Spinal Injuries Association Procedure on Digital Rectal Stimulation of Individuals with SCI

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ACTION	Rationale
Ensure prescribed oral aperients have been given Offer warm drink or food to stimulate gastro-colic reflex.	To promote stool transit.
Explain the procedure to the individual 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 offered an escort present if they wish.	Obtain informed consent.
Ensure a private environment.	Maintain dignity and respect
Monitoring of B/P is only required if this is the first time the procedure is undertaken or if the individual displays symptoms or gives a history of an autonomic response during bowel care interventions	Early recognition of any adverse harm to the individual. 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).
Position the individual in a left lateral position with knees flexed, if safe to do so. If the spinal injury is unstable, bowel management should be undertaken during a team roll, maintaining spinal alignment at all times.	Flexing the knees promotes the stability of the individual and helps to expose the anus (Campbell 1993). Maintaining spinal alignment is paramount to prevent any compromise to neurological deficit until spinal clearance is given by appropriate clinician.
Place protective pad under the patient if appropriate	Infection control
Wash hands, put on disposable gloves and an apron.	Infection control
Ensure patient buttocks only exposed.	Maintain dignity. Prevent hypothermia.
Lubricate gloved finger with water soluble gel.	To prevent friction which cause lead t anal trauma
Inform individual you are about to begin.	Obtain consent
Perform DRE	To establish safe to proceed

Insert single gloved, lubricated finger (Addison and Smith 2000) slowly and gently into rectum.	To open external anal sphincter and prevent trauma
Turn the finger so that the padded inferior surface is in contact with the rectal wall.	To prevent trauma
Rotate the finger in a clockwise direction for at least 10 seconds, maintaining contact with the rectal wall throughout.	To stimulate rectal contraction
Withdraw the finger and await reflex evacuation.	To expel stool from rectum
Repeat every 5-10 minutes until rectum is empty or reflex activity ceases.	To ensure complete emptying of rectum
Remove soiled glove and replace, re-lubricating as necessary between insertions.	Infection control
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.	Patient safety
During the procedure the person delivering care may carry out abdominal massage.	Increase abdominal pressure to assist with rectal emptying
Once the rectum is empty on examination, conduct a final digital examination of the rectum after 5 minutes to ensure that evacuation is complete.	Prevent faecal incontinence
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.	Infection control
When the procedure is completed wash and dry the patient's buttocks and anal area and position comfortably before leaving.	Patient safety, infection control
Remove gloves and apron and wash hands.	Infection control
Record outcomes using the Bristol Scale (Norgine 1999, Heaton 1993).	Patient safety, ongoing assessment
Record and report abnormalities.	Patient safety