

# Chapter 18

## ASSISTING WITH BOWEL ELIMINATION


# NORMAL BOWEL ELIMINATION

- Time and frequency of bowel movements 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.

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- 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.


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- 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.

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- 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.




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- 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.

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- 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 signal 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


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- 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.

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- 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.


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- The 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



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- 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.

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- 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.

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- 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.