



SNS COLLEGE OF NURSING

saravanampatti(po),coimbatore-35

Affiliated to The Tamilnadu DR.MGR MEDICAL UNIVERSITY,Chennai

DEPARTMENT OF NURSING

COURSE – 1 ST YEAR B.SC(N)

Subject-Nursing Foundation

UNIT: X- MEETING NEEDS OF PATIENT

TOPIC 6: Bowel elimination



ELIMINATION



- Elimination is the complete removal or destruction of something.
- The expulsion of waste from body is known as elimination





DEFINITION



- It is also known as defecation. Bowel elimination is a natural process critical to human functioning in which body excretes waste products of digestion. It is an essential component of the healthy body functioning.



Review of Physiology of Bowel Elimination



- ✓ GI tract also known as alimentary canal. It is a hollow muscular tube that extend from the mouth to the anus.
- ✓ Food is broken down in the stomach in to a semiliquid mass called chyme.
- ✓ Chyme leaves the stomach and enter in to the small intestine which is divided in to three part :



REVIEW OF PHYSIOLOGY



- Duodenum (10 inches long. Receive bile and pancreatic enzyme),
- Jejunum (it mixes with digestive enzyme and most nutrients are absorbed)
- ileum (unabsorbed chyme enters in to the intestine through ileum).
- ✓ Through large intestine and colon chyme expel out from the body through anus.



REVIEW OF PHYSIOLOGY



- Peristalsis means the rhythmic contractions of intestinal smooth muscle that facilitate defecation.
- It moves fiber, water, and nutritional wastes along the ascending, transverse, descending, and sigmoid colon toward the rectum.
- Peristalsis becomes even more active during eating..

FACTORS PROMOTING BOWEL ELIMINATION

1. Stress free environment



2. High fiber diet



FACTORS PROMOTING BOWEL ELIMINATION

3. Normal fluid diet

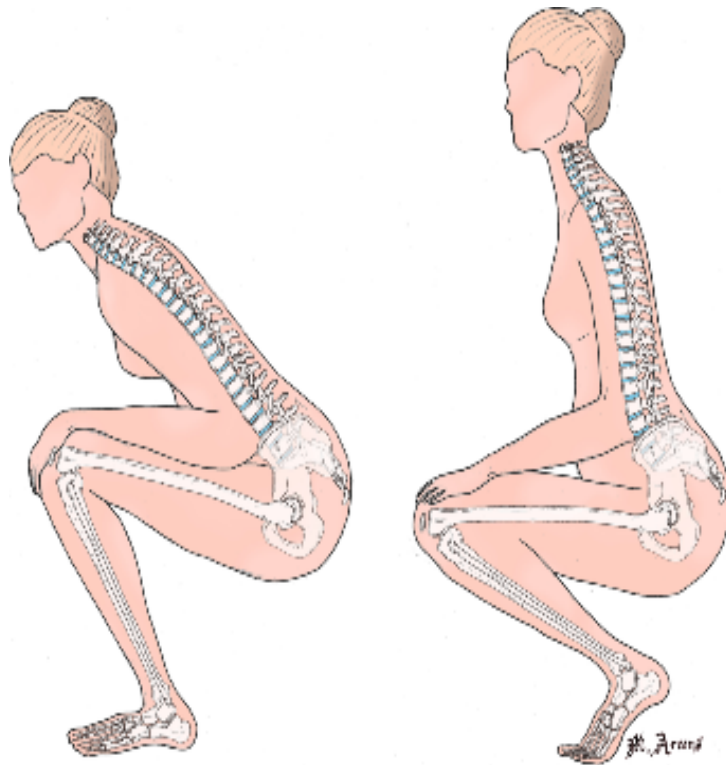


4. Exercise



FACTORS PROMOTING BOWEL ELIMINATION

6. Squatting positing



7. laxatives



FACTORS IMPAIRED ELIMINATION

1. Emotional stress

2. Lack of time





FACTORS IMPAIRED ELIMINATION



3. High fat diet

4. Reduced fluid intake



FACTORS IMPAIRED ELIMINATION

5. Inability to squat



6. Use of narcotics, antibiotics





ASSESSMENT OF BOWEL ELIMINATION



- ELIMINATION PATTERNS
 - Because various elimination patterns can be normal, it is essential to determine the client's usual patterns, including characteristics, frequency of elimination, effort required to expel stool, and what elimination aids, if any, he or she uses.



