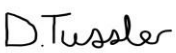




Statement on Spinal Cord Injury Bowel Management

Issued By	Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP) Spinal Injuries Association (SIA) British Association of Spinal Cord Injuries Specialists (BASCIS)
Statement	<p>Individuals with a Spinal Cord Injury (SCI) invariably have neurogenic bowel dysfunction which needs to be managed with an established and individualised bowel management programme. This will incorporate one or a combination of the following interventions on a daily or alternate day basis in conjunction with management of diet and fluids.</p> <ul style="list-style-type: none"> ✓ Digital Rectal Examination (DRE) ✓ Digital Rectal Stimulation (DRS) ✓ Digital Removal of Faeces (DRF) (previously referred to as Manual Evacuation) ✓ Trans Anal Irrigation (TAI) ✓ Oral and/or rectal medications <p>The above organisations support the opinion that DRE, DRF, DRS and TAI are “personal intimate care procedures” which are essential components of SCI bowel management.</p> <p>Achieving an effective bowel management programme for individuals with SCI requires specialised assessment and knowledge – with reviews under the supervision of a specialist multidisciplinary team throughout the individual’s lifetime. These teams are usually based in one of the twelve Spinal Cord Injuries Centres (SCICs) in the UK and Ireland. Contact details are available on the MASCIP Website (https://www.mascip.co.uk/sci-charities/list-other-sci-organisations-links/)</p> <p>Once a bowel management programme is established and documented within the individual’s personalised care plan, SCI Bowel Care can be undertaken by the SCI Individual independently, by their partner/relative/trusted friend, by any Registered Nurse (RN), designated Clinical Support Worker (CSW), Assistant Practitioner (AP) or Personal Carer (PC) provided with sufficient knowledge and training to undertake these procedures safely¹.</p> <p>The above organisations support the opinion that when a person with a SCI has an effective and established bowel management regimen, it is essential that this should be continued and adhered to in any setting – whether this be the individual’s place of residence, a hospital or community facility.</p> <p>Providers must ensure adequate and timely access for Individuals with SCI to appropriately trained staff/carers to carry out these procedures, including evenings and weekends².</p> <p style="text-align: center;">Not meeting this care need could be a breach of the Nursing and Midwifery Council Code of Conduct</p>

	<p>Failure to provide appropriate bowel care for SCI individuals can adversely affect their activities of daily living, psychological wellbeing and trust in those caring for them. It can also place them at risk of complications including:</p> <ul style="list-style-type: none"> ✓ Uncontrolled bowel results (i.e. faecal incontinence) ✓ Constipation, overflow diarrhoea and faecal impaction ✓ Loss of appetite ✓ Increased risk of pressure ulcers and moisture lesions ✓ Abdominal pain and increased spasm ✓ Autonomic Dysreflexia (this is a risk for individuals with Spinal Cord Lesions at T6 or above)³ ✓ Damage to the colorectal structures – common problems include mega colon, haemorrhoids, anal fissure and rectal prolapse ✓ Abdominal distension leading to respiratory difficulty ✓ Bladder dysfunction ✓ Faecal vomiting ✓ Perforated bowel <p style="text-align: center;">It can be harmful and even life-threatening, to deviate from a SCI Individual's established programme of bowel care without reference to clear clinical contraindications or prior discussion with their Specialist Spinal Cord Injuries Centre.</p>
Resources	<p>NHS Improvement have generated a Patient Safety Alert which includes actions and resources to support safer bowel care for patients at risk of Autonomic Dysreflexia⁴</p> <p>The Royal College of Nursing (RCN) has developed an on-line information resource and published procedural guidance on the provision of DRE, DRF and DRS⁵.</p> <p>The Nursing and Midwifery Council has announced that the techniques of DRE, DRF, DRS and TAI will be incorporated within its standards of proficiency for future registered nurses commencing 2020⁶.</p> <p>MASCIP have produced guidelines, which consolidate the most up to date consensus of expert opinion amongst SCI professionals and the evidence base that supports SCI Bowel Management¹.</p>
If in doubt	<p>Refer to your local policies and procedural guidelines. If you have any concerns about how this care need is going to be met within your organisation, firstly, consult your clinical lead / local continence advisor who will be able to inform you of the current provisions made by your employer with regard to individuals with SCI.</p> <p>Listen to the SCI individual and heed their view. The person with a SCI will usually be an expert in their own Spinal Cord Injury care requirements and so must be consulted and involved in decisions regarding this.</p> <p>Consult the individual's Spinal Cord Injuries Centre if you require advice and/or support. Contact details are available on the MASCIP Website (https://www.mascip.co.uk/sci-charities/list-other-sci-organisations-links/)</p> <p>Do NOT change a SCI individual's established bowel care program – unless there is a clinical indication to do so. If there are clinical reasons why you may need to make changes to an individual's bowel management programme this should be discussed with the individual and their Specialist Spinal Cord Injuries Centre. (Contact details above).</p>

	<p>If your organisation requires instruction on technique, training or tuition, please consult with your local continence service lead nurse, the individual's Spinal Cord Injuries Centre and/or the Spinal Injuries Association's Nurse Specialists 📞 01908 604191 ✉ SCINurseSpecialists@spinal.co.uk</p>		
References	<p>1) Multidisciplinary Association of Spinal Cord Injured Professionals 2012 Guidelines for management of neurogenic bowel dysfunction in individuals with central neurological conditions. https://www.mascip.co.uk/wp-content/uploads/2015/02/CV653N-Neurogenic-Guidelines-Sept-2012.pdf</p> <p>2) NHS England (updated 2018) Excellence in continence care framework https://www.england.nhs.uk/publication/excellence-in-continence-care/</p> <p>3) British Association of Spinal Cord Injury Specialists (BASCIS), Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP), Spinal Injuries Association (SIA) 2014 Statement on Autonomic Dysreflexia. https://www.spinal.co.uk/wp-content/uploads/2018/06/Statement-on-Autonomic-Dysreflexia-2017.pdf</p> <p>4) NHS Improvement 2018, Resources to support safer bowel care for patients at risk of autonomic dysreflexia. https://improvement.nhs.uk/news-alerts/patients-at-risk-of-autonomic-dysreflexia/</p> <p>5) Royal College of Nursing 2012 Management of lower bowel dysfunction, including digital rectal examination and digital removal of faeces. https://www.rcn.org.uk/professional-development/publications/pub-003226</p> <p>6) Nursing and Midwifery Council 2018. Future nurse: Standards of proficiency for registered nurses https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf</p>		
Bibliography	<p>National Patient Safety Agency 2004 Patient briefing and patient information notice 'bowel care for patients with established spinal cord lesions' http://webarchive.nationalarchives.gov.uk/20171030124321/http://www.nrls.npsa.nhs.uk/resources/?entryid45=59790&p=16</p> <p>National Institute for Health and Care Excellence clinical guideline 2014 [CG49] Faecal incontinence in adults: management https://www.nice.org.uk/guidance/cg49</p> <p>National Institute for Health and Care Excellence quality standard 2014 [QS 54] Faecal incontinence in adults https://www.nice.org.uk/guidance/qs54</p> <p>Spinal Injury Association 2013 Patient and professional resources https://www.spinal.co.uk/wp-content/uploads/2017/05/Autonomic-Dysreflexia.pdf</p>		
Signed	 Dot Tussler Chair, MASCIP	 Dr Ali Jamous President of BASCIS	 Dr Rupert Earl Chair, SIA