

## Chronic gastrointestinal problems and bowel dysfunction in patients with spinal cord injury.

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Amongst complications arising from spinal cord injury (SCI), chronic gastrointestinal (G-I) problems and bowel dysfunction have not received as much research attention as many other medical and rehabilitation problems, even although their incidence is not negligible. We therefore investigated chronic G-I problems and bowel dysfunction in SCI patients where the degree of these was such that activities of daily living (ADL) were significantly affected and/or long-term medical management was required. Detailed semi-structured individual interviews were conducted with 72 traumatic SCI patients. The history of SCI was longer than 6 months, bowel habits had settled, and neurological recovery was completed. The incidence of chronic G-I problems was very high (62.5%), most were associated with defecation difficulties such as severe constipation, difficult with evacuation, pain associated with defecation, or urgency with incontinence. These problems had an extensive impact on ADL, and in particular, restricted diet (80%), restricted outdoor ambulation (64%) and caused unhappiness with bowel care (62%). Bowel care was performed once per 2.85 +/- 1.96 days and occupied an average of 42.1 +/- 28.7 min. To improve bowel habits, 43% of the patients took oral medication, and 36.1% controlled their diet. The usual methods of bowel care were anal massage (34.7%), unaided self-defecation with or without oral medication and abdominal massage (29.2%), finger enema (18.1%), rectal suppository (15.2%) and in two patients a colostomy tube had been inserted because of rectal cancer and traumatic colorectal injury. These chronic G-I symptoms were vague and very subjective, but significant enough to affect the quality of life. Bowel dysfunction was not related to age, duration of, or the neurological level of injury, ASIA score of ADL level, and bowel habits had generally settled within 6 months of SCI. With regard to frequency, time, and method of defecation, bowel care habits varied considerably amongst individuals, and in relation to the extent to which practical results matched the level of expectation generated by physicians' recommended care program. Individual satisfaction was also very subjective. We therefore suggest that during the early stage of rehabilitation, an appropriate bowel program should be properly designed and adequate training provided.

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