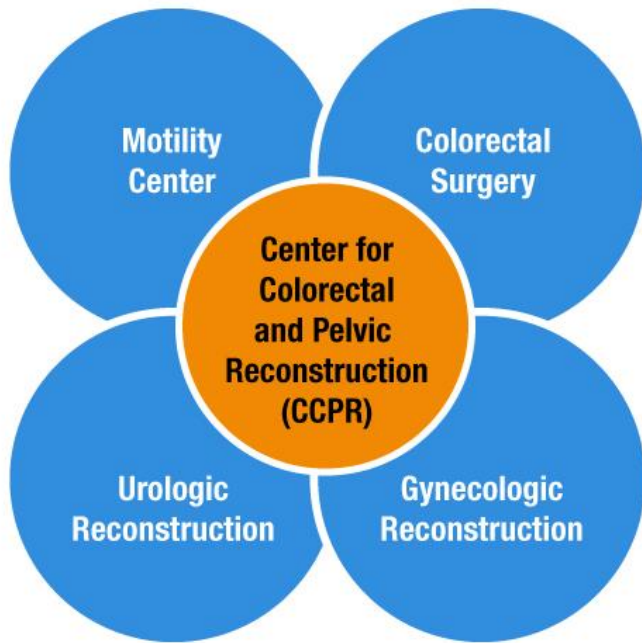


# Bowel Management Program

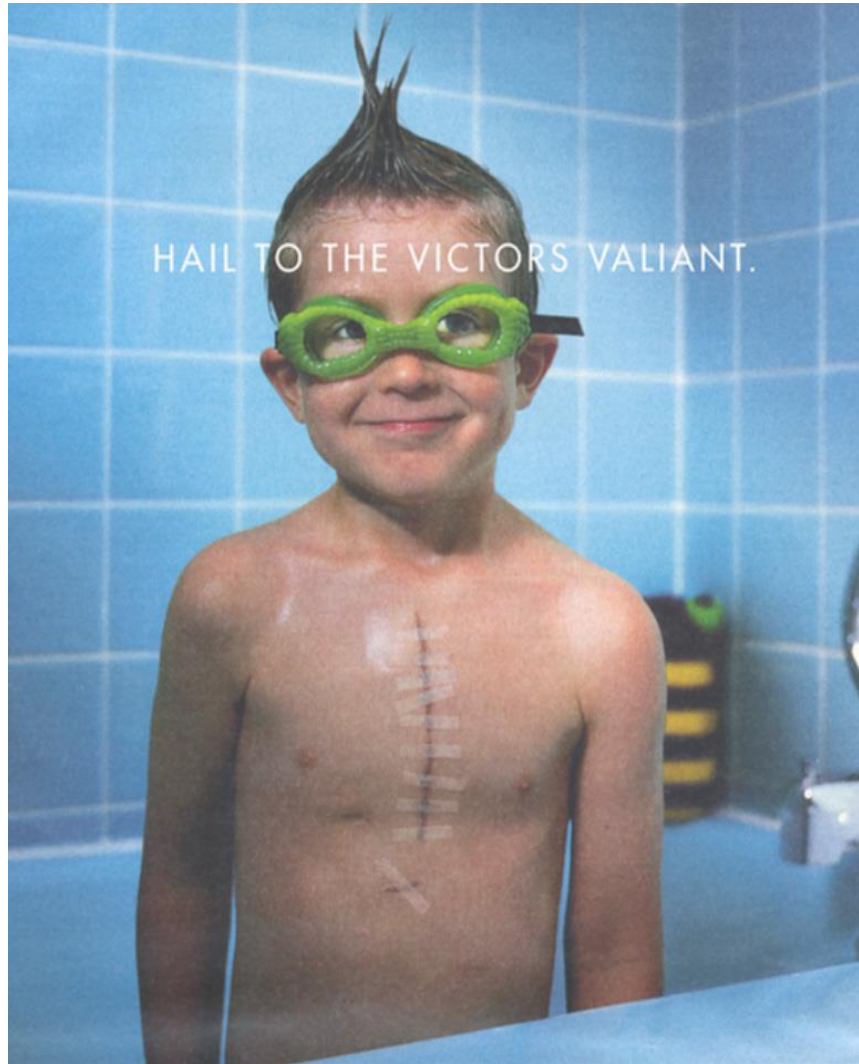
Dr. Richard Wood, Dr. Alessandra Gasior, Dr. Karen  
Diefenbach, Dr. Ihab Halaweish

