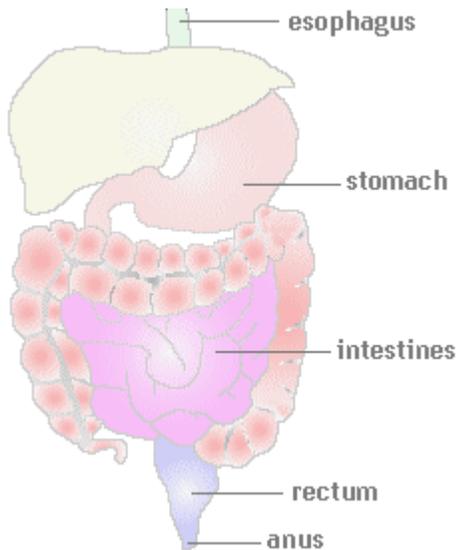


Bowel Function

The digestive system includes the mouth, stomach, esophagus, intestines, rectum and anus.

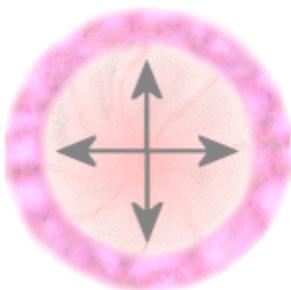


When food or beverages are consumed, they travel through this system until they are eliminated in the form of stool or bowel movement (B.M.).

Normally, messages are sent from the brain through the spinal cord and sacral nerves. The message tells the body that it is time to empty the bowel.

Here is how it all happens:

When the bowel is full of stool, it stretches and pushes on the area nerves. The nerves send a sensory message (feeling) from the bowel, through the sacral nerves and then up through the spinal cord.

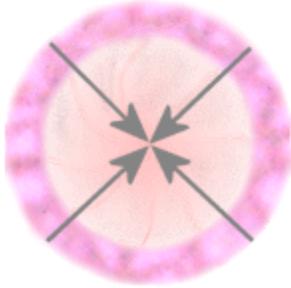


It is important to eat enough fiber so the stool has enough bulk to stretch the bowel.

When this sensory message reaches the spinal cord, part of it begins to loop around in the cord, setting off a reflex, which causes the bowel to squeeze.

The other part of the message travels up to the brain. When the message reaches the brain, the “urge” to have a B.M. is felt.

Bowel Function



When the person decides it is the right time to have a B.M., the message is sent back down the cord, through the sacral nerves, all the way to the sphincter muscle (near the anus).

The message tells the muscle to open up and let the stool out. If it is not a good time to have a B.M., the message would then tell the muscle to stay closed until there is a better time to empty.

Bowel Function after Brain Injury

After a brain injury, the bowel keeps working, but the brain may have trouble understanding the messages from the bowel and spinal cord. This may cause bowel accidents and/or constipation. Incontinence (bowel accidents) and constipation may be ongoing issues. Bowel programs designed to "retrain the bowel" should be started early in the recovery process and continue while at home. They may change as a person regains thinking and behavior skills and/or physical function. This lesson will review helpful hints for managing the bowel after brain injury.

Tips for Retraining the Bowel

The doctor may prescribe medicine to help have bowel movements. The medicines may soften stool (Colace, Peri-Colace, etc.) and/or add bulk (Metamucil, Fibercon, etc.) to it. They may be taken once or twice a day. You may need a suppository if constipation is a problem.

These medicines may be taken once a day or less often when needed. Take them as scheduled unless you are having diarrhea. If diarrhea occurs, stop taking the medicines and call the doctor during business hours.

Stay on a schedule. Having a timed bowel program is useful during re-training. Try to schedule this 30 minutes after meals in a sitting position. For example, if supper is finished every night at 5:30, at 6:00 pm the person should sit on the commode and try to have a bowel movement.

If bowel accidents are a problem, start keeping a list (day and time) of when all bowel movements occur. You may notice that bowel accidents happen in the morning but not during the "scheduled" time. Keeping track of this is helpful when planning the best time for making the program schedule.

Bowel Function

For example, if you notice that BMs happen early in the morning instead of after supper, try sitting on the toilet after breakfast. Do this every day. This is the first step in retraining. Once a time has been set and is successful, stay on schedule. This should help decrease bowel accidents.

If bowel control has not returned, the person may need to wear adult briefs (adult diapers) in order to prevent the soiling of clothes. The brief needs to be changed at least daily and with each bowel accident.

Safety Alert! Consider safety at all times. Provide proper supervision during the bowel program in order to prevent falls or other injuries that may occur if unattended.

The **Bowel Program Worksheet** is a tool designed to help organize and review a person's bowel program. You can print the worksheet to review and answer the answers.