

Bowel dysfunction in patients with brain injury

– addressed in a rehabilitation nursing perspective

Objective

- To highlight the need to address bowel problems in patients with severe acquired brain injury
- To suggest a structured assessment of bowel function
- To recommend non pharmacological interventions in order to prevent and minimize the problems in this patient group.

Materials and methods

- Systematic literature study

Conclusions

- The evidence is scarce in relation to the evaluation and treatment of neurogenic bowel dysfunction in patients admitted for early neurorehabilitation.

The implication for neuroscience nursing practice

- Further studies are necessary in relation to pharmacological and non-pharmacological interventions, along with systematic gathering of patient experiences and professional experiences.

Results

- A structured and systematic intestinal anamnesis is required to identify the cause of any problem with subsequent individuality.
- The patient's prior bowel habits get integrated in the planning of nursing.
- Aim to offer a toilet visit in the morning after breakfast.
- Help the patient to a good defecation position.
- An enema or suppository which activates defecation reflex and initiates the bowel movement can be a compensatory possibility.
- Oral laxative administered once daily, taking into account when its effect may support any existing bowel movement pattern.
- Colon massage may be a required intervention.
- A familiar environment e.g. use of toilet instead of commode, no interruptions and privacy are recommended.
- For a systematic and uniform assessment of feces the Bristol/Vas-Regula© stool scales are recommended.

