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# Bowel Management in Spina Bifida





## How does the bowel work?

The bowel is a long tube that carries food from the stomach to the back passage (anus). As the food travels along the bowel, it is digested. The first part of the bowel is called the small intestine which absorbs useful nutrients from the food. The large intestine then absorbs fluid. The waste that is left is called faeces and travels on to the rectum and then leaves the body through the anus. People with spina bifida often have damage to the nerve supply to the bowel which means the time taken for food to move through the intestine is slowed down. Because of this slowing down, the faeces stay in the large intestine for longer than normal which allows more fluid to be lost from the bowel causing the faeces to become harder and harder. Poor mobility, poor diet and some medications can all add to constipation.

The sensation of stretch may be absent so there is no warning of needing to empty the bowel causing leakage.



## What can be done to help?

The aim is to achieve regular emptying with no soiling and there are many options that can help.

### Medication

Laxatives, suppositories and enemas may help although these should only be used following recommendation from your Consultant.

### Anal Plug

The anal plug is made of a soft foam material which is compressed to the size of a small suppository and covered with a thin water soluble film. This is inserted into the back passage and a gauze string, attached to the plug, is used to remove it. The film dissolves as it comes into contact with the warmth and moisture of the lower bowel which enables it to slowly expand and act as a barrier, preventing leakage. The plug is available on prescription in two sizes and both should be tried to determine the best one suited to your needs.

### Washout techniques

There are a number of techniques now available, involving washing out (or irrigating) the lower and middle part of the bowel using salt water solutions. This means that the lower bowel is kept empty of faeces for 24-48 hours after the washout which helps to prevent soiling.

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## Surgical options:

### **Antegrade Colonic Enema (ACE)**

This is an operation where the appendix is brought up to the skin to act as a “tube” into the bowel. It looks like an extra tummy button and is known as a continent stoma which means it does not leak and doesn’t require a bag. A very thin catheter is passed through and the bowel “washed out” from above.

This procedure is painless and should be carried out every 24 - 48 hours. This can be a very effective method and if passing the tube is an issue then a little “button” device can be used instead. In most cases a salt water solution is sufficient to get a good washout but sometimes laxative medicines need to be added to obtain a good result.

### **Colostomy**

This is an opening (stoma) that connects the bowel to the surface of the abdomen. A bag is attached that collects faeces and wind and should be changed regularly. Prior to this operation you will have the opportunity to speak to a Specialist Nurse who will discuss various stoma products and how to manage the stoma. Some people find regularly “washing out” the bowel, (see above under ACE) clears the stoma and prevents the need for a bag.

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## Top Tips!



**1)** Drink plenty of fluids. This helps keep the faeces soft, so going to the toilet may be easier and you are less likely to get constipated.



**2)** Diet is important. Try to eat a high-fibre diet with lots of fresh fruit, vegetables and cereals.



**3)** Exercise can help to keep your bowel fit.



**4)** SBH Scotland would recommend a referral to a Dietician or Continence Advisor to discuss an appropriate, individualised diet plan.



If you have questions or would like further information, please call the **SBH Scotland Helpline** on **03455 211 300** or email **support@sbhscotland.org.uk**  
For general enquiries call **03455 211 811** or visit **www.sbhscotland.org.uk**

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