

# Chapter 22

## Bowel Needs

# Lesson 22.1

- Define the key terms and key abbreviations in this chapter.
- Describe normal defecation and the observations to report.
- Identify the factors affecting bowel elimination.
- Explain how to promote comfort and safety during defecation.
- Describe the common bowel elimination problems.
- Describe bowel training.

# Normal Bowel Elimination

- Time and frequency of bowel movements (BMs) 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.

# Observations (Cont.)

- 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 BMs

- The care plan includes measures to meet the person's elimination needs.
  - Normal, regular elimination is the goal.

# Factors to Consider

- 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.



# Fecal Impaction

- 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.

# Diarrhea

- 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.

# Fecal Incontinence

- 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 call 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

# Flatulence (Cont.)

- 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

# Lesson 22.2

- Explain why enemas are given.
- Describe the common enema solutions.
- Describe the rules for giving enemas.
- Describe how to care for a person with an ostomy.
- Perform the procedure described in this chapter.
- Explain how to promote PRIDE in the person, the family, and yourself.

# 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.



# Enemas (Cont.)

- 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.

# 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

# Other Enemas

- 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.

# The Person With an Ostomy (Cont.)

- 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.

# Ostomy Pouches (Cont.)

- 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.