Nurse Practitioners: Christina Barnes, Cheryl Baxter, Kristina  
Booth, Sarah Driesbach, Mitchell Ellinger, Addie Flood,  
Onnalisa Nash, Casey Trimble, and Pooja Zahora

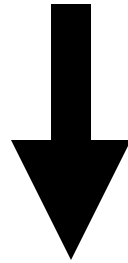
# CCPR Team



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# Bowel Management



A way to control the colon and  
thereby keep the patient clean

# Bowel Management Program

- Remote, Hybrid, or In-person
- Typically 3-4 x-rays total
- **Wednesday** (Today): Parent Lecture
- **1<sup>st</sup> Thursday/Friday**: In person appointments + x-ray
- **Monday**: Zoom/phone/clinic appointment
  - Abdominal xray prior to appointment.
  - Send x-ray image & report as attachment in MyChart by 10am EST (if not at NCH).
- **Tuesday, Wednesday, & Thursday**:
  - Abdominal x-ray image & report (Tuesday or Wednesday by 10am) as directed by provider.
    - Send as attachment in MyChart.
  - Send in completed stooling log as attachment in MyChart by 10am daily.
  - Colorectal team has a daily meeting to discuss each child. Feedback given by 4:30 pm EST each day via MyChart.
  - **Tuesday @ 1pm EST**: Parent Support Group w/ Social Work Team via Skype
- **Friday**: Final appointment
  - Abdominal xray prior to call
  - Image sent to CCPR via MyChart

# BMP Expectations

- Review itinerary & handouts in detail that were emailed to you
- Attend scheduled Zoom/phone calls with your child present
- Fill out stooling logs in detail
- Obtain X-rays on prescribed days and send images & report to CCPR via MyChart
- Send stooling logs via Mychart by 10am on Tues, Wed, & Thurs
- Follow instructions given regarding regimen changes
- Only make changes when instructed by your medical team

# The Daily Stooling Log

Daily Oral Medicine Program Chart— Remote Bowel Management

	Monday	Tuesday
Name and Amount of Medicine(s) Given	Type here...	
Time Medicine(s) Given		
Type of Fiber Given and Amount		
Time(s) Fiber Given		
Pertinent Diet Information		
Voluntary Bowel Movements: How Many? What time? Size? (smear, small, med, large) Consistency? (watery, loose, soft, formed, hard)		
Accidents/Soiling: How Many? What time? Size? (smear, small, med, large) Consistency? (watery, loose, soft, formed, hard)		
Symptoms/Other Notes: (pain, nausea, vomiting, etc.)		

Enema, Malone, or Cecostomy Program Chart – Remote Bowel Management

	Monday	Tuesday
Normal Saline Amount (mls)	Type here...	
Phosphorin Amount (mls)		
Antibiotic Soap Amount (mls)		
Other Medicines: (name and dose)		
How long enema solution took to go in?		
How long enema solution stayed?		
How long did it take to see there good stool/flush out after the enema?		
What symptoms during enema?		
How long time sitting on toilet?		
When did the enema was started?		
Accidents: How Many? at time? ? - Smear, Small, Med, Large Consistency? - watery, loose soft, formed, hard		
Additional Notes:		

# Stooling Log Expectations

- Fill out each row and provide detailed description.
- Attach the completed stooling log in MyChart and send it to the nursing team by 10 am EST.
  - In order to attach a document in MyChart, it must be saved as one of these file types (not a word doc):

The allowed file types are BMP, JPEG, JPG, PDF, PNG, TIF, TIFF, MOV, MP4, MPEG, MPG, WMV.

- If you are not able to attach the document for some reason, please call in or email your report to [CCPRonCall@nationwidechildrens.org](mailto:CCPRonCall@nationwidechildrens.org) by 10 am EST.

# Report Examples

Daily Medicine Program for Hypomotility Chart, Continued

	Monday	Tuesday
Kind and Amount of Laxative	Senna 3 squares	Senna 2.5 squares
Time Laxative Given	10am	10am
Kind and Amount of Fiber	Citrucel 2 grams twice daily	Citrucel 2 grams twice daily
Other Medicines (name and dose)	None	None
Diet Instructions	∅	∅
Voluntary Bowel Movements: Amount and Description	3 bowel movements loose stool each BM	2 BMs loose stool
Accidents/Soiling: Time, Amount and Description	2 accidents 3pm - loose 6pm - loose	0 accidents