CHARECTERSTICS OF STOOL



CHARECTERSTICS	NORMAL	ABNORMAL
Color	Brown	Black Clay colored (tan) Yellow Green
Odor	Aromatic	Fowl
Consistency	Soft formed	Bulky hard Dry watery Pastelike

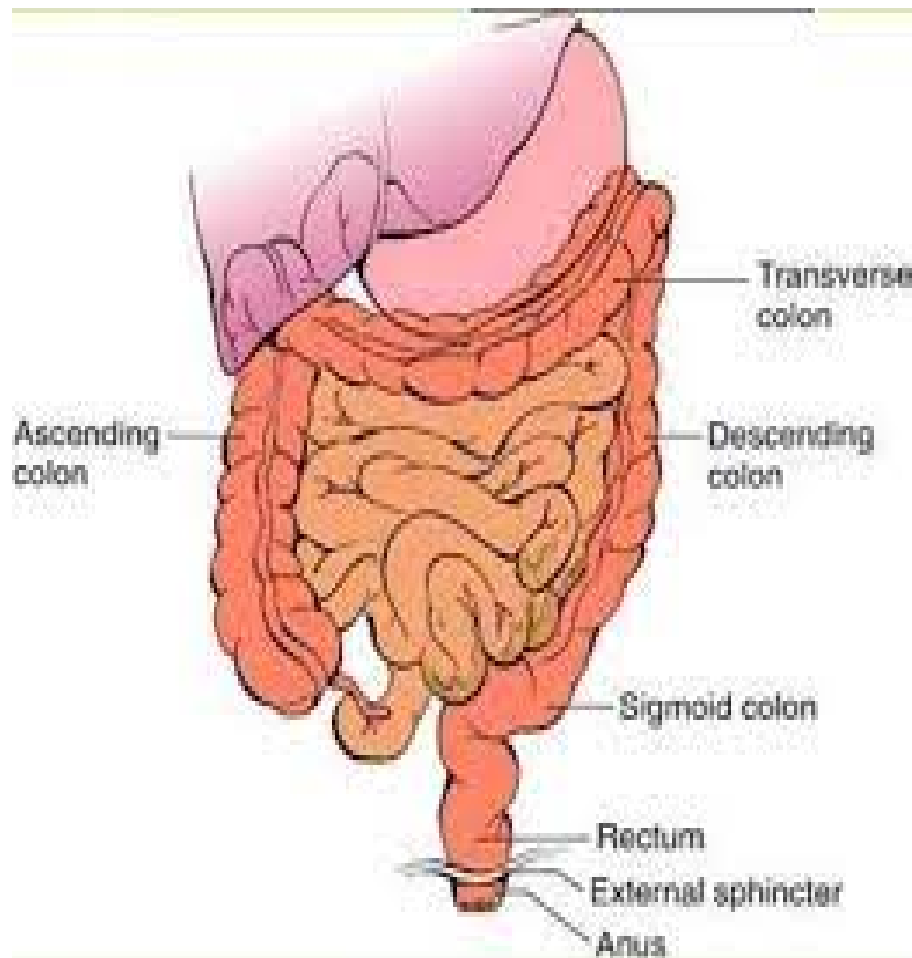


CHARECTERSTICS OF STOOL



shape	Round ,full	Unformed Flat Pencil-shaped Stone like
components	Undigested fibers	Worms, blood, pus, mucus

