BOWEL ISSUES
HELP SHEET

MJD FOUNDATION

This Help Sheet provides general information about bowel issues that may be encountered by people living with Machado Joseph Disease (MJD). Clients should be assessed and supported according to individual need.

Background?

Neurogenic bowel dysfunction (NBD) is a common feature of MJD and results in faecal incontinence, constipation or both. There are locally documented deaths of MJD clients from bowel obstructions.

NBD has a significant impact on the quality of life of individuals living with MJD, and management presents challenges for clients, carers and healthcare professionals. These challenges include the limited evidence available to assist with the development of a satisfactory bowel management program for MJD clients.

Assessment

Gender sensitivity should be taken into account when assessing a person who has MJD for bowel function issues. The Bristol Stool Chart (or scale) is designed to classify faeces into seven types. Type 3 and 4 are considered ideal consistency, with MJD patients often experiencing Type 1 and Type 2 faeces.

Management

The most effective management program is based on individualised assessment and a process of trial and error to develop personalised solutions for patients with MJD. The conservative approach (see below) remains the most common method of managing NBD and is successful in avoiding constipation and providing managed continence for many individuals.

Conservative approach:

1. Diet - via referral to a nutritionist/dietician. Daily recommendation of 5 fruit/vegetables and 2 wholegrain food portions to meet minimum 15g dietary fibre recommendation.

2. Fluid intake - Fluid recommendations need to be assessed on an individual basis, but it is generally recommended clients consume an extra 500ml of fluid (mainly plain water) daily (ie 2.6/3.1 L for women/men). This is often hard to achieve for people with MJD due to urinary incontinence and swallowing issues.

3. Oral laxatives - Commonly used oral laxatives aimed at modulating stool form should be taken regularly to maintain a predictable consistency, while stimulants that prompt increased bowel activity resulting in the movement of stool should be taken only prior to planned evacuation of stool. MJD clients have anecdotally had improved bowel function with regular use of Movicol sachets.

4. Morning Routine/Toilet Positioning – Promote the bowels to open by planning bowel care 20-30 min after breakfast with as close to optimal toilet positioning as possible (knees flexed, upper body bending forward supported by elbows or hands on knees).

5. Abdominal massage - applied and released firmly but gently following the length of the colon in a clockwise direction. Reported to be beneficial for clients with NBD.

6. Digital rectal stimulation- a technique used to increase rectal reflex muscular activity, thereby raising rectal pressure to aid in expelling stool. Reported to be beneficial for clients with NBD. Training in safe technique is required.

7. Suppositories and enemas - Rectal stimulants may be used to trigger evacuation of the bowel at the time chosen by the client.

8. Digital evacuation of faeces - involves the insertion of a single, gloved, lubricated finger into the rectum to break up or remove the stool. Training in safe technique is required.

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Bristol Stool Chart

• Hard to pass	Type 1	Separate hard lumps, like nuts (hard to pass)	
	Type 2	Sausage-shaped but lumpy	
• Ideal consistency	Type 3	Like a sausage but with cracks on its surface	
	Type 4	Like a sausage or snake, smooth and soft	
• Difficult to control	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	

Who can I talk to if I have questions or concerns?

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Your Health clinic doctors, nurses and health workers.