Acacium Group Community Digital Stimulation

Procedure Reference | SOP BOWEL 05

Version | V4.0

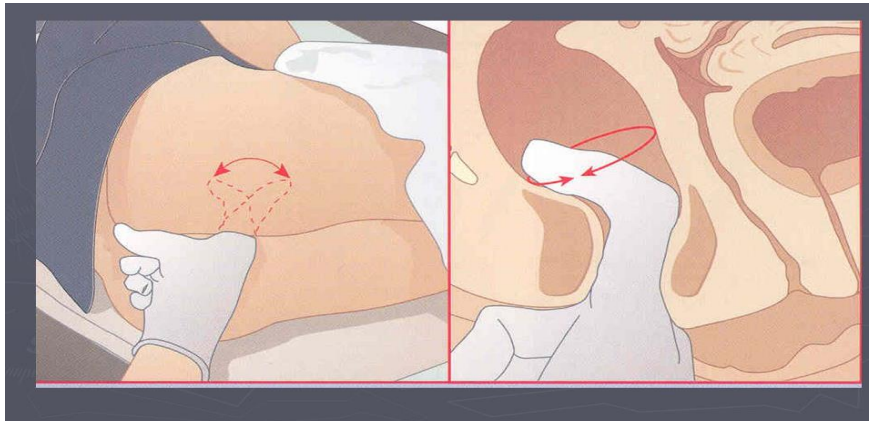|	
Procedure Name	Digital Stimulation
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to digital stimulation
Target Audience	All nurses and appropriately trained carers
Version	V4.0
Author	Karen Matthews-Shard
Date of Approval	April 2017
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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	Apr 2017	Implementation of SOP	KNF/VM
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V1.1	Jan 2020	Updated to new Group Policy.	CCR
V2	Mar 2020	3 yearly review	Clinical Advisory Group
V2.1	Mar 2020	Realigning review date to rest of BOWEL SOPs	CC
V2.2	Oct 2020	Update re Rebrand	CC
V3.0	Feb 2023	Reviewed and updated	Clinical Advisory Group
V4.0	Jan 2024	Rebrand	Clinical Advisory Group

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1. Introduction

1.1 Digital stimulation is a way encourage peristalsis in the colon, to start a bowel movement, and to keep it going. This method uses a finger to relax and open the anal sphincters and to trigger peristalsis (Spinal Injury Association (SIA) 2009). Pressure may be felt in the rectal area, but it should not be painful. Digital stimulation is used to stimulate the movement of stool into the rectum and to initiate a bowel movement at a chosen time. It should be performed at the same time every day or every other day to stay on a schedule and avoid bowel accidents.

1.2 This should only be performed when necessary, as detailed/prescribed in the client's care documentation.

1.3 In certain groups of clients such as spinal injury, spina bifida or multiple sclerosis the need for digital stimulation to be performed may be increased and an integral part of their bowel care regime.

1.4 Patients 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 digital stimulation.

1.5 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 patients
- Patients with known allergies e.g. Latex
- Patients with a history of abuse

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

2. General

2.1 Do not continue with the procedure if the client is unable to tolerate the procedure or asks you to stop at any point.

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

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

2.4 During the procedure the nurse should observe the client for signs of:
- Distress, pain or discomfort
- Bleeding
- Autonomic dysreflexia (this is a **medical emergency)**: hypertension, bradycardia, headache, flushing over the spinal injury, sweating, pallor below the level of the spinal injury, nasal Congestion Collapse (RCN 2006)
- Altered anatomy
- Trauma

3. Exclusions and contra-indications

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

3.2 The procedure is not commissioned or the client's doctor has given specific instructions that this procedure is not to take place.

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

3.4 Recent colorectal surgery.

3.5 If abnormalities of the perianal area are observed.

3.6 The patient gains sexual satisfaction from this procedure. In these circumstances, consultation with an Acacium Group Community Nurse is advised, involving the patient 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 client's in the community setting who require digital stimulation, do so in a safe, correct and timely manner.
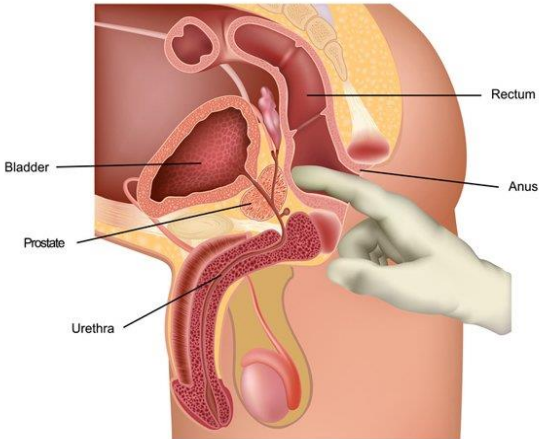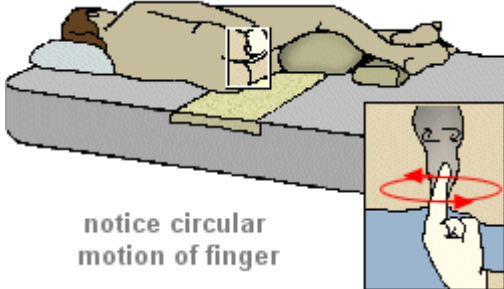
5. Equipment