ALTERATIONS IN BOWEL ELIMINATION



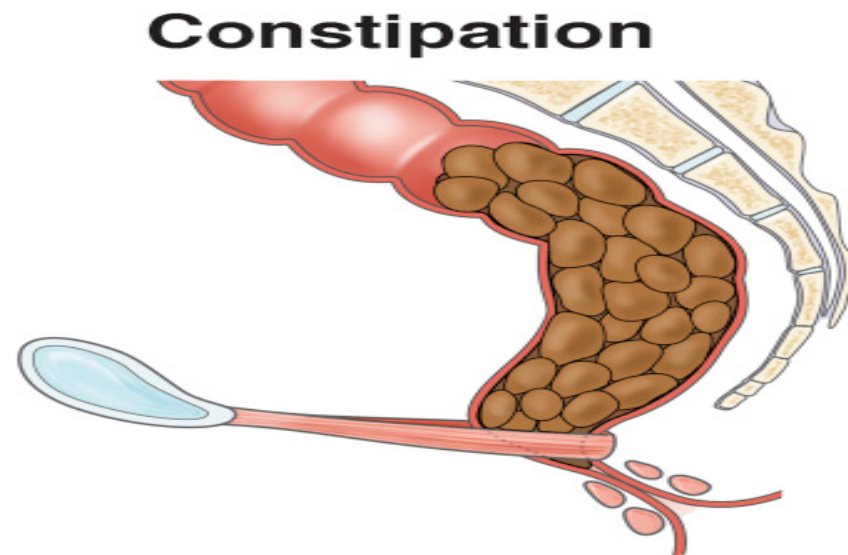
1. CONSTIPATION
2. FECAL IMPACTION
3. FLATULENCE
4. DIARRRHEA
5. FECAL INCONTINENCE



1. CONSTIPATION



- Constipation is an elimination problem characterized by dry, hard stool that is difficult to pass.





SIGNS AND SYMPTOMS OF CONSTIPATION



- Complaints of abdominal fullness or bloating
Abdominal distention
- Complaints of rectal fullness or pressure
- Pain on defecation
- Decreased frequency of bowel movements
- Inability to pass stool
- Changes in stool characteristics such as hard.



CLASSIFICATION OF CONSTIPATION



1.Primary:It results from lifestyle factors such as inactivity, inadequate intake of fiber, insufficient fluid intake, or ignoring the urge to defecate

2.Secondary: Secondary constipation is a consequence of a pathologic disorder such as a partial bowel obstruction. It usually resolves when the primary cause is treated.



CLASSIFICATION OF CONSTIPATION



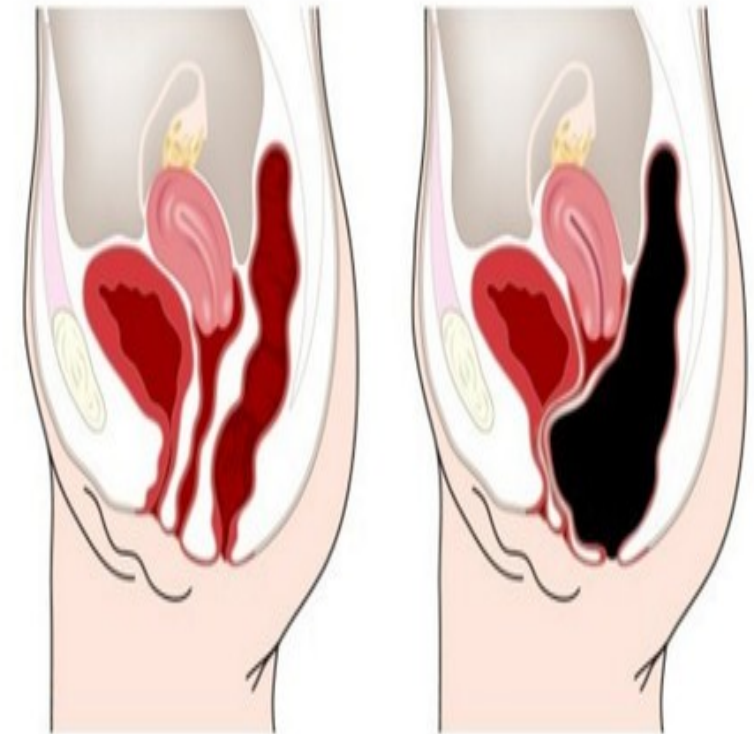
3. Iatrogenic: Iatrogenic constipation occurs as a consequence of other medical treatment. For example, prolonged use of narcotic analgesia tends to cause constipation.

4. Pseudoconstipation: It is also referred to as perceived constipation, is a term used when clients believe themselves to be constipated even though they are not.

ALTERATIONS IN BOWEL ELIMINATION

2. FECAL IMPACTION

Hardened stool that is stuck in the rectum or lower colon due to chronic constipation. It occurs in that people who've been constipated for a long time.



