

Assessment of Bowel Dysfunction

A holistic and comprehensive approach is essential when assessing an individual's bowel dysfunction. The assessment should always be a two way process and, where appropriate, with consent, family members/ carers should be involved (NICE, 2013)

Take time to build a rapport with the individual

People can find bowel problems extremely embarrassing and it is important to be sensitive to the individual's feelings and maintain dignity and respect.

Adequate time is essential to develop a rapport with the individual, which will facilitate an effective consultation.

Environment

The environment needs to be conducive to the individual's needs and to ensure where possible that privacy and dignity is maintained.

Observational skills

Look for functional difficulties, assess their environment and look for non-verbal signs of stress/anxiety/pain. Some people find this subject very distressing, so be prepared for the possibility of them becoming very emotionally upset.

Communication skills/ Language

Reduce communication barriers. Use open ended questions and think about the language being used, e.g. asking a patient: "do you have to suddenly rush to the toilet?" may be understood better than: "do you have urgency?" Take time to listen properly and give the person time to put their thoughts and feelings into words.

History taking - Medical/surgical: gastro-colorectal, obstetric

Ask the individual to explain their bowel problem and its history in their own words if possible or obtain the history from who is accompanying them.

It is important to ascertain about co morbidities, as many conditions (e.g. diabetes, neurological conditions such as MS, Parkinson's) can impact upon bowel function. It is also vital to know of any previous surgery which may affect a person's bowel.

Red Flag Symptoms

Exclude red flag symptoms. Refer to the following NICE Guidelines: -

Suspected Cancer: recognition and referral

Colorectal cancer: diagnosis and management

Medications and other drugs

There are many medications that can contribute to bowel dysfunction. It is vital that accurate details of prescribed and non prescribed medications are established, also consider supplements and recreational drugs the individual may or may not be taking.

Before prescribing or recommending medication, one must be aware of a person's current medication so as to avoid drug errors or interactions.

See also: Hints and Tips leaflet **Medication Impact on Bowel**

Lifestyle factors

Consider BMI, smoking, emotional issues, diet, fluids and exercise. Consider the individual's cognitive function and mobility, as well as their environment.

Impact on quality of life and current coping strategies

Establish how their dysfunction is affecting their quality of life, for example restricting social activities. It is useful to ask the individual how they have been coping with the problem.

It is also useful to ask the patient to describe the impact on their quality of life, e.g:

Overall, how much does your bowel leakage interfere with your everyday life?

Please circle a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10

Skin

The individual should be asked if they are having any skin problems, such as irritation, itching and excoriation.

Nutrition

Assess a 3-7 day food and fluid diary – minimum, longer if possible

Physical Examination (where possible and always with consent)

Visual inspection of the abdomen (for distention) and perianal area (observe for faecal matter, skin excoriation, skin tags, scarring, gaping or lax anus, prolapsed bowel, haemorrhoids)

Specific Questions to Ask

- What is their normal bowel habit?
- Establish the colour and smell of stool and whether there is presence of mucous, blood, undigested food
- Any pain on defecation?
- Establish whether they have any problems with control – any urgency, incontinence
- Do they suffer from bloating? If yes, when? Do they know what triggers it?
- Do they have any abdominal pain? If yes, describe, when do they have it? Where?
- Do they have to undertake certain manoeuvres to help empty the bowel e.g. pressing/supporting the perineum, performing manual evacuation?
- Do they feel that they have not completely emptied the rectum?
- Do they have to strain to pass stool?
- Has their bowel problem had any effect on their sexual function?

Bowel Movements

Assess Bowel Diary / Bristol Stool Chart

Assessment of Bowel Chart

What to look for:

- Review the information ideally over a minimum of seven days.
- Look for a pattern of bowel movements: what time of day do they go? Do they go more than once per day? How often do they go? If there has been a recent change, compare with what their “normal” pattern is.
- Assess the type of stool passed based on the Bristol Stool Form, types 1-7

Bowel assessment chart

Name _____ CHI: _____

Please complete in full each time bowels move. It is important to document time, stool type and amount passed.

Bristol Stool Chart

Type 1	Type 2	Type 3	Type 4	Type 5	Type 6	Type 7
						
Separate hard lumps, like nuts (hard to pass)	Sausage-shaped but lumpy	Like a sausage but with cracks on its surface	Like a sausage or snake, smooth and soft	Soft blobs with clear-cut edges (passed easily)	Fluffy pieces with ragged edges, a mushy stool	Watery, no solid pieces Entirely liquid

Date	Time	Type (1-7)	Amount (small, medium, large)	Comments
01/01/16	0900	2	medium	Sat for 15 minutes, straining
03/01/16	10.30am	1	small	
04/01/16	9.00am	1	small	
05/01/16	10.00am	2	small	
06/01/16	08.30am	7	medium	Very loose
06/01/16	11.00am	1	small	and loose too
07/01/16	09.30am	2	medium	Took 2 senna last night
07/01/16	11.30am	7	medium	

This individual reports that he usually moves his bowels every day after breakfast.

His chart filled in over 7 days shows, that while he is moving his bowels every day, the types passed show that he is actually constipated and likely to have a loaded bowel.

He is passing mainly type 1-2 stools indicating constipation, and the type 7 which he has passed 2 times would indicate overflow diarrhoea.

He has self medicated with a stimulant laxative but the stool type he produced after it was too hard so he would benefit from a stool softener to aim for passing a good type 4 daily again.

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Date	Time	Type (1-7)	Amount (small, medium, large)	Comments
01/01/16	7.00am	6	medium	Urgency and incontinence
02/01/16	8.00am	6	small	incontinence
03/01/16	12.00pm	6/7	medium	urgency
05/01/16	7.30am	5	large	
06/01/16	8.00am	6	large	
07/01/16	8.30am	6/7	medium	Cramping/urgency
08/01/16	9.00am	5	small	

This lady reports her normal pattern to be moving her bowels 2-3 times a week.

Her chart shows that she is moving her bowels daily between types 5-7 which is too soft with some urgency and incontinence.

We would want to know more about the incontinence – how much was she incontinent? A whole bowel movement or a small amount?

The cramping and urgency could indicate a food intolerance so a 3 day food/fluid diary would be important here to look for links between her bowel pattern and what she is eating and drinking.

Assessment of Diet and Fluids

A 3-7 day food and fluid diary should be completed as part of the bowel assessment.

What to look for:

- Fibre content – too much or too little;
- Amount of wheat products – possible intolerance;
- Spicy foods – increase gut motility;
- High in sugar and/or fat – may increase gut motility;
- Trigger foods;
- Milk – possible intolerance
- Coffee, diet drinks, sports drinks, excess alcohol – may increase gut motility giving a loose stool.

Date:		Day 1
Time of drink	Meal/snack:	
0800		Tea, milk & sugar 300ml
10.30am		Coffee, milk & sugar 300ml. X2 digestive biscuits
12.30pm		Cheese and ham toastie – white bread, 2 slices. 1 Can Diet Coke 1 bag of cheese & onion crisps
2.30pm		Tea, milk & sugar 300ml X2 digestive biscuits
5.30pm		Chicken Kiev, chips, beans Orange Juice
7.30pm		Coffee, milk & sugar 300ml. X2 digestive biscuits

Date:		Day 2
Time of drink	Meal/snack:	
0800		Coffee, milk & sugar 300ml
10.30am		Coffee, milk & sugar 300ml. X2 digestive biscuits
12.30pm		X2 Steak bakes 1 Can Diet Coke
2.30pm		Tea, milk & sugar 300ml X2 shortbread biscuits
7.00pm		Spaghetti Bolognese, garlic bread Orange Juice
9.30pm		Coffee, milk & sugar 300ml. Chocolate bar

Date:		Day 3
Time of drink	Meal/snack:	
08.30am		Coffee, milk & sugar 300ml
10.30am		Coffee, milk & sugar 300ml. X1 banana
12.30pm		Egg and cress sandwich Bag salt and vinegar crisps 1 Can Diet Coke
2.30pm		Tea, milk & sugar 300ml X2 shortbread biscuits
6.00pm		Pizza, garlic bread Beer
7.30pm		Beer Bag of peanuts

You do not need to be a dietetics expert to see that, from the above charts that the individual has a very low fibre intake. You can find dietary advice sheets on a wide range of topics on the British Dietetic Association website:

<https://www.bda.uk.com/foodfacts/home>