

# UHS RSCH ICU Spinal Prompt Cards

## Appendix 4: Procedure for digital removal of faeces (on the bed)

- 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.
- Observe the individual throughout the procedure for signs of autonomic dysreflexia or other adverse events (RCN 2000).
- Ensure a private environment.
- If the individual's spinal injury is stable, 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 roll, always maintaining spinal alignment.
- Place protective pad under the individual.
- Wash hands put on disposable gloves and apron.
- If the individual suffers local discomfort or autonomic dysreflexia during this procedure, local anaesthetic gel may be applied prior to the procedure (Furusawa 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.
- If stool is a solid mass, push finger into centre, split it and remove small sections until none remain. If stool is in small separate hard lumps remove a lump at a time. Great care should be taken to remove stool in such a way as to avoid damage to the rectal mucosa and anal sphincters.  
i.e. do not over-stretch the sphincters by using a hooked finger to remove large pieces of hard stool which may also graze the mucosa. Using a hooked finger can lead to scratching or scoring of the mucosa and should be avoided. Where stool is hard, impacted and difficult to remove other approaches should be employed in combination with digital removal of faeces. If the rectum is full of soft stool continuous gentle circling of the finger may be used to remove stool: this is still digital removal of faeces.
- 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 in a suitable clinical waste bag.
- When the procedure is completed wash and dry the individual's buttocks and anal area and position comfortably before leaving.
- Remove gloves and apron and wash hands.
- Record outcome 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*

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