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ALTERATIONS IN BOWEL ELIMINATION

3. FLATULENCE

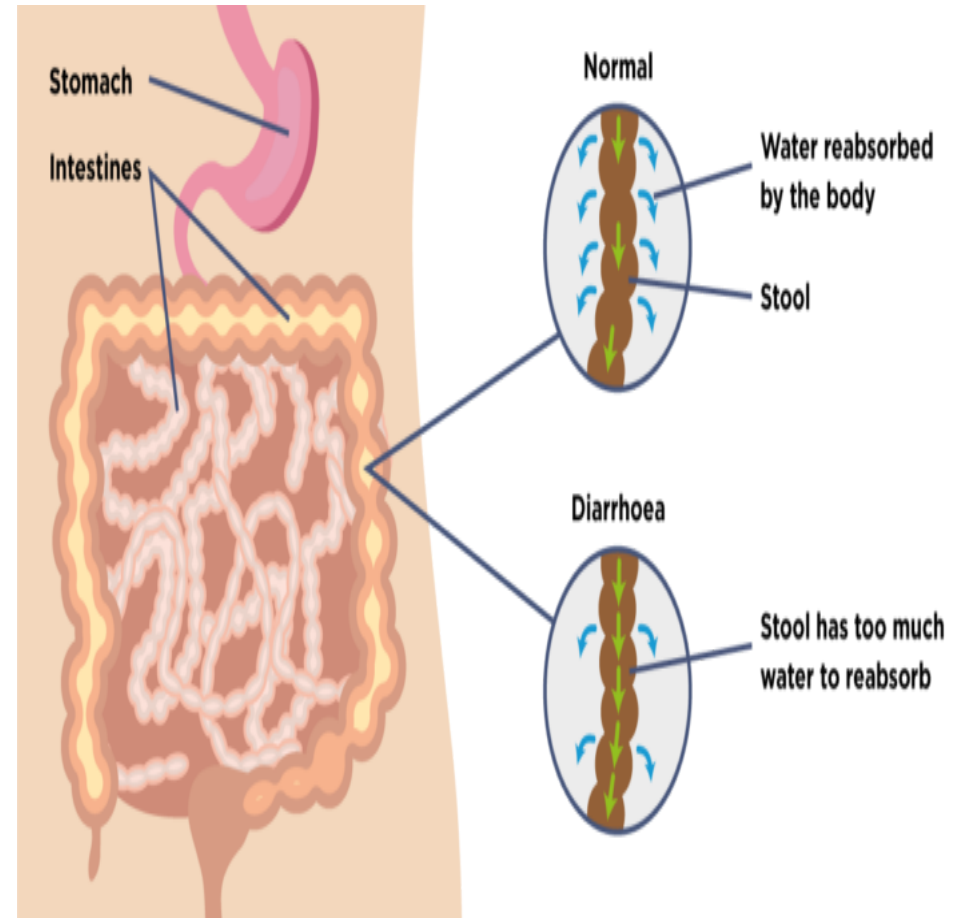
- Flatulence or flatus (excessive accumulation of intestinal gas) results from swallowing air while eating.



ALTERATIONS IN BOWEL ELIMINATION

4. DIARRRHEA

- Diarrhea is the urgent passage of watery stool and commonly is accompanied by abdominal cramping.





4. DIARRHOEA



- Simple diarrhea usually begins suddenly and lasts for a short period.
- Usually diarrhea is a means of eliminating an irritating substance such as tainted food or intestinal pathogens.

