

# Bowel Screening, Assessment and Management Practical Tools for Practice

Audrey Burgin CNA  
Julie Westaway CNA  
August 2010



Queensland  
Government

# Introduction

Bowel conditions assessment and management is complex and essential given the high incidence of symptoms and problems

This presentation will discuss assessment and management using evidence based practice tools to guide practice

# Objectives

To:

- Highlight key points with a focus on conservative assessment and management strategies
- Provide information and resources for clinicians in a community setting

# Assessment

Best practice principles:

Use evidence based practice tools for assessment and follow evidence based best practice guidelines for assessment and management of bowel problems



# Assessment

Needs to be comprehensive and include the following:

- History taking
- Red flags
- Medical, surgical, gastro-colorectal, obstetric, urological, cognitive, medications, other drugs, skin, nutrition, environment, psychological, functional ability, sexual history,

Bowel assessment:

- Specific assessment tools
- Pictorial stool charts
- Bladder and bowel diary <sup>(1)</sup>



# Assessment

- Symptom severity tools (level of bother, QOL)
- Precipitating and or impacting factors
- Current management
- Bowel pattern

Psychosocial aspects:

- Assessment tools for quality of life <sup>(1)</sup>

# Assessment

Physical examination:

- Visual inspection abdominal and perineal area
- Abdominal palpation
- Digital rectal examination

Specialist referral:

- Identification of risk factors
- Pathology and diagnostic evaluation (1)

# Client Goals

Assess the goals and motivation of each individual

- Ask:

How bothered are you by the symptoms?

What do you hope to get out of this care plan?

- Base your interventions on the responses after clarification of above
- Ensure the self management plan is realistic and achievable



# Tools of Trade

*To achieve a good outcome we need various tools to guide practice*

- Tools are used to assist health professionals to identify a range of issues
- Tools provide a guide to clinical care and management
- Use EBP validated tools (as per tables)



# Tools Guide

NAME	TYPE
Rome II Criteria	Classification Tool
Wexner Scale (Cleveland) Vaizey Scale (St Marks)	Symptom and Severity
ICI Questionnaire- bowel incontinence (ICIQ-BI) ICI Bowel symptoms (ICIQ-BS) Faecal incontinence QoL scale (FIQS)	Quality of Life
Constipation Severity Instrument (CSI)	Severity
Constipated related QoL scale (CRQ)	Quality of Life

# Tools Guide

NAME	TYPE
<b>Bristol stool form scale</b> <b>Bowel pattern diary/record</b> <b>Food and fluid diary/record</b> <b>Fibre counter</b> <b>Constipation assessment form</b>	<b>Scale</b> <b>Record</b> <b>Record</b> <b>Record</b> <b>Record</b>
<b>Mini mental state examination (MMSE)</b> <b>Rudas</b> <b>Kessels 10 (K10)</b>	<b>Cognitive assessment</b> <b>Psychological assessments</b> <b>Anxiety/Depression identification</b>
<b>Bowel health assessment form</b>	<b>Bowel questionnaire</b>
<b>BATHE technique</b>	<b>Psychotherapeutic</b>
<b>Short form (SF36, SF12)</b> <b>Barthel</b> <b>Timed up and go</b>	<b>Functional assessment</b> <b>OT functional assessment</b> <b>Physiotherapy assessment</b>

# Tools Guide

Mini nutritional assessment (MNA)	Nutritional screening
Mini Nutritional Assessment (MNA)	Nutritional screening
Am I dehydrated (Urine Colour Chart)	Hydration
GDS -15 short form	Geriatric depression scale
Impact bowel guideline 2010	Symptom questionnaire



# Conservative Management of Constipation

- Stepping out of constipation algorithm
- Individualised behavioural modification
- Dependent on history and or acute/chronic symptoms
- Fluids/diet and fibre
- Toileting program
- Exercise
- Colonic massage
- Biofeedback
- PFME (2,4,5 )

