation

##### Faecal incontinence

Inability to control the bowels for gas or faeces is a symptom and not a disease.

##### Increased gas build-up

Constipation can lead to increased gas formation.

##### Falling blood pressure

Dizziness in connection with bowel movements is common during toilet visits.

##### Neurogenic pain, so-called phantom pain.

The nerves can send the wrong signals to the brain, which can make you feel like you need to defecate even if you don't actually need to.

##### Abdominal pain

Pain in the stomach may be due to constipation, but prolonged abdominal pain should always be investigated further.

##### Difficulty breathing

Constipation means that the other internal organs are smaller in size. Sometimes it can be so difficult that respiratory function is affected.

##### Impact on emptying the bladder

Constipation can make it more difficult to discharge the bladder. There is a relationship between a urinary tract infection and constipation.

##### Haemorrhoids

In the case of a sedentary lifestyle and constipation, there is an increased risk of haemorrhoids. Diarrhoea is not typical when you have neurogenic bowels, but sometimes constipation that sits higher up in the bowels can lead to only fluid passing through.



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### WHAT CAN YOU DO?

In order to get your bowel function working properly, a regular bowel routine, control of your diet and exercise/movement are required. Incontinence aids and medication controlling the bowels are also necessary for many people.

In the event of bowel problems, it is advisable to make one change at a time and evaluate the results before applying a new measure. You need to have a little patience as it may take time to alter bowel routines. Try for 4-6 weeks before you evaluate whether the results are good or bad.

### Go to the toilet daily or every other day

Your bowels enjoy regular routines, but it is also important to find a time of day where you can sit in peace and quiet.

### Sit on the toilet correctly

To help open the bowels for emptying, it is recommended to sit as shown in the image. The correct sitting position helps your rectum relax.

### Review your medications

Unfortunately, many medicines have constipation as a common side effect.

### Eat and drink right

This supports better bowel functioning. The body needs a good mix of nutrients, including carbohydrates, protein, fat, vitamins, fibre and water. When it comes to fibre, each individual is different in terms of how much is appropriate.

Normalise your fluid intake. About 1.5–2 litres per day is good for most people (more if it is hot out or if you are exercising hard). Fruits and vegetables also contain a lot of liquid.

A regular meal plan with three main meals and snacks is ideal. When you are eating small amounts all the time, the bowel movements do not start in the same way as when you consume a normal portion of food. The fat in the food increases the movement of the bowels after each meal, which may be useful for constipation.



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### **Abdominal massage**

Use circular movements in the direction of the bowel. If possible, use a little oil to get some heat and friction, then press on the abdomen, just below the navel on the left-hand side.

Bend forward, repeatedly. Place an arm on the abdomen at the same time for increased pressure (If you have a poor balance, it helps to keep your legs straight, supported in the wheelchair).

### **Get moving**

Exercise usually improves the function of the bowels. Keeping your body moving and exercising also keeps your bowels moving. Adjust the movements to suit your ability. It's enough just to get help to manually move your arms and legs.

### **Stimulate the body's own reflexes**

You can do this yourself with a glove-covered finger or with an enema. Your finger may need to be lubricated with oil or liquid soap. Slide your finger into the rectum and gently stretch the muscles for 1 – 2 minutes.

### **Bowel regulating agents**

Bulking agents are volume-increasing preparations with fibre that absorb water in the bowels and increase the volume of the stool – the bulking effect.

### **Enemas**

Enemas usually involve a hand pump with a funnel-shaped cone to minimize leakage when introducing about 1 dl of water at 36–38 degrees Celsius.

### **Surgery**

If you cannot get your bowels moving even after trying EVERYTHING, the solution could be stoma surgery. For some people, there is a great deal of grief in having a 'bag attached to their abdomen', while others wonder why they did not undergo the operation years ago.



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### INCONTINENCE AIDS FOR LEAKAGE

Make sure you find the right aid at the right time. The goal is always to find treatments and procedures that minimise the risk of leakage. If you need to use protection, it should be something you feel safe and comfortable with. Today, there are different types of absorbent protection that contain carbon to reduce the risk of odour. There are also polyurethane foam anal plugs that are soft and non-hazardous that can be used for up to 12 hours. Ask district nurse or urologist for advice.

### WHEN SHOULD YOU SEEK MEDICAL ATTENTION?

You should seek medical care for changes such as:

- Long-term constipation
- Hard, taut abdomen / pain
- Blood in the faeces
- Change in colour of the stool
- Prolonged diarrhoea
- Damaged skin in the area around the rectum and in the seat region.