

Chapter 19

Assisting With Bowel Elimination

Normal Bowel Elimination

- Time and frequency of bowel movements (BMs) vary.
- To assist with bowel elimination, you need to know these terms:
 - Defecation is the process of excreting feces from the rectum through the anus.
 - Bowel movement
 - Feces is the semi-solid mass of waste products in the colon that is expelled through the anus.
 - Stool is excreted feces.

Observations

- Bleeding in the stomach and small intestine causes black or tarry stools.
- Bleeding in the lower colon and rectum causes red-colored stools.
- Diseases and infection can change the color of stools.
- Stools normally:
 - Are brown, soft, formed, moist, and shaped like the rectum
 - Have an odor
- Carefully observe stools before disposing of them.
- Ask the nurse to observe abnormal stools.

Observations, cont'd.

- Observe and report the following to the nurse:
 - Color
 - Amount
 - Consistency
 - Presence of blood or mucus
 - Odor
 - Shape and size
 - Frequency of defecation
 - Complaints of pain or discomfort

Factors Affecting Bowel Elimination

- The care plan includes measures to meet the person's elimination needs.
 - Normal, regular elimination is the goal.

Factors to Consider

- The nurse considers the following factors when using the nursing process to meet the person's elimination needs:
 - Privacy
 - Habits
 - Diet—high-fiber foods
 - Diet—other foods
 - Fluids
 - Activity
 - Drugs
 - Disability
 - Aging

Common Problems

- Constipation is the passage of a hard, dry stool.
 - Common causes of constipation include:
 - A low-fiber diet
 - Ignoring the urge to have a BM
 - Decreased fluid intake
 - Inactivity
 - Drugs
 - Aging
 - Certain diseases
 - Constipation is prevented or relieved by diet changes, fluids, activity, drugs, and enemas.

Fecal Impaction

- A fecal impaction is the prolonged retention and buildup of feces in the rectum.
 - Fecal impaction results if constipation is not relieved.
 - The person cannot have a BM.
 - Liquid feces pass around the hardened fecal mass in the rectum.
 - The liquid feces seep from the anus.
 - Abdominal discomfort, abdominal distention, nausea, cramping, and rectal pain are common.

Diarrhea

- Diarrhea is the frequent passage of liquid stools.
 - Feces move through the intestines rapidly.
 - The BM need is urgent.
 - Abdominal cramping, nausea, and vomiting may occur.
 - Causes of diarrhea include:
 - Infections
 - Some drugs
 - Irritating foods
 - Microbes in food and water
 - Diet and drugs are ordered to reduce peristalsis.

Fecal Incontinence

- Fecal incontinence is the inability to control the passage of feces and gas through the anus.
 - Causes include:
 - Intestinal diseases
 - Nervous system diseases and injuries
 - Fecal impaction, diarrhea, some drugs, and aging
 - Unanswered call lights
 - The person may need:
 - Bowel training
 - Help with elimination after meals and every 2 to 3 hours
 - Incontinence products to keep garments and linens clean
 - Good skin care

Flatulence

- Gas or air passed through the anus is called flatus.
- Flatulence is the excessive formation of gas or air in the stomach and intestines.
- Causes include:
 - Swallowing air while eating and drinking
 - Bacterial action in the intestines
 - Gas-forming foods
 - Constipation
 - Bowel and abdominal surgeries
 - Drugs that decrease peristalsis

Flatulence, cont'd.

- If flatus is not expelled, the intestines distend.
 - Abdominal cramping or pain, shortness of breath, and a swollen abdomen occur.
- The following help produce flatus:
 - Exercise
 - Walking
 - Moving in bed
 - The left side-lying position
- Doctors may order enemas and drugs to relieve flatulence.

Bowel Training

- Bowel training has two goals:
 - To gain control of bowel movements
 - To develop a regular pattern of elimination
 - Fecal impaction, constipation, and fecal incontinence are prevented.
- The person's care plan and bowel training program tell you about the person's program

Enemas

- An enema is the introduction of fluid into the rectum and lower colon.
- Doctors order enemas to:
 - Remove feces and relieve constipation, fecal impaction, or flatulence
 - Clean the bowel of feces before certain surgeries and diagnostic procedures

Enemas, cont'd.

- The doctor orders the enema solution.
 - Tap water enema is obtained from a faucet.
 - Saline enema is a solution of salt and water.
 - Soapsuds enema (SSE) is a solution of castile soap and water.
 - Small-volume enema
 - Oil-retention enema
- The solution depends on the enema's purpose.

Cleansing Enema

- Cleansing enemas:
 - Clean the bowel of feces and flatus
 - Relieve constipation and fecal impaction
 - Are needed before certain surgeries and diagnostic procedures
 - Take effect in 10 to 20 minutes
- The doctor may order:
 - A tap water, saline, or soapsuds enema
 - Enemas until clear

Other Enemas

- The small-volume enema
 - Small-volume enemas irritate and distend the rectum.
 - The solution is usually given at room temperature.
- Oil-retention enemas relieve constipation and fecal impactions.
 - Most oil-retention enemas are commercially prepared.
 - Giving an oil-retention enema is like giving a small-volume enema.

The Person With an Ostomy

- An ostomy is a surgically created opening.
 - The opening is called a stoma.
 - The person wears a pouch over the stoma to collect stools and flatus.

The Person With an Ostomy, cont'd.

- A colostomy is a surgically created opening between the colon and abdominal wall.
 - With a permanent colostomy, the diseased part of the colon is removed.
 - A temporary colostomy gives the diseased or injured bowel time to heal.
 - The colostomy site depends on the site of disease or injury.
 - Stool consistency depends on the colostomy site.
- An ileostomy is a surgically created opening between the ileum and the abdominal wall.
 - The entire colon is removed.
 - Liquid stools drain constantly from an ileostomy.

Ostomy Pouches

- The pouch has an adhesive backing that is applied to the skin.
- Sometimes pouches are secured to ostomy belts.
- Many pouches have a drain at the bottom that closes with a clip, clamp, or wire closure.
- The pouch is changed every 3 to 7 days and when it leaks.
 - Frequent pouch changes can damage the skin.

Ostomy Pouches, cont'd.

- Odors are prevented by:
 - Practicing good hygiene
 - Emptying the pouch
 - Avoiding gas-forming foods
 - Putting deodorants into the pouch
 - The nurse tells you what to use.
- The person can wear normal clothes.
- Showers and baths are delayed for 1 to 2 hours after applying a new pouch.
- Do not flush pouches down the toilet.