# Conservative Management of Constipation

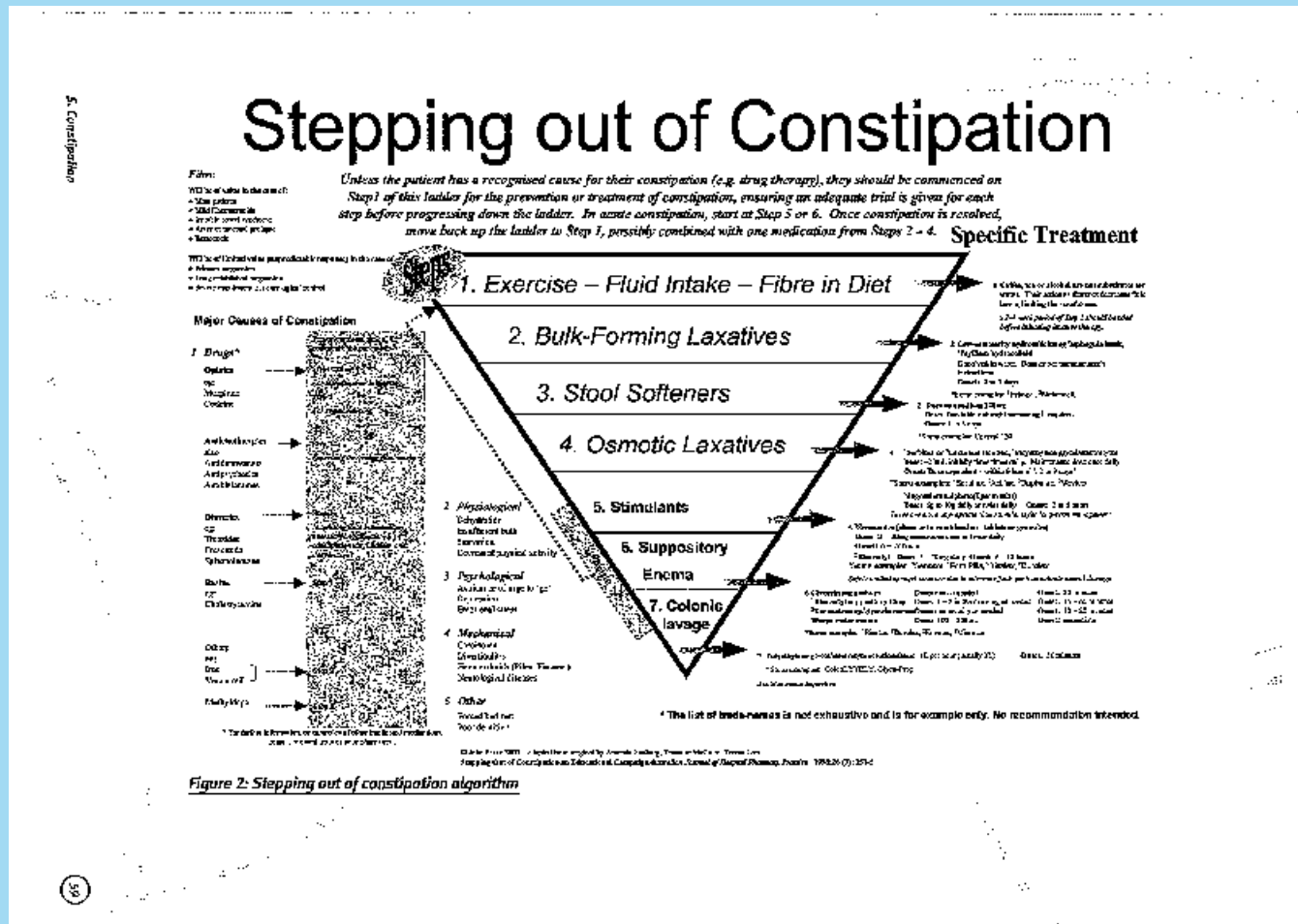
- Posture and timing
- Psychological/carer support
- Bowel training
- Environmental factors, odour, privacy, access
- Medication non prescription
- Complementary therapy - massage, relaxation therapy <sup>(5)</sup>

# Bowel Treatments for Constipation

Non conservative interventions for bowel conditions:

- Pharmacological agents
- Suppositories
- Enemas
- Rectal irrigation
- Other specialist management (6)

