

# Spinal Injuries Association procedure on Digital Removal of Faeces of Individuals with SCI

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ACTION	Rationale
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 invited to have an escort present if they wish.	Obtain informed consent. Legal requirement
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.	<p>Early recognition of any adverse harm to the individual.</p> <p>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).</p>
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.	<p>Flexing the knees promotes the stability of the individual and helps to expose the anus (Campbell 1993).</p> <p>Maintaining spinal alignment is paramount to prevent any compromise to neurological deficit until spinal clearance is given by appropriate clinician.</p>
Place protective pad under the individual.	Infection control
Wash hands, put on disposable gloves and apron.	Infection control
Ensure only buttocks 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 lubricated, gloved, single finger slowly and gently into rectum.	To open external anal sphincter and prevent trauma (Addison and Smith 2000)
With pad of finger against stool slowly rotate and remove finger, expelling stool from the rectum at the same time. Avoid a hooked finger.	To prevent trauma to rectal mucosa and anal sphincter
During the procedure the person assisting may carry out abdominal massage.	To increase abdominal pressure and aid with evacuation of stool.

Once the rectum is empty on examination, conduct a final digital check of the rectum after 5 minutes to ensure that evacuation is complete.	To ensure complete emptying of rectum and prevent faecal accidents.
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.	Infection control
Record outcome using the Bristol Scale	Legal requirement and aid assessment. (Norgine 1999, Heaton 1993).
Record and report abnormalities.	Legal requirement