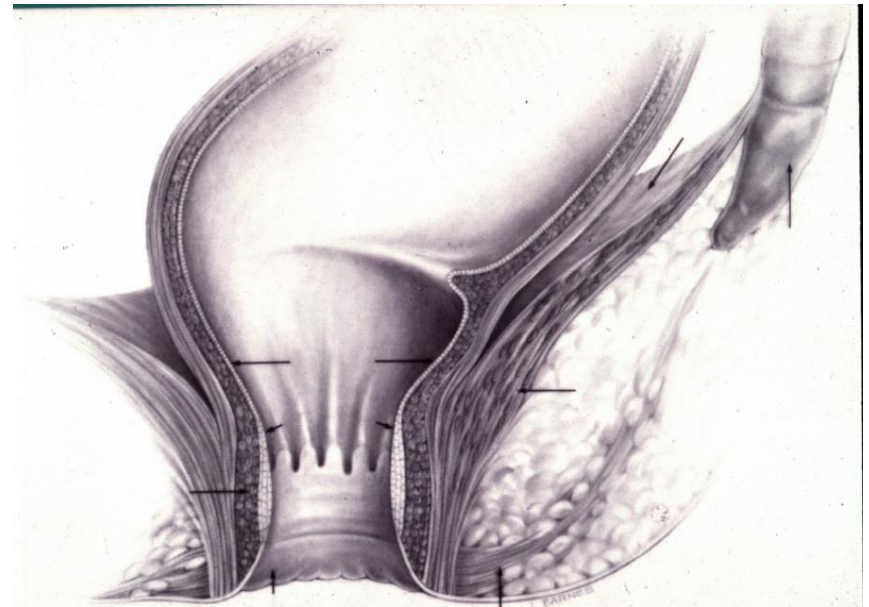
Daily Medicine Program for Hypomotility Chart

	1 <sup>st</sup> Thursday	Friday
Kind and Amount of Laxative	Senna 4 squares	Senna
Time Laxative Given	2pm	10am
Kind and Amount of Fiber	?	
Other Medicines (name and dose)		∅
Diet Instructions		
Voluntary Bowel Movements: Amount and Description	Pooped 3 times	2 BMs
Accidents/Soiling: Time, Amount and Description	?	3 accidents

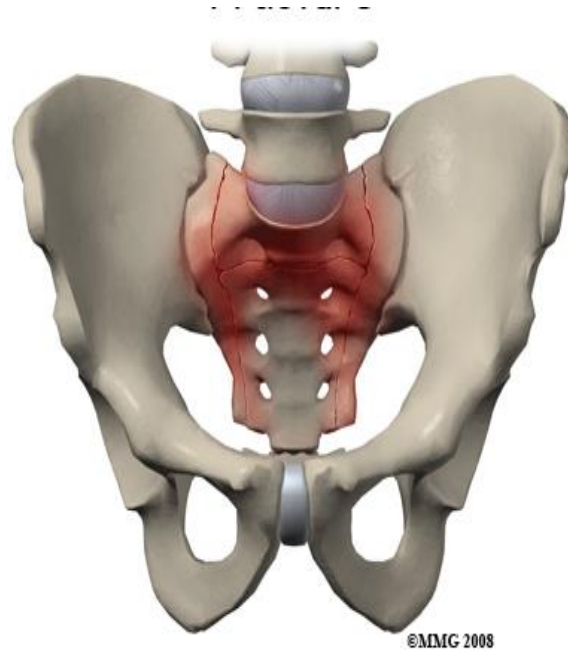
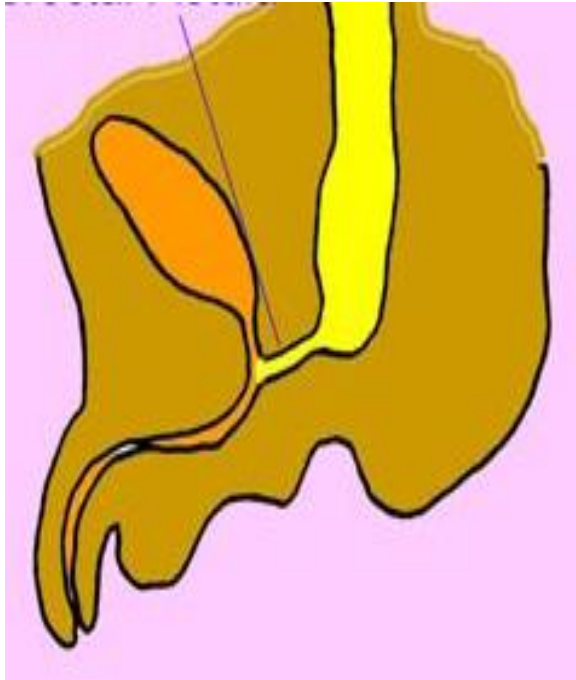