# Stepping Out of Constipation Algorithm





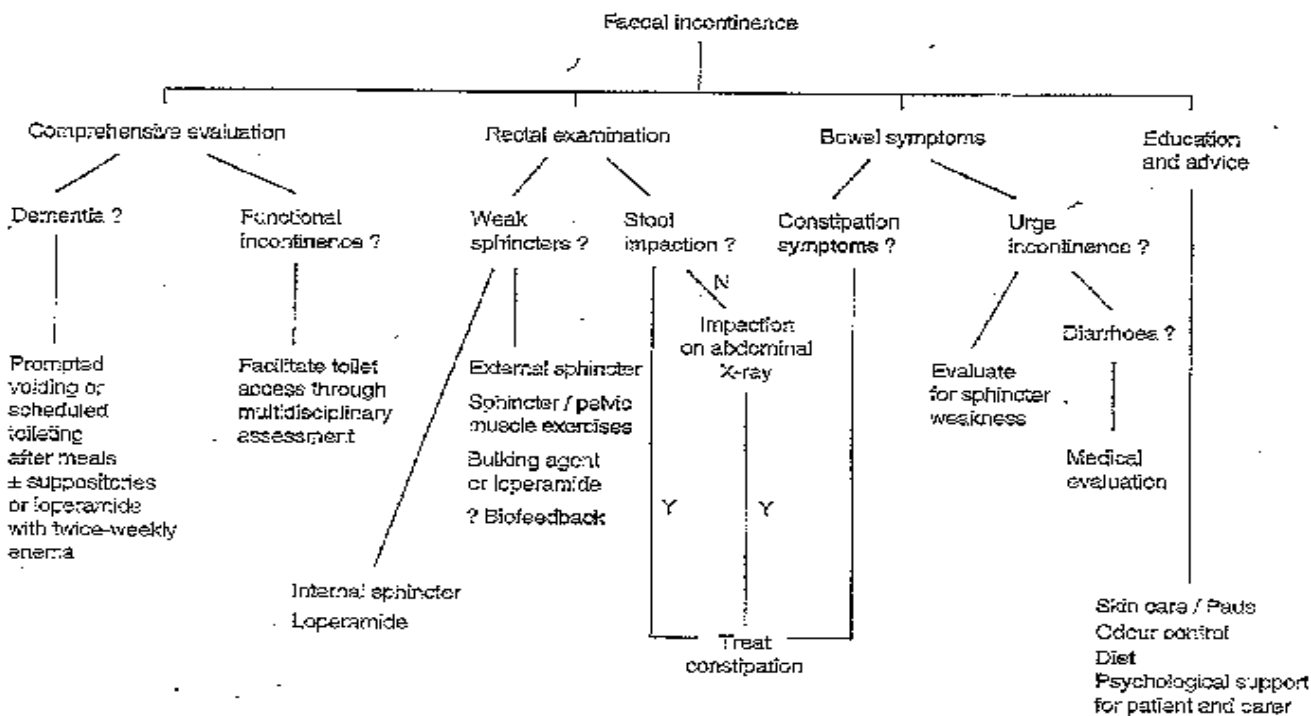
# Conservative Management of Faecal Incontinence

## **Treat specific conditions and diseases as identified**

- Reg Flags identification
- Treat underlying faecal impaction
- Diet and fluids, prebiotics, probiotics
- Assess and give appropriate individual aids/advice on anal plugs and/or containment devices as suitable
- Skin care advise
- Weight management/reduction (6)

# Management of Faecal Incontinence in Older People

Table 13.7: Management of faecal incontinence in older people



# Conservative Management of Faecal Incontinence

- Smoking cessation
- Behaviour modification/counselling
- Bulking agents
- Complementary therapies
- As per constipation slide conservative measures  
(6,8)



# Bowel Treatments for Faecal Incontinence

Non conservative interventions:

- Pharmacological agents
- Surgical treatment
- Sacral nerve stimulation
- Injectable biomaterials eg. collagen, silicon, botox
- Other specialist investigation and management
- Specialist referral <sup>(7)</sup>



# Clinicians Resources

- IMPACT “Bowel care for older patient” 2010
- CPG 1 2010
- ICS Text 2009
- Rome II Criteria
- Solving Common Bowel Problems 2002
- Water for Wellbeing resource CFA SA 2009
- “War and Peace” Griffith University 2008
- CFA literature
- Reference list
- Text Books

# Take Home Message!

APT =

Awareness

Prevention

Treatment

Lifetime approach

Thank You!



