

Bowel Management Week

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INTERNATIONAL CENTER FOR
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UROGENITAL CARE**



Disclosures

- No Disclosures



Learning Objectives

- Demonstrate an understanding of the principles of a bowel management program.
- Identify the key components that factor into bowel control.
- Demonstrate an understanding of bowel management with enemas.
- Demonstrate an understanding of bowel management with laxatives.



Why is this important ?

In January 2019, a 10-year-old named Seven Bridges committed suicide in his home. He was later found by his mother.

“Seven was born with a bowel condition that required numerous surgeries. While he no longer needed a colostomy bag, he still at times had bowel leakage that made him smell and prompted other children to tease him, Charles said”.

(Courier Journal, 2019)



Bowel Management Program



Weeklong Outpatient Program

- Extensive parent education
- Radiologic testing
- Medical evaluation
- Treatment planning
- Parent to parent support
- Follow up

Team Members

- Colorectal surgeon
- Nurse practitioners
- Nurse
- Psychologist
- Social worker
- Welcome coordinator
- Program assistants
- Additional specialists as needed (urology, gynecology, neurosurgery)

Common Diagnoses Served in Bowel Management Week



- Anorectal malformation
- Hirschsprung disease
- Spina bifida, neurogenic bowel and spinal cord injuries
- Sacral agenesis
- Chronic idiopathic constipation
- Fecal incontinence due to other anomalies

Goal of the Program



Remain clean in underwear without accidents
for 24 hours



Where?

Patients must come to Denver and stay locally for the entire duration of the program



What impacts prognosis for bowel control?



- A) Type of anorectal malformation
- B) Presence of tethered cord
- C) Short sacrum
- D) All the above
- E) I don't know

Prognosis For Bowel Control



- Consider underlying diagnosis
 - Define specific type of anorectal malformation
 - Calculate sacral ratio to determine prognostic significance
- Determine presence of other anomalies (e.g., tethered spinal cord)
- Consider surgical history (single versus multiple operations)
- Anatomically normal patients = overflow pseudo-incontinence and good prognosis for bowel control.
- **IMPORTANT CONSIDERATION:** Patient's with history of Hirschsprung disease need an examination under anesthesia to evaluate the anal canal.



Treatment Options

- Daily enema
 - For patients with true fecal incontinence and/or poor prognosis for voluntary bowel control
 - Foley catheter/gravity bag
 - Peristeen anal irrigation system
- Laxatives
 - For patients with pseudo/overflow incontinence and/or good prognosis for voluntary bowel control
 - Usually stimulant laxatives (e.g., senna, Ex Lax)
 - Sometimes addition of fiber



A six-year-old patient presents for bowel management with a history of perineal fistula, no tethered cord on MRI and a normal sacrum. What is the preferred modality for bowel management for this patient?

- A) Miralax
- B) Senna
- C) Daily enemas
- D) Miralax and enemas
- E) I don't know



Enema Details

- Enema administration
 - Foley catheter
 - Gravity feeding bag
 - Syringe
 - Lubricant
- Approximately a 1-hour process



Thursday (prior to start of program)

- Contrast Enema
 - Colon dilation
 - Narrowing/strictures
 - Fill volume to estimate enema/laxative dose
- Needs to have been completed within past 2-3 years



Contrast Enema



1st Friday



- Parent education classes
 - Trial and error process
 - Enema teaching
 - Psych/social discussion- psycho-social screening tool
- Abdominal X-ray
- Consultation in clinic with colorectal surgeon
 - Initial enema recipe or laxative dose prescribed
 - Supplies
 - Charts/handouts



Enema Diary

Enema Diary	Enema recipe	Any difficulty administering enema?	Accidents: How many hours after enema?	Accidents: Amount and Description
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				



Laxative Diary

Laxative Diary	Laxative dose	Accidents: How many hours after laxative?	Accidents: Amount and Description
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			



Monday

Daily phone consults/MyChart messages with nurse

- Number of accidents
- Time of accidents
- Description of accident (mucous, stool, water, size, etc.)
- Difficulty with enema administration

