

Goals of the Bowel Management Program

As we have seen, almost 60% of children operated on at birth for an [anorectal malformation](#), even when they received a technically correct operation will suffer from functional bowel problems of different types.

The main goal of the [Bowel Management Program](#) is to improve the quality of life of these children. The good or bad quality of life in every child must be defined by each child and by their parents. Therefore, every child must be free to make a choice after he / she learns about the alternatives offered.

For instance a child that is completely fecally incontinent has the following alternatives:

- To remain incontinent and use diapers permanently
- To try the Bowel Management Program
- To have a permanent colostomy

The key to success of a Bowel Management program is dedication, timing and sensitivity from the medical team and the nurse, and for them to be authentically interested in the patient. If these elements are missing, the chances of success of bowel management are very low.

What is the Bowel Management Program?

The basis of the Bowel Management Program is to clean the colon and keep it quiet, and thus clean, for the following 24 hours. To achieve this we use colonic irrigations, enemas or suppositories once a day and sometimes the manipulation of diet and medication.

- Bowel cleaning (enemas, suppositories, micro-enemas)
- Modification of the diet (if necessary)
- Medications (if necessary)

There are some medications that are able to slow the motility of the colon. The use of these specific medications must be decided on with the physician.

The program is an ongoing process that is responsive to the individual patient and differs from child to child. The success of this program is usually achieved within a week of a process of trial and error and requires a lot of dedication. More than 90 percent of the children who follow this



program are artificially clean and dry for the whole day and can carry out a completely normal life and have a new sense of self-esteem and confidence based on an improved quality of life.

It is unacceptable to send a child with fecal incontinence to school in diapers when his classmates are already toilet trained. Children who require diapers or who have accidents while in school because of fecal incontinence are exposed to ridicule from their peers that can lead to adverse psychological sequelae.

The first step is to perform a contrast enema study in order to learn about the patient's type of colonic motility (hypomotility – constipated or hypermotility type). The bowel management program is then implemented according to the patient's type of colon and the results are evaluated every day. Changes in the volume and content of the enemas are made until the colon is successfully cleaned. An x-ray film of the abdomen is taken every day to see whether the colon is empty.

Contact the Colorectal Center at Cincinnati Children's

For more information or to request an appointment for the Colorectal Center at Cincinnati Children's Hospital Medical Center, please [contact us](#).