Neurogenic Bowel Flowchart

Evaluate
- Bowel history
- Current symptoms
- Medication
- Previous elimination history
- Diet
- Fluid intake

Perform physical exam
- Assess neurological impairment of the spinal cord injury
- Abdominal exam
- Anorectal exam

Exams identify presentations

- Lesions above conus (T12/L1)
- Positive bulbous cavernous reflex

- Lesions above conus (T12/L1) and cauda equina
- Spinal shock with high injuries (commonly above T6)
- Negative bulbous cavernous reflex

- Mixed picture conus (T12/L1)

Reflexic bowel – Upper motor neurone (UMN)

Areflexic bowel – Lower motor neurone (LMN)

Lower motor neurone (LMN) and Upper motor neurone (UMN)

Daily routine

Aperients:
- Coloxyl 2 tablets BD
- Senokot 2 tablets nocte

Triggers:
- Gastric colic reflex
- Dulcolax supps x 2 mane
- Microlax/Micolette enemas (when mobile over toilet)
- Digital stimulation

Daily routine

Aperients:
- Stimulant and bulking agents as required

Triggers:
- Digital removal of faeces

Work with QSCIS to establish a consistent individualised routine

Determine stool type

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Soft stool

Type 2-4 on Bristol Stool Chart continue daily routine

Other stool type

Contact QSCIS

Firm stool

Type 2-3 on Bristol Stool Chart continue daily routine

Work with QSCIS to establish a consistent individualised routine