The digestive tract as a whole is a hollow tube extending from the mouth to the anus. The bowel, the final portion of the tract, is where waste products of digested food are stored until they are emptied from the body in the form of stool, or feces.

A bowel movement happens when the rectum (the last segment of the bowel) becomes full and the muscle around the anus (the anal sphincter) opens.

Paralysis often damages the nerves that control the bowel. If the injury is above the T-12 level, the ability to sense a full rectum may be lost. The anal sphincter remains tight, however, so bowel movements will occur on a reflex basis. This means that when the rectum is full, the defecation reflex will occur. This is called an upper motor neuron or
reflex bowel. It is managed by triggering the defecation reflex at socially appropriate times and places.

A spinal cord injury below T-12 may damage the defecation reflex and relax the anal sphincter muscle. This is known as a lower motor neuron or flaccid bowel. Management of this type of bowel may require more frequent attempts to empty the bowel and manual removal of stool.

Not being able to control the sphincter can result in an inability to have a bowel movement. This can cause your stool to be impacted and the solid waste to be retained. Impaction can be serious if it occurs high up in the bowel.

The best way to prevent bowel accidents is to follow a schedule. You want to teach your bowels when to have a movement.

**Methods for emptying the bowel**

Each person's bowel program should be individualized, taking into account the diagnosis or nerve damage, as well as other factors.

Most people perform their bowel program at a time of day that fits in with their prior bowel habits and current lifestyle. The program usually begins with insertion of either a suppository or a mini-enema, followed by a waiting period of approximately 15-20 minutes to allow the stimulant to work. Preferably, this part of the program should be done on the commode.

After the waiting period, digital stimulation is done every 10-15 minutes until the rectum is empty. Those with a flaccid bowel frequently omit the suppository or mini-enema and start their bowel programs with digital stimulation or manual removal. Bowel programs typically require 30-60 minutes to complete.

**Some bowel factoids:**

- It is not necessary for good health to have a bowel movement every day.
- Bowels move more readily after a meal.
- Fluid intake of two quarts (or two quarts per day) aids in maintaining a soft stool; warm liquid before trying will also aid bowel movement.
- Follow a healthy diet including fiber in the form of bran cereals, vegetables and fruits. Bran is one of the cheapest and most easily available forms of natural laxatives.
- Activity and exercise promote good bowel health.

Sources: Spinal Cord Injury Information Center, University of Washington School of Medicine, Rehabilitation Medicine Department
The above excerpt is from the Christopher & Dana Reeve Foundation Paralysis Resource Center website. [https://www.christopherreeve.org/living-with-paralysis/health/secondary-conditions/bowel-management](https://www.christopherreeve.org/living-with-paralysis/health/secondary-conditions/bowel-management)

Please also see our colostomy fact sheet if you need info on colostomy.

**Web Sites**

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

**Bladder and Bowel Community**
Bladder and Bowel Community
Forward House
17 High Street
Henley-in-Arden, UK
B95 5AA
Email: help@bladderandbowel.org
Offers support and information to those in the UK living with bowel or bladder dysfunction.


**Christopher & Dana Reeve Foundation: Bowel Management brochure**
Please call an Information Specialist at 800-539-7309 for a print copy of our Bowel Management brochure.


**Christopher & Dana Reeve Foundation: Nurse Linda blog “Avoiding Bowel Complications Part 1” 6/30/20**


**Christopher & Dana Reeve Foundation: Nurse Linda blog “Avoiding Bowel Complications Part 2” 7/6/20**


**Christopher & Dana Reeve Foundation: Sheri Denkensohn-Trott blog “Living with a Neurogenic Bowel” 4/26/20**

[https://craighospital.org/resources/topics/bowel-care](https://craighospital.org/resources/topics/bowel-care)

**Craig Hospital: Bowel Care Resources**
Phone: 303-789-8000
Email: rehab@craighospital.org

Model Systems Knowledge Translation Center (MSKTC): Bowel Function After Spinal Cord Injury
1000 Thomas Jefferson St, NW
Washington, DC 20007
Phone: 202-403-5600
TTY: 877-334-3499
Email: msktc@air.org
MSKTC is a national center that works to put research into practice to serve the needs of people with traumatic brain injuries, spinal cord injuries, and burn injuries.

http://www.msktc.org/sci/Hot-Topics/Bowel_Function
Model Systems Knowledge Translation Center (MSKTC): Hot Topic: Managing Bowel Function After SCI

https://mymsaa.org/ms-information/symptoms/bowel-problems/
Multiple Sclerosis Association of America: Bowel Problems

http://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Bowel-Problems
National Multiple Sclerosis Society: Bowel Problems

New Mobility article Sept. 2018: Megacolon, Bowel Program Frequency

http://sci.washington.edu/info/pamphlets/bowels_1.asp
Northwest Regional Spinal Cord Injury System: University of Washington School of Medicine: Taking Care of Your Bowels – The Basics
This pamphlet offering details on bowel management can be downloaded as a PDF.

http://sci.washington.edu/info/pamphlets/bowels_2.asp
Northwest Regional Spinal Cord Injury System: Taking Care of Your Bowels – Ensuring Success
This pamphlet with recommendations for regular bowel elimination can be downloaded as a PDF.

http://rehab.washington.edu/patientcare/patientinfo/articles/sci_bowels.asp
Northwest Regional Spinal Cord Injury System: SCI and Maintaining Healthy Bowels

http://www.myshepherdconnection.org/sci/bowel-care
Shepherd Center: Bowel Care
Bowel care info for patients.

http://www.myshepherdconnection.org/sci/bowel-care/function-after-sci
Shepherd Center: Bowel Function After SCI
Shepherd Center: Digital Stimulation

Spina Bifida Association: Bowel Management

Spinal Cord Injury Information Network: Bowel Management
This page has links to a range of bowel management resources.

University Health Network – Toronto Rehabilitation Institute’s Brain and Spinal Cord Injury Rehabilitation Program: Rectal Touches (Digital Stimulation)

On Demand Videos

Kessler Foundation: Bowel Management (Managing Medical Complications After Spinal Cord Injury – Part 1 of 3)

Northern New Jersey Spinal Cord Injury System Center (NNJSCIS) has released a three-part video series, Managing Medical Complications After Spinal Cord Injury: Bowel Management, Pressure Ulcer Prevention, and Pneumonia Prevention. The 30-minute videos provide information to individuals with SCI and caregivers on management and prevention of these conditions, which can have a significant impact on day-to-day activities and quality of life if they are not managed properly.

The 25-minute “Bowel Management” video stresses management and its importance on quality of life, predicting bowel movements, avoiding bowel accidents, bowel care procedures, and anatomical model demonstrations. It can be streamed online or downloaded.

The information contained in this message is presented for the purpose of educating and informing you about paralysis and its effects. Nothing contained in this message should be construed nor is intended to be used for medical diagnosis or treatment. It should not be used in place of the advice of your physician or other qualified health care provider. Should you have any health care related questions, please call or see your physician or other qualified health care provider promptly. Always consult
with your physician or other qualified health care provider before embarking on a new treatment, diet or fitness program. You should never disregard medical advice or delay in seeking it because of something you have read in this message.

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