# References

- 1) Fallon, A., J. Westaway, et al. (2008). "A systematic review of psychometric evidence and expert opinion regarding the assessment of faecal incontinence in older community-dwelling adults." International Journal Evidence-Based Healthcare **6**: 225-259.
- 2) Queensland Health (MASS) (2010). First steps in the management of urinary incontinence in community-dwelling older people. A clinical practice guideline for primary clinicians (registered nurses and allied health professionals), HACC/MASS Continence Project, Queensland Health.
- 3) Abrams, P., L. Cardozo, et al. (2009). Incontinence. Paris July 5-8 2008, Health Publication Ltd.
- 4) Getliffe, K. and N. Dolman (2007). Promoting Continence, Balliere Tindall.
- 5) Norton, C., L. Thomas, et al. (2007). "Management of faecal incontinence in adults: summary of NICE guidance." BMJ **334**: 1370-1.
- 6) Norton, C., W. E. Whitehead, et al. (2010). "Management of fecal incontinence in adults." Neurourology and Urodynamics **29**: 199-206.
- 7) Mellgren, A. (2010). "Fecal incontinence." Surg Clin N Am **90**: 185-194.
- 8) Wishin, J., T. Gallagher, et al. (2008). "Emerging options for the management of fecal incontinence in hospitalized patients." J Wound Ostomy Continence Nurs. **January/February**.
- 9) Norton, C. and S. Chelvanayagam (2004). Bowel continence nursing, Beaconsfield Publishers Ltd.

# References

- 1) Fallon, A & Westaway, J 2008. *A systematic review of psychometric evidence and expert opinion regarding the assessment of faecal incontinence in older dwelling adults*. Int J Evid Based Healthcare. Vol 6 p.p. 225-259.
- 2) HACC/MASS Continence project 2010 *First Steps in the management of urinary incontinence in community dwelling older people* a clinical practice guideline
- 3) Abrams .P, Cardozo, L Khoury, S Wein, A 2009 4<sup>th</sup> ed Incontinence 4<sup>th</sup> International Consultation on Incontinence Publication Ltd
- 4) Getliffe, K Dolman, N 2007 3<sup>rd</sup> edition *Promoting continence*, Balliere Tindall
- 5) Norton, C Thomas, J 2007 *Management of faecal incontinence in adults* Summary of NICE guidance BMJ vol 334
- 6) Norton, C Whitehead, W Bliss, D Harari, H Lang, J 2010 *Management of faecal incontinence in adults*, Neurology and urodynamics vol 29: pp119 -206
- 7) Mellgren, A 2010 *Faecal incontinence*, Surg clin N Am: pp184-194
- 8) Wishin, J Gallagher, J 2008, *Emerging options for the management of faecal incontinence in hospitalised patients* Journal of wound ostomy continence nursing vol 35(1): pp104-140
- 9) Norton C, Chelvanayagam, S 2004 *Bowel continence nursing* Beaconsfield publishers p 146
- 10) Madhulika, G, Varma, M., Wang, J., Berian, J., Patterson, T., McCrea, G., & Hart, S. 2008. *The constipation Severity Instrument: A Validated Measure*. Diseases of Colon and Rectum. Vol 51 p.p. 162-172

# Contact Details

Audrey Burgin

Home and Community Care (HACC)/

Medical Aids Subsidy Scheme (MASS) Continence Project

Phone: 31363628

[audrey\\_burgin@health.qld.gov.au](mailto:audrey_burgin@health.qld.gov.au)

<http://www.health.qld.gov.au/mass/haccproject.asp>

Julie Westaway

Continence Nurse Advisor

Toowoomba Community Health

[julie\\_westaway@health.qld.gov.au](mailto:julie_westaway@health.qld.gov.au)

Phone: 46166800

# Disclaimer

Queensland Health has made every effort to ensure this information is accurate. However Queensland Health accepts no responsibility for any errors, omissions or inaccuracies in respect of the information contained in this presentation provided and accepts no responsibility for the use of this information.

Queensland Government supports and encourages the dissemination and exchange of information. However, copyright protects this presentation. The State of Queensland has no objection to this material being reproduced, made available online or electronically, but only if it is recognised as the owner and this material remains unaltered.