

- 做好准备工作：彻底洗手、排空膀胱。
- 转移到厕所或马桶。如果不能端坐，倚靠左侧。
- 手指直肠刺激：为了保持排便，需要每5-10分钟重复手指直肠刺激，直到所有粪便排出。如果直肠顶部没有粪便，几分钟后可以再次刺激；如果仍然没有粪便，可以给予小量盐水灌肠润滑直肠和形成急性直肠扩张；如果还没有效果，可用小量比沙可啶灌肠剂。
- 插入刺激药物：放置药物到直肠壁。直肠小型灌肠剂或栓剂和直肠刺激诱发和促进有效的排便。甘油栓剂通常用来促进粪便软化，造成温和的刺激来诱发排便，且润滑直肠降低排泄阻力。
- 等待：刺激至起作用需等待约5-10分钟。
- 肠道护理完成标志（以下之一）：
  - 相隔10分钟的两手指刺激后仍没有粪便排出
  - 没有粪便的情况下出现粘液



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*Healthcare for Life!*

Management of Neurogenic  
Bowel Dysfunction

神经源性肠功能障碍的管理

### What is neurogenic bowel dysfunction?

Neurogenic bowel dysfunction (NBD) is where the function of the colon and pelvic floor muscles are impaired due to nerve damage. Neurogenic bowel dysfunction is rarely life-threatening, but will affect and limit a patient's quality of life.

### What are the clinical signs and symptoms of NBD?

NBD mainly manifests as constipation. Patients experience a lack of awareness and sensation of bowel movements. Chronic constipation can occur, as well as bloating, abdominal pain, fatigue, and loss of appetite. NBD patients who take prolonged bed rest are at risk for hypovolemia. Increased colonic water absorption can lead to dry stool, contributing to constipation.

### Treatment and management of NBD

Early, effective bowel management is a patient's best form of rehabilitation. The goal of a treatment and management plan is to help patients use the toilet as independently and naturally as possible.

- **Diet management:** Encourage eating proper portions of food and drinking the right amount of water. Old dietary habits can be examined to determine a patient's previous fiber intake. During diet management, daily fiber intake should be at least 15g, increased gradually from a variety of food sources.
- **Medication:** This is effective for constipation and is used to soften the stool, promote intestinal mobility, and stimulate bowel movements.
- **Surgery:** Measures such as nerve grafting, colostomies, and ileostomies can be used.
- **Electrical stimulation therapy:** The stimulation of the rectum with an electrode to promote or inhibit bowel function.
- **Traditional Chinese Medicine:** Acupuncture or herbal remedies can be effective in treating NBD.

### Bowel management

Establishing a daily, regular routine is the core of effective bowel management. When planning, remember that the gastrointestinal reflex is strongest from noon onwards.

- **Muscle training:** Standing and walking can reduce constipation. Abdominal and pelvic muscles play a very important role during bowel movements and should be trained using sit-ups, abdominal breathing, and pelvic floor exercises.
- **Abdominal massage:** Half an hour after a meal you can gently massage your abdomen or the area around your anus to stimulate a bowel movement. Properly timed stimulation of the sphincter and pelvic floor muscles can promote the formation of a centralized bowel movement reflex.
  - Prepare by thoroughly washing your hands and emptying the bladder.
  - Go to the bathroom and sit on the toilet. If you cannot sit fully, lean to your left.
  - Digital rectal stimulation: Repeat every 5-10 minutes as needed. Stimulate rectum until all stool is evacuated. If no stool appears at the entrance to the rectum, a saline enema can be employed. If this is not enough, a small bisacodyl enema can be given.
  - Drugs: These are placed into the rectum. A rectal enema, suppository, or rectal stimulation are all effective in promoting bowel movements. Glycerin suppositories are usually used to soften stool, causing mild irritation to induce evacuation; in this case rectal lubrication reduces resistance.
  - Wait about 5-15 minutes between stimulation.
  - Signs your bowel care is complete (one of the following):
    - Two attempts at digital stimulation at 10 minute intervals resulted in no stool.
    - No mucus appears after rectal stimulation with fingers.

### 什么是神经源性肠功能障碍？

神经源性肠主要