- Incontinence pad
- Appropriate PPE
- Lubricating gel/jelly
- Tissues/wipes
- Bed protection
- Receiver or yellow bag/waste receptacle for faeces
- Bedpan or commode if appropriate
- Hand washing facilities (Alcohol based hand rub or gel does not kill Clostridium Difficile spores)

6. Procedure

6.1 Performing Digital Stimulation – Adults

	Action	Rationale
1	Explain the procedure to the client (including risks and benefits) and gain consent.	Ensure the client understands and gives valid consent.
2	Confirm whether there is a need for a chaperone.	Client choice and may offer an element of safety for the patient and nurse/carer.
3	Ensure privacy for the client.	Avoid embarrassment.
4	Observe pulse rate on clients with a history of autonomic dysreflexia.	Provides baseline measurement.
5	Ask client to empty their bladder first if necessary or applicable.	To aid expulsion.
6	Help client into a suitable position, this could be bed or on a commode etc. Ideally 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. N.B – however each client is individual and positioning should be detailed within the care plan.	To ensure clients safety. Left lateral position allows ease of insertion into the rectum, by following the natural anatomy of the colon.
7	Place incontinence pad beneath the hips and buttocks.	Reduce potential infection from soiled linen and to avoid embarrassment for the patient if soiling occurred during or following the procedure.
8	Wash hands with bactericidal soap and water, dry hands thoroughly and put on gloves and apron.	Minimise risk of infection.
9	Inform the client you are about to proceed.	Assists with client co-operation.
10	Observe anal area prior to the insertion 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	Insert one gloved and lubricated finger into the rectum and turn finger so that the padded inferior surface is in contact with the bowel wall.	To aid comfort for the client and reduce trauma.
	N.B At every stage of digital stimulation, it's important to use plenty of lubricant and to be gentle.	
12	Rotate the finger in a clockwise direction for at least 10 seconds, ensuring you maintain contact with the bowel wall throughout.	
13	Withdraw the fingers and await reflex evacuation.	
	Allow patient privacy to empty bowels.	Promote dignity.
14	Repeat every 5-10 minutes until rectum is empty or reflex activity stops.	To ensure adequate expulsion.
	N.B – in the event of no reflex activity occurring at all, do not repeat any more than 3 times.	

15	Observe the client throughout the procedure. **STOP** if: Anal bleeding occurs Any signs of Autonomic dysreflexia occur Client asks you to stop	To prevent further deterioration.
16	When procedure is complete wipe residual from the anal area.	Will make the client more comfortable and prevent skin excoriation.
17	Wait with client to monitor the effects of digital stimulation, using the Bristol stool chart (Appendix B).	To monitor the client's bowel function.
18	Document procedure and findings in patient notes/nursing care records.	To ensure continuity of care and to comply with NMC standard for records and record keeping (2008:2010).

7. Associated Policies / SOPs

Policies
CLIN 06 Consent Policy

SOPs
SOP BOWEL 01 Manual Evacuation
SOP BOWEL 02 Administration of Enema
SOP BOWEL 03 Administering Suppositories (Adults & Children)
SOP BOWEL 04 ACE - Antegrade Continence Enema (Adults and Children)

8. References

- NICE (National Institute for Clinical Effectiveness) 2007: Faecal incontinence: The management of faecal incontinence in adults, Clinical Guideline CG49
- Nursing and Midwifery Council (NMC) (2008); updated October 2018. The Code: Standards of conduct. Performance and ethics for nurses and midwives. London. NMC.
- Nursing and Midwifery Council (NMC) (October 2018) NMC Record Keeping; guidance for nurses and midwives. London. NMC
- Royal College of Nursing: Bowel Care, including digital rectal examination and manual removal of stool. RCN London (2008).
- The role of the nurse in digital rectal examination and manual evacuation. RCN 21.07.2017.
- http://www.myshepherdconnection.org/sci/bowel-care/digital-stimulation
- Spinal Injuries Association (SIA) 2009, Bowel Management factsheet
- Patient Safety Alert – resources to support safer bowel care for patients at risk of AD 23.07.2018. NHS/PSA/RE/2018/005
- RCN Bowel Care; September 2019

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:

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**