Daily abdominal X-ray

Follow up with nurse practitioner now via Telehealth

- Address any technique issues
- Provide additional education
- Ensure adherence to program
- Encourage families to persevere through challenges



X-rays





Assess and Reassess

Patient Response	Enema
X-ray reveals stool accumulation in rectum and left colon and/or patient reports fecal soiling	Volume and/or concentration should be increased
X-ray reveals clean rectum and left colon, but patient reports mucous or watery accidents	Volume and/or concentration should be decreased
Administration time takes longer than 1 hour	Concentration should be increased
Patient does not tolerate volume	Volume and/or concentration should be decreased



Assess and Reassess

Patient Response	Laxative
X-ray reveals stool accumulation in rectum and left colon and/or patient reports fecal soiling	Increase laxative dose Add or increase fiber
X-ray reveals clean rectum and left colon but patient reports accidents	Decrease laxative dose Add or increase fiber



Tuesday-Thursday

- Morning phone consult/MyChart message with nurse
- Morning abdominal X-ray
- Team meeting to discuss parent's reports and X-rays
- Afternoon telemedicine visit with provider

- PARENT SUPPORT GROUP

2nd Friday



- Morning abdominal X-ray
- Morning clinic consultation with colorectal surgeon
- Set up home care supplies if needed

Program completed, families travel home!!

The week is over, now what?



- Continue the program at home, EVERY DAY
- Later consideration for laxative trial vs. Malone procedure vs. Peristeen
 - Based on underlying diagnosis, prognosis for bowel control, patient/family preference

After bowel management week is complete the patient should...

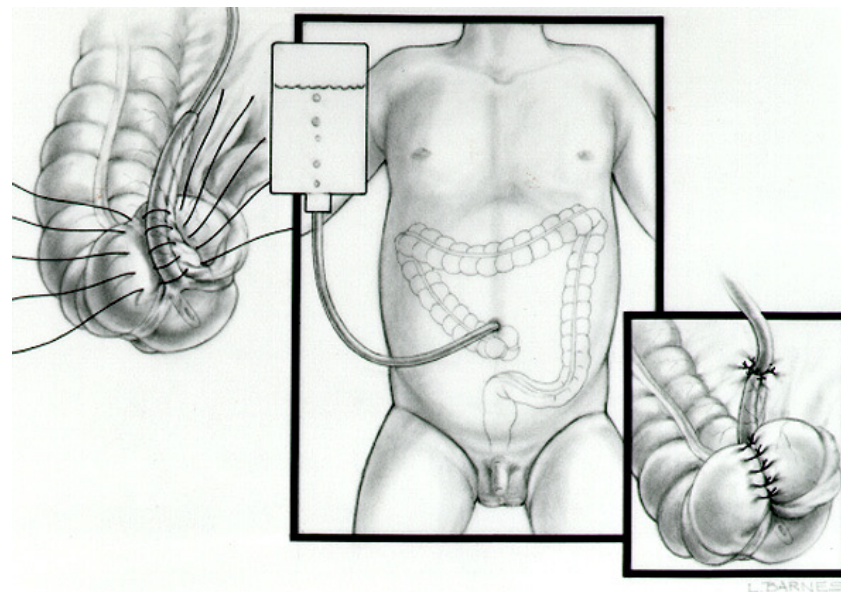


- A) Give enemas only when the patient seems constipated
- B) Give enemas daily but the time may vary
- C) Give enemas daily at the same time every day
- D) Give enemas every other day since the patient has been cleaned out
- E) I don't know



Malone

- Uses the appendix pulled up to umbilicus to create channel for antegrade enema
- No external devices needed long-term
- Creates independence for the patient





Summary

- Patient's experience the ability to remain clean for 24 hours
 - Increased self esteem
 - Social acceptance
 - Participation in school activities
 - Hygiene
- Multidisciplinary team is key
- Long-term follow up is essential



Thank You

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