# Fecal Continence

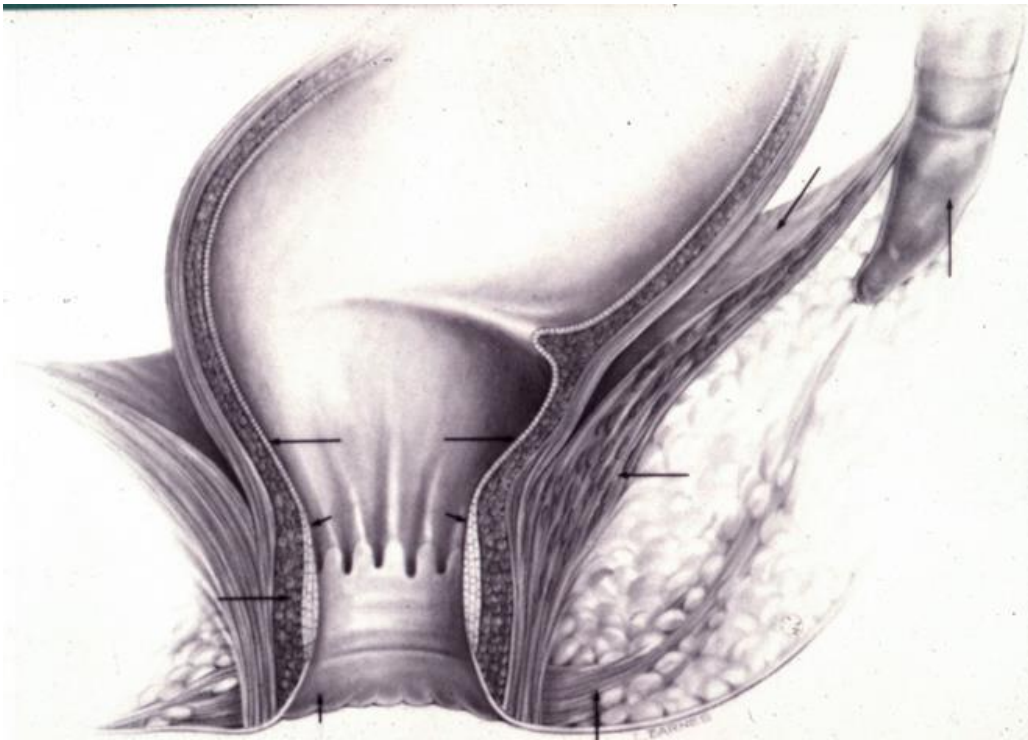
- Anal canal sensation
- Sphincter
- Motility



# Predicting Continence in ARM



# Predicting continence in HD



- Intact anal canal
- Intact anal sphincters
- Colonic Motility

# Good Potential for Bowel Control

- Anorectal malformations - good prognosis
  - Perineal, vestibular, bulbar, cloaca (< 3cm)
  - Normal sacrum
  - Normal spine
- Hirschsprung Disease
  - Dentate Line
- Idiopathic constipation

# Less Potential for Bowel Control

- Anorectal malformations - poor prognosis
  - Bladderneck fistula, cloaca ( $> 3\text{cm}$ )
  - Poor sacrum - sacral ratio  $< 0.4$
  - Tethered cord, myelomeningocele
- Some patients with Hirschsprung Disease
- Patients with spinal problems

# Initial Evaluation

Determine the characteristics of the patient's colon by looking at the most recent contrast enema

**SOILING WITH A DILATED COLON**

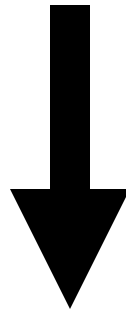
**SOILING WITH A NON DILATED COLON**



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# Dilated Colon

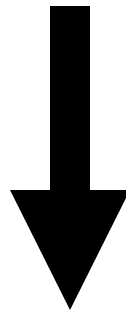
(hypomotility – slow colon)



