UHS RSCH ICU Spinal Prompt Cards

Appendix 3: Procedure for digital rectal stimulation

- Explain the procedure to the individual (if necessary) and obtain consent. Even if the individual consents to the procedure, if they request you to stop at any time, you must do so. The individual should be invited to have an escort present if they wish.
- Ensure a private environment.
- Observe the individual throughout the procedure for signs of autonomic dysreflexia (see Section 10 – Glossary) or other adverse events (Addison and Smith 2000).
- If not contraindicated (i.e. in unstable spinal cord injuries) position the individual in a lateral position (usually left side) with knees flexed. Flexing the knees promotes the stability of the individual and helps to expose the anus (Campbell 1993). If the spinal injury is unstable bowel management will be conducted during a team log roll, always maintaining spinal alignment. This procedure may also be conducted over the toilet/commode by the individual or the carer where no unstable spinal fracture is present.
- Place protective pad under the patient if appropriate.
- Wash hands put on two pairs of disposable gloves and an apron.
- If the individual suffers local discomfort or symptoms of autonomic dysreflexia during this procedure, local anaesthetic gel may be instilled into the rectum prior to the procedure (Furasawa 2008, Cosman 2005). This requires 5-10 minutes to take effect and lasts up to 90 minutes. Note that long term use should be avoided due to systemic effects (BNF 2008).
- Lubricate gloved finger with water soluble gel.
- Inform individual you are about to begin.
- Insert single gloved, lubricated finger (Addison and Smith 2000) slowly and gently into rectum.
- Turn the finger so that the padded inferior surface is in contact with the bowel wall.
- Rotate the finger in a clockwise direction for at least 10 seconds, maintaining contact with the bowel wall throughout.
- Withdraw the finger and await reflex evacuation.
- Repeat every 5-10 minutes until rectum is empty or reflex activity ceases.
- Remove soiled glove and replace, re-lubricating as necessary between insertions.
- If no reflex activity occurs during the procedure, do not repeat it more than 3 times. Use digital removal of faeces (DRF) if stool is present in the rectum.
- During the procedure, the person delivering care may carry out abdominal massage.
- Once the rectum is empty on examination, conduct a final digital check of the rectum after 5 minutes to ensure that evacuation is complete.
- Place faecal matter in an appropriate receptacle as it is removed and dispose of it and any other waste in a suitable clinical waste bag.
- When the procedure is completed wash and dry the patient's buttocks and anal area and position comfortably before leaving.
- Remove gloves and apron and wash hands.
- Record outcomes using the Bristol Scale (Norgine 1999, Heaton 1993).
- Record and report abnormalities.

Taken from: **Management of Neurogenic Bowel Dysfunction** MASCIP February 2021

Guidelines for Management of Neurogenic Bowel Dysfunction in Individuals with Spinal Cord Injury and Other Central Neurological Conditions

Updated MP Nov 2023