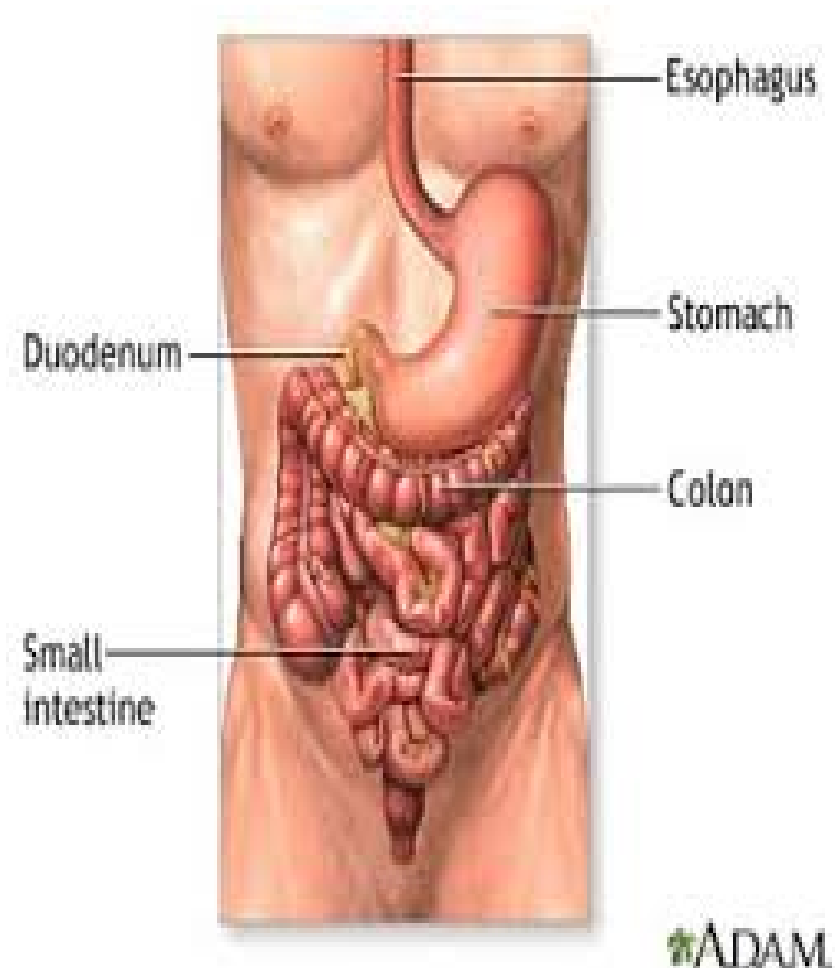


ALTERATIONS IN BOWEL ELIMINATION



5. FECAL INCONTINENCE

- Fecal incontinence is the inability to control the elimination of stool.





ASSESSMENT



1. HEALTH HISTORY Elimination habits:

- Determine patient's usual pattern of bowel elimination.
- Determine the frequency and time
- Find out the characteristics of the stool like stool is watery, soft, hard and typical color.

BRISTOL STOOL CHART



Type 1 Separate hard lumps

SEVERE CONSTIPATION



Type 2 Lumpy and sausage like

MILD CONSTIPATION



Type 3 A sausage shape with cracks in the surface

NORMAL



Type 4 Like a smooth, soft sausage or snake

NORMAL



Type 5 Soft blobs with clear-cut edges

LACKING FIBRE



Type 6 Mushy consistency with ragged edges

MILD DIARRHEA



Type 7 Liquid consistency with no solid pieces

SEVERE DIARRHEA



2. PHYSICAL EXAMINATION



- Mental status examination:- It can be evaluated by listening the client's responses to questions and by observing interaction with others
- Mobility & Dexterity:- Mobility may be evaluated by observing the client undress or move onto a table, chair or bed. Dexterity assessed by observing the client remove clothing



CONTINUED...



- Inspection:- Rectal examination are particularly important for both men and women. The cheeks of the buttocks should be pulled apart and the anus & surrounding area visually inspected.
- The client may asked to bear down and anus inspected for prolapse gapping, indicating significant weakness of anal sphincters.



3. DIAGNOSTIC TEST



- ***Defecography***: - X-rays images of rectum and anal sphincter obtained during defecation
- ***Anorectal ultrasonography***:- It is vital accepted popular imaging motility for evaluating lower rectum, inner sphincter and pelvic floor in patient with various anorectal disease
- ***Colonoscopy***:- It is visualization of the colon

MAINTANENCE OF ELIMINATION HEALTH

1. Fluid intake



2. Fiber rich food



1. AVOID CHOCOLATE
AND SPICY FOODS



2. AVOID ALCOHOL AND
SMOKING





2.AVOID ALCOHOL AND SMOKING



- Avoid alcohol and smoking because alcohol irritates the intestine and bowel, causing inflammation. This effect causes increased elimination of fluid into the stool, resulting diarrhea.
- Smoking stimulates the bowel through the action of nicotine caused increased bowel tone and motility result is diarrhea.

