Bowel Management Program for Myelomeningocele, Spina Bifida & Tethered Cord

- Almost all people born with MM/Spina Bifida have bowel problems. These issues arise from damage of the lower spinal nerve pathways.
- Nerve damage generally affects 3 areas of the bowel.
  1) The external anal sphincter (muscle that holds the poop in).
  2) The mechanism which tells us that the rectum is full; and
  3) The muscles that aid the body in removing fecal waste.

**NOTE:** Each child is different. There may be slight differences in long-term management. Bowel program will also need adjustments as the child continues to grow and changes occur with their total fluid and diet intake.

**GOALS:**
1) Attain increased quality of life, social acceptance, with increased body and self-esteem through continence.
2) Achieve independence and confidence through bowel management.
3) Reduce the risk of megacolon complications.

Bowel Continence is generally managed by the following methods:

- “Controlled Constipation” helps avoid leaking of loose stools, and prevents skin breakdown.
- Eating a diet high in fiber to bulk stool and establish regularity.
- Drinking plenty of fluids to maintain good hydration of the body.
- Medications or laxatives as prescribed.
- Enemas, bowel cleanouts, and suppositories.
- Manual evacuation and digital/mechanical stimulation.
- A “toilet timing”/ training program that focuses on REGULARITY.
- Exercise as tolerated and capable.
- Fecal continence achieved in approximately 90% of neuropathic patients through surgical procedures such as the ACE Procedure (Anti-grade Continence Enema).