Large Enema  
No special diet



# NON Dilated Colon (hypermotility – fast colon)



Small Enema  
Constipating Diet  
Medications  
Water soluble fiber



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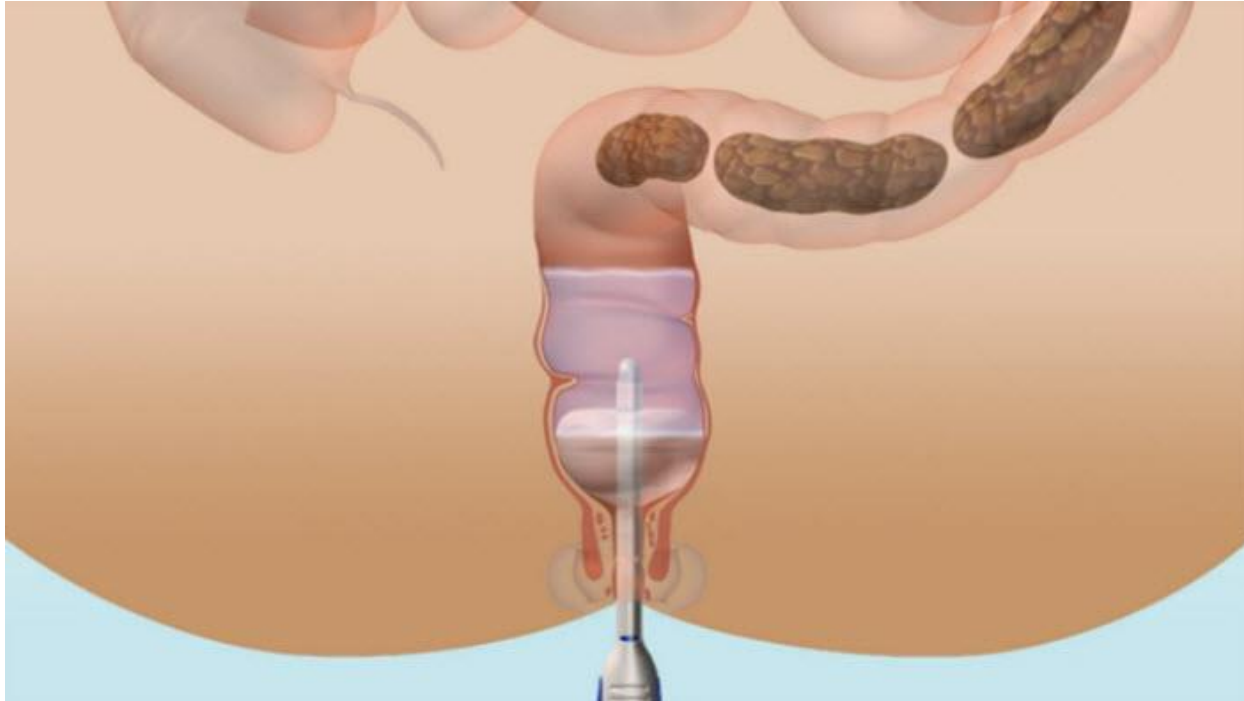
# MECHANICAL PROGRAM

# Mechanical Program

- Enemas and Flushes
  - Given rectally or antegrade options (malone)



**Picture 1** Receiving an enema through the appendicostomy, or Malone.



# Enema components

- Saline Solution (200 – 600ml)
- Glycerin (10 – 40ml)
- Castile soap (9 – 36ml)



We make changes to the regimen based on:

1. Daily parent report/stooling log
2. X-Ray to evaluate stool in the left colon



**TRIAL AND ERROR**

# Enemas

- Technique, technique, technique
- Give enema same time daily
- If starting enemas, you should have already received your kit and we will go over how to give an enema at the end of this lecture.



# Myths

- Enemas interfere with nutrition

**WRONG!**

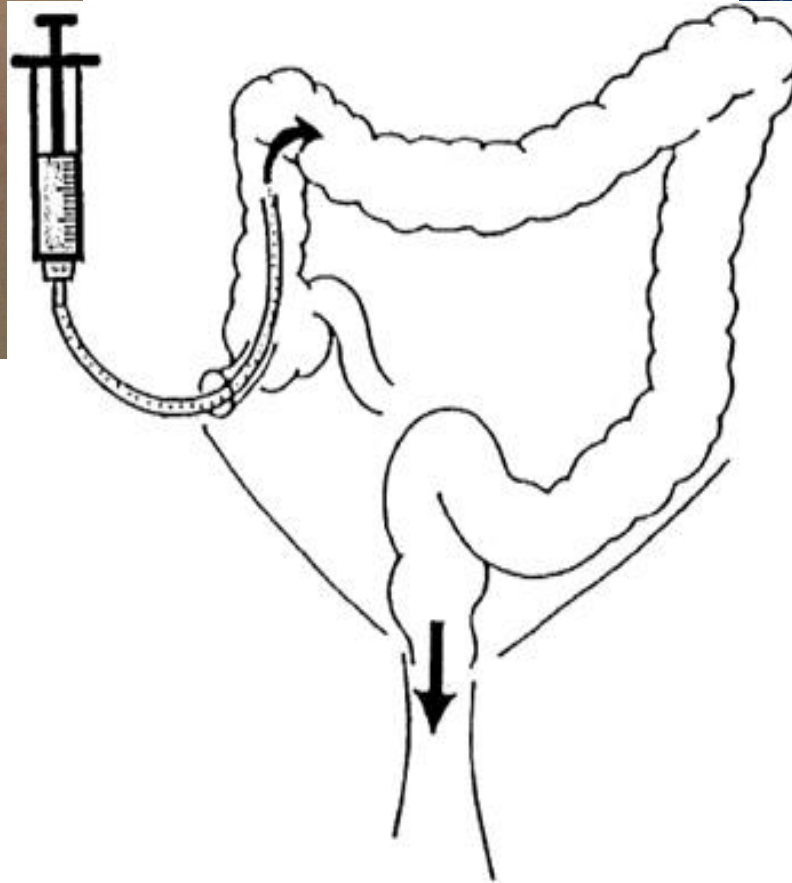
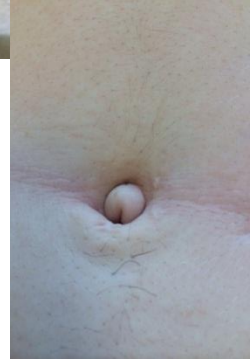
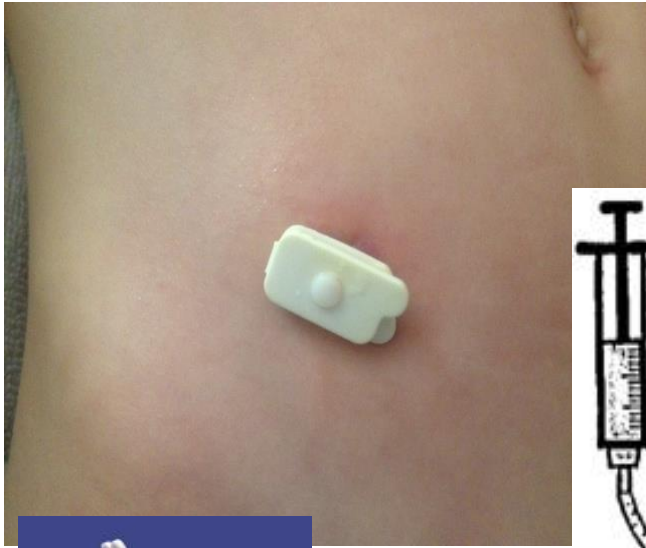
- Enemas interfere with the normal process of toilet training

**WRONG!**

- Once you start on rectal enemas it is forever

**WRONG!**

# Antegrade enemas



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# MEDICINE PROGRAM/LAXATIVE TRIAL



# Laxative Trial Goals

- Achieve 1-2 voluntary bowel movements daily
- Effective daily emptying of colon
- Accident free child → clean underwear
- Never give laxatives and enemas at the same time.

# Laxative Protocol

- Disimpact → Ensure colon is empty
- Determine laxative requirement via Bowel Management week
- Consider surgical management if indicated

# Laxative Dose

- Educated Guess on initial dose
- If the patient has loose or frequent stools:
  - Decrease the amount of laxative
  - Add water soluble fiber
- If the patient does not stool within 24 hours:
  - Give an enema/flush AND increase the laxative dose

# Enema Administration

- If your child does not have a bowel movement within a 24 period you should administer your child's previously prescribed flush or a Fleet Saline enema immediately (follow manufacturer's instructions for administration)
- Please message the team via MyChart and let us know the need for the enema
- We will respond the next morning

# Senna Based Laxative



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# Other Products



# Water Soluble Fiber



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# Fibers to Avoid



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# Stool Softeners



# Odds & Ends

- Local families/in-person BMP patients who will be getting x-rays performed at a Nationwide Children's Hospital Facility do NOT need to send in x-ray images.
- It is extremely important we receive both the x-ray image and the report. Please communicate this to your local radiology facility.
- You will be receiving a MyChart message today to start the message thread for the BMP week. Please REPLY to this thread with your daily log and x-rays throughout the BMP week.

# Questions