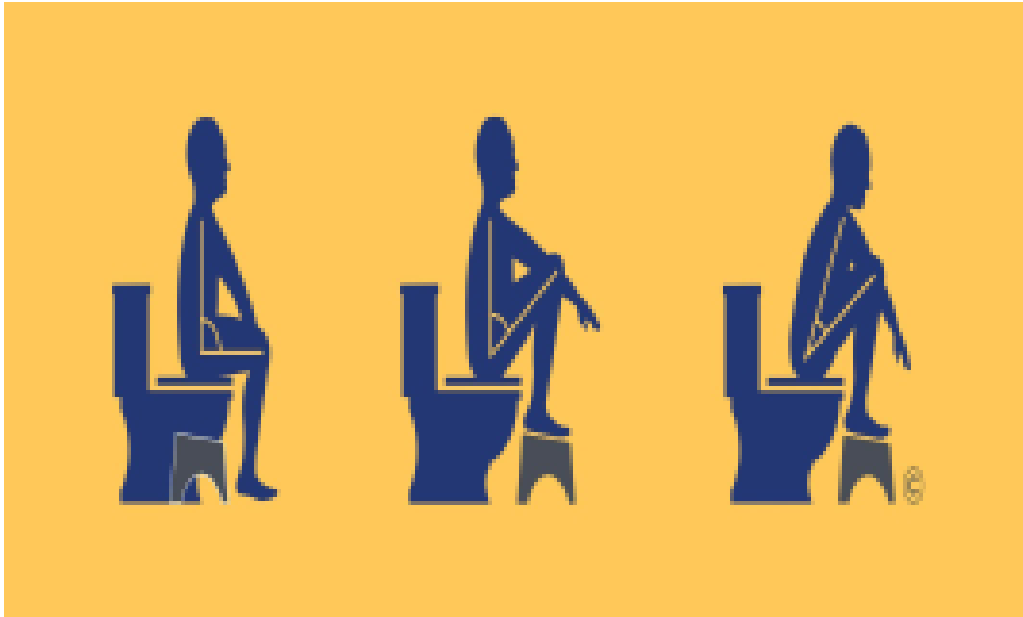


3. STREE MANAGEMENT

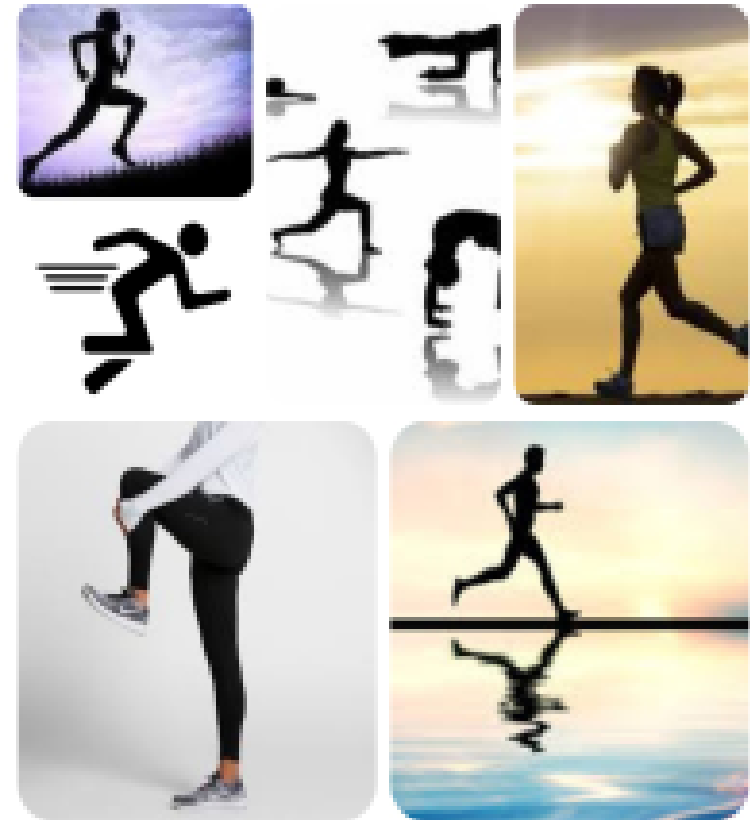


- ✓ Exercise
- ✓ Hobby
- ✓ Meditation
- ✓ Yoga
- ✓ Nature
- ✓ Time management
- ✓ Music therapy

4. Positioning



5. Regular exercise





QUESTIONS



1. Defecography means_____

- a) Images of bladder b) images of rectum
- c) Images of colon

2. Dry hard stool, difficult to pass refers to_____

- a) Diarrhoea b) constipation c) flatulence

3. What is the normal color of stool?

- a) Black b) brown c) clay



REFERENCES



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