Acacium Group Community Manual Evacuation of Faeces (Adults)

Procedure Reference | SOP BOWEL 01

Version | V3.0

Procedure Name	Manual Evacuation of Faeces (Adults)
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to manual evacuation of faeces
Target Audience	Appropriately trained healthcare professionals
Version	V3.0
Author	Karen Matthews-Shard
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Lead Director	Karen Matthews-Shard
Review Frequency	3 yearly, or when clinical or operation guidelines change
Last Reviewed	February 2023
Next Review Date	February 2026
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
V1	Dec 2016	Implementation of document history page.	KNF/SJ
V1	Dec 2017	Review.	/VM
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V1.1	Jan 2020	Updated to new Community Template	CCR
V1.2	Mar 2020	Review date realigned with the other BOWEL SOPs	CC
V1.3	Oct 2020	Update re Rebrand	CC
V2.0	Feb 2023	3 year review	Clinical Advisory Group
V3.0	Jan 2024	Rebrand	Clinical Advisory Group

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1. Introduction

1.1 Manual evacuation of the rectum is an invasive procedure involving the digital removal of faeces, which should only be performed when necessary, generally as a last resort and following individual assessment of the client. In certain groups of clients such as spinal injury, spina bifida or multiple sclerosis, the need for manual evacuations to be performed may be the only suitable bowel-emptying technique.

1.2 Indications for assisted evacuation of bowels include:

- Faecal impaction/loading
- Incomplete defecation
- Inability to defecate
- When other bowel emptying techniques have failed
- Neurogenic bowel dysfunction
- Clients with spinal injury.

1.3 Clients are at risk of rectal trauma if these procedures are not performed with care and knowledge. The carer must be aware of any conditions that may contraindicate performance of the manual evacuation. Special care should be taken in clients with the following conditions:

- Active inflammation of the bowel e.g. Ulcerative colitis
- Recent radiotherapy to the pelvic area
- Tissue fragility due to age/radiation, loss of muscle tone in neurological disease or malnourishment
- Rectal/anal pain
- Rectal surgery or trauma
- Obvious rectal bleeding
- Spinal injury clients
- Clients with known allergies e.g. Latex
- Clients with a history of abuse

1.4 Carers should fully document the clinical rationale for undertaking this procedure in the care plan.

2. General

2.1 This procedure is for use with adults over the age of 18 only

2.2 Do not continue with the procedure if the client is unable to tolerate the procedure or asks you to stop

2.3 It is vital to check for allergies, including allergy to latex, soap (lanolin)

2.4 Manual evacuation should be avoided if possible since it is a distressing, often painful and a potentially dangerous procedure for the client.

2.5 Cultural and religious beliefs should be considered prior to performing this procedure.

2.6 Every time the procedure is performed the consistency of the stool, according to the Bristol Stool chart (see last page), should be noted before continuing. If the stool is too hard and dry lubricant suppositories should be given if prescribed and wait 30 minutes before proceeding. If the stool is too soft, the procedure should be delayed 24 hours to allow further water re-absorption to occur. During

the procedure the carer should observe the client for signs of the following or as detailed within their care plan:

- Distress, pain or discomfort
- Bleeding
- Autonomic dysreflexia: hypertension, bradycardia, headache, flushing over the spinal injury, sweating, pallor below the level of the spinal injury, nasal Congestion
- Collapse

3. Exclusions and contra-indications

3.1 Where there is a lack of valid consent from a client with capacity

3.2 The procedure has not been commissioned or agreed as part of the clients care required and the client's doctor has given specific instructions that this procedure is not to take place

3.3 The client has recently undergone rectal/anal surgery or trauma Malignancy (or other pathology)

3.4 Recent colorectal surgery

3.5 The client gains sexual satisfaction from this procedure. In these circumstances' consultation with Acacium Group is advised, involving the client in that consultation

4. Aim

4.1 Acacium Group is committed to providing high quality nursing services to all clients. This procedure aims to ensure adult clients in the community setting who require the manual evacuation of faeces, do so in a safe and timely manner.

5. Equipment

- Incontinence Pad
- Appropriate PPE
- Lubricating Gel
- Tissues/Wipes
- Receiver or Yellow Bag
- Bedpan or Commode if applicable
- Handwashing facilities (Alcohol based hand rub or gel does not kill Clostridium Difficile Spores)
- Waste Receptacle

6. Procedure

	Action	Rationale
1	Confirm whether there is a need for a chaperone	Client choice and may offer an element of safety for the client and nurse
2	Explain and discuss with client, including risks and benefits and gain consent.	Ensure understanding and give consent

3	Ensure privacy	Avoid embarrassment
4	Observe clients demeanour, this may include, but is not limited to the pulse rate	Provides baseline measurement. Stimulation of the vagus nerve can result in fainting
5	Where possible position the client in left lateral position with knees flexed, the upper knee lower than the lower knee. Buttocks towards the edge of the bed	Allows ease of digital insertion into the rectum by following the natural anatomy of the colon. Flexing the knees reduces the discomfort as the finger passes into the anal sphincter
6	Place incontinence pad beneath the hips and buttocks	Reduce potential infection from soiled linen and to avoid embarrassment for the client if soiling occurred during or following the procedure
7	Wash hands with bactericidal soap and water, dry hands thoroughly and put on gloves	Minimise risk of infection
8	Place lubricating gel on a swab and gloved finger	To minimize discomfort, reduce friction and to ease insertion (reduces mucosal trauma)
9	Inform the client you are about to proceed	Assists with client co-operation
10	Observe anal area prior to the insertion of the finger into the anus for evidence of skin soreness, excoriation, swelling, haemorrhoids or rectal prolapse	Swelling may indicate possible mass or abscess. Bleeding, discharge or prolapse must be reported to **the GP** before the procedure is undertaken
11	Proceed to insert finger into the anus/rectum. Proceed with caution in clients with spinal injury	Most spinal injury clients will not experience pain
12	If the stool is type 1 from the Bristol stool form chart remove one lump at a time until no more faecal matter is felt	To relieve client's discomfort
13	Observe the client throughout. **STOP** if: • Anal bleeding occurs • Client asks you to stop Client has an Autonomic Dysreflexia episode, where this occurs, follow the escalation plan as per client specific care plan	To notes signs of complications and prevent further deterioration
14	If stool is a solid mass, push finger into centre, split it and remove small sections until none remain. If stool is in small separate hard lumps remove a lump at a time. Great care should be taken to remove stool in such a way as to avoid damage to the rectal mucosa and anal sphincters. A hooked finger should be avoided	To relieve client's discomfort
15	If detailed within the clients care plan check the clients pulse at least once during the	Stimulation of the vagus nerve in the rectal wall can lead to a reduction in pulse rate. In spinal

	procedure, If the client is displaying a reduction in pulse rate or change in rhythm. STOP and if possible sit the client up N.B. Not all clients require their pulse rate taken, where this is not done, general observation of the client and their wellbeing should be reviewed throughout the procedure	injuries stimulus below the level of injury may result in symptoms of autonomic dysreflexia including hypertension
16	If faecal mass is too hard to break up, or more than 4 cm across, stop the procedure and if possible, discuss with the multidisciplinary team	To avoid unnecessary pain and damage to the anal sphincter.
17	As faeces is removed, it should be placed in an appropriate receiver	To assist in appropriate disposal and reduce contamination and cross infection
18	If applicable offer the client the toilet, wash and dry the client's anal area and buttocks	Ensure the client is clean and comfortable
19	Remove PPE and dispose of equipment in an appropriate waste bin. Wash hands with bactericidal soap and water	Minimise risk of cross infection
20	Assist the client into a comfortable position	To promote comfort
21	Document procedure and findings in Daily records	To ensure continuity of care

7. Associated Policies / SOPs

Policies
CLIN 45 Bowel Management Policy
CLIN 06 Consent Policy
CLIN 14 Health Records Management Policy

SOPs
SOP Bowel 2 Administering Enemas Adult and Children
SOP Bowel 3 Administration of Suppositories Adult and Children
SOP Bowel 4 ACE - Antegrade Continence Enema (Adults and Children)
SOP Bowel 5 Digital Stimulation
SOP Bowel 6 Peristeen Bowel Care

8. References

- https://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/09/Bowel-Care-for-Adults-v2.0.pdf
- https://www.cddft.nhs.uk/media/551083/01.17.10%201.0%20guideline%20for%20digital%20rectal%20examination%20-attachment%201.pdf

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

pulse Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group

Appendix B: Bristol Stool Chart

Bristol Stool Chart

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