

spina bifida

Passport to success

Medical treatment of constipation and diarrhoea

Are there any drugs that can be used to control stool consistency?

Yes. Drugs can sometimes be used to control stool consistency, but should only be used for a limited period of time. Long term use of drugs may have a damaging effect on bowel functions.

Expert advice should be consulted before taking any drugs. Do not go to the chemist without seeing your doctor or continence nurse.



There are four types of drugs prescribed:

- laxatives (to deal with constipation)
- bulk forming agents (making your stools bigger)
- stool softeners (softening your stools)
- stool hardeners (hardening your stools).

What are the best techniques to assist with bowel emptying?

There are many techniques and methods for emptying bowels ranging from normal toileting to sophisticated surgical techniques. Most of you will have had extensive toileting experience.

Establishing a bowel emptying routine

Effective bowel management involves a system for bowel emptying at regular intervals, at least every 24 hours. For example, you could associate the timing of bowel emptying with meals, baths, and physical activities. A particular time of day can help establish predictable continence patterns.

Anal/rectal stimulation

Sometimes anal/rectal stimulation to promote bowel emptying can be achieved by wiping the anus firmly with toilet paper as soon as you sit. If the stool is not being expelled, slight pressure can be applied with the fingers to each side of the anus.

Digital stimulation involves inserting a gloved finger into the anus and massaging to stimulate a contraction to eliminate a stool.

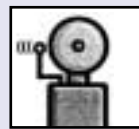
Suppositories and microenemas

Most enemas and suppositories are special fluids squirted or placed into the anus. They assist to irrigate the bowel and wash out the stools. They assist particularly where you have reduced ability to push out the stools.

Large volume wash outs

If other methods do not work, large volume enemas also called 'colonic washouts' may be required to wash out the bowel. The amount and type of fluid is determined by the specialist clinic, and may include solutions of salty water; soap and water; or other solutions. The enema is administered by using a bowel washout kit. Make sure you get assistance from your continence nurse, and regularly review your technique at regular check-up visits.

Care must be taken not to use rubber catheters for those with latex allergies.

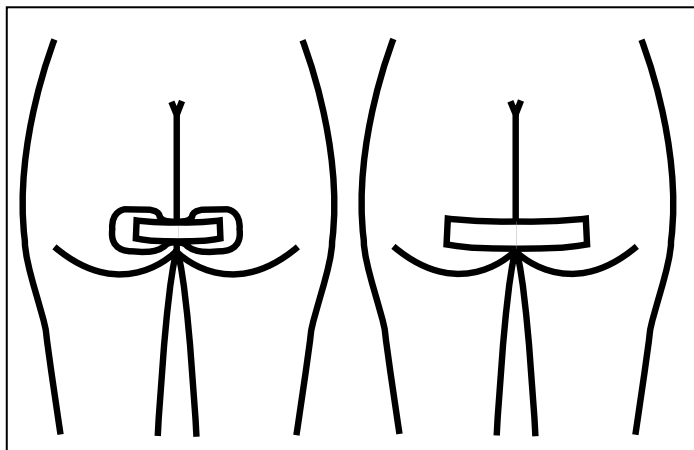


A large volume washout will clear the bowel for up to three days. The main problem is that you will probably need help to administer it. This of course means you are not as independent as you would like to be.

Are there any other procedures that may help with bowel incontinence?

Yes. Buttock strapping is a possibility. This provides a bit of extra assistance to your anus to hold in stools. However, this technique will not work when the stools are soft, or when there is diarrhoea. Strapping can be used when swimming, on special outings or even most of the time.

Try different types of tapes to ensure that they are waterproof or that no adverse reactions will occur. Typically used tapes include elastic adhesive tapes, nonallergenic tapes, waterproof adhesive and even electrician's tape.



Buttock strapping

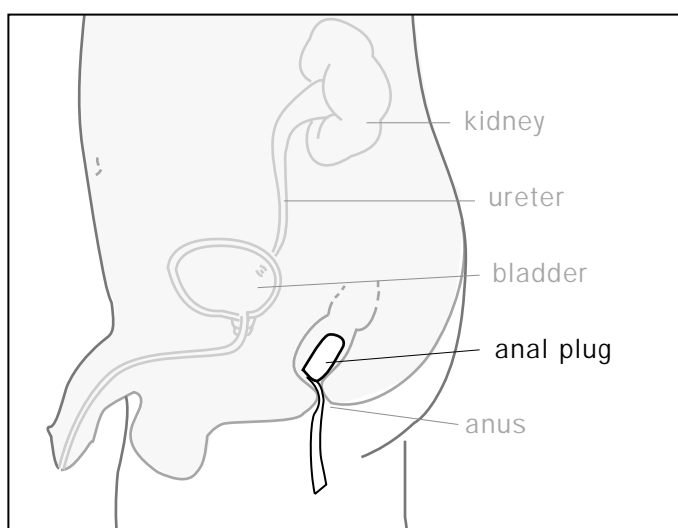
Buttock strapping procedure

- The tape is applied low on the buttocks so that it is under you when you sit down.
- Cut the appropriate length of tape.
- Look for the position of the anus.
- Attach tape to one buttock. While holding buttocks together, attach the other end of the tape to the other buttock, ensuring that the tape passes over the anus.
- If the skin is sensitive, place some nonallergenic tape on each buttock. Stronger tape can then be applied on top of this.
- If the anus is very lax, a small piece of paper, such as half a piece of toilet paper, can be folded and placed over the anus. Females should check that the tape has not slipped down into the vagina.

What is an anal plug?

Anal plugs are an important continence management tool, and can offer real independence for some. The anal plug, made from foam, is lubricated with Vaseline and inserted into the anus. After coming into contact with the moisture of the bowel, the plug expands in about 30 seconds to form a bowl-like shape that prevents leakage. The anal plug is made from slightly porous material so that air can pass through it. The plug is removed with an attached string and is changed after each toilet visit.

The anal plug can be worn safely for up to 12 hours. Combined with diet and bowel emptying procedures, anal plugs have significantly changed the lives of many.



Anal plug

What surgical procedures may assist?

There are some options available for you to consider. Of course, you will consult a specialist in order to be advised as to the most suitable procedure for your needs. The most promising development is the **Malone** procedure which makes it much easier to administer the bowel wash out.

Malone procedure for ante grade (downward) bowel wash out

- The Malone stoma is a new surgical procedure that greatly improves the management of bowel incontinence for people with spina bifida.
- The procedure allows bowel wash outs or enemas to be done in an antegrade manner (flushing downwards) rather than in the traditional retrograde manner (flushing upwards from the anus).
- This works much more effectively and is much easier to self-administer. It supports greater self management, and therefore independence.
- In a very simple procedure, the appendix is brought to the surface of the skin and a stoma (opening on the skin) is created around the bikini line. The stoma allows access to the bowel through the appendix. The stoma has a little plastic trapdoor inserted in it that opens and closes.
- A catheter is placed into the stoma and into the bowel. A solution is injected through the catheter into the bowel. The fluid irrigates and flushes out stools in the bowel through the anus in approximately 20 minutes.
- A variety of fluids can be used (treacle and milk; saline; liquorice).
- This is much easier to do, especially for persons with limited mobility, than inserting a tube up the anus and firing a solution upwards against the force of gravity.
- Sometimes the stoma is created directly into the bowel. It has even been done through the belly button.
- The procedure is reversible, ie. if it doesn't work, the trapdoor is removed and the stoma grows over.
- Quality of life is improved. You can swim and do most other things with the device.
- The procedure is just starting to be used in spina bifida (at a range of different ages) and the results are positive.
- Be aware that it is not a magic bullet (it doesn't cure incontinence) and it won't work for everyone.
- Talk to spina bifida associations and doctors/continence nurses at spina bifida clinics for more advice and referral.