

# Quick Bowel Management Guide

## Goal: no accidents, independence, and good stool consistency.

- Dietary suggestion
- Fluid intake
- Bowel training-formal training program is started around 3 years of age.
- Medications
- Increase in fiber
  - >6 months can use prunes, pears, or fruit juice.
  - <6months, some formulas,
- Timed sitting
- Enema:
  - Cone enema:
    - The most universally available and successful bowel management program for children with SB.
    - Cone enema supplies can be prescribed by a doctor, covered by insurance and fulfilled by supply companies. Otherwise, many families purchase a cone enema system on Amazon. Over the counter lube is also needed.
    - It is recommended to do a colon clean out before starting any new kind of bowel program to give the child a fresh start.
    - The recipe-
      - Water or saline? Most people use plain tap water in the enema. Using tap water is easy and safe. They say saline more closely resembles the body's natural fluids and is therefore less likely to be absorbed in the colon.
    - What temperature should the water be?
      - Using water that is too hot or too cold in the enema, can cause discomfort and cramping. You want the water to be close to internal body temperature.
    - How much water/saline?
      - General rule of thumb is to use 10 ml of fluid per pound the child weighs. For example, if the child weighs 40 pounds, you could try using 400ml water or saline. The MAX amount of water would be 1500ml, no matter the weight, since more than that typically doesn't make much of a difference.
    - Should I add anything else to the solution?
      - For some kids who are not particularly prone to constipation, using only water or saline may be enough. But for most kids with SB and neurogenic bowel, water alone is not enough to flush the colon. They also need some sort of irritant to get the bowel contracting and squishing the stool down.
        - Baby soap- a squirt of baby soap is a good place to start.
        - Glycerin- if baby soap is not effective try this. It is non-toxic, gentle thick liquid used to make soap and other products. Most people start by using about 10ml and you can increase to about 40-50 ml if needed.
        - Castile soap: also safe and is generally easier to find than glycerin, but is considered "stronger" than glycerin or baby soap. A popular brand is Dr. Bronner's unscented castile soap. Start at 10 ml increments.
        - Others: some use a daily dose of miralax in the enema instead of taking it orally. When a clean out is needed some will use 1/3, 1/2, or a whole fleet enema in the solution. Fleet is not safe for children.
    - Steps-
      - Prepare the enema. Get out the potty seat, mix the solution, get out the supplies, lube the cone, and put on a glove. Provide a step stool for the Child's feet and support for when the facilitate pushing. Hang the bag of fluid from a command hook on the wall, a shower curtain hook, the higher you hang the bag, the faster the fluid will flow in.
      - Administer the enema. There are two ways of doing this. Have the child lay on the floor on a towel and administer the enema, then transfer to the toilet with the cone still in. or have the child sit on the toilet and lean forward while you do the enema. With enough

lube it shouldn't hurt the child. Once the fluid is all in, hold the cone in for about 10 minutes.

- Then the child sits on the toilet to let all the stool and water come back out, usually 30-45 minutes. It is a good idea for the child to "push" a few times during the enema, especially right at the end, to make sure he got everything out. Some children do not know what pushing feels like, but they can grunt, bear down, yell, laugh, blow bubbles, stretch, etc, and all of those things can be effective. At the end of the appointed time, or when the parent/child feels it is done, have some wipes handy to clean up the bottom, and it's time to move on to other things.
- [Cone Enema | Bowel Management for Spina Bifida \(spinabifidabowelmanagement.com\)](#)
- Peristeen Transanal system:
  - It is a prescription-only medical device intended to instill water into the colon through a rectal catheter-which incorporates an inflatable balloon--inserted into the rectum to promote evacuation of the contents of the lower colon.

### **FYI!**

Spina Bifida affects both the internal and external sphincters. Nerves that control these sphincters are the lowest on the spinal cord. Because of this, an opening anywhere along the spinal cord can cause these nerves to not work. The internal sphincter may not be able to detect the presence of stool and does not send a message to the brain. The external sphincter may not get a message from the brain to hold or release stool. As a result, the stool is not eliminated from the body. This means children with SB do not know when their rectum is full and needs to be emptied. They need a bowel training program to prevent accidents.

- Constipation-
  - Caused by- a diet low in fiber, inactivity, not drinking enough liquids, not emptying the bowel regularly or completely, anesthesia and surgery, pain meds.
- Impaction-
  - Large clumps of stool collect in the colon, which makes it harder to pass stool. Sometimes impaction causes diarrhea-like stool.
- Diarrhea-
  - Due to illness, certain foods, or anxiety. Also, could have impaction.
- Skin problems-
  - Diarrhea and constipation can cause skin problems. Passing hard large stools can tear the skin around the anus. Liquid stool can cause rashes and sores around the anus as well.

**Eat healthy regular meals. Avoid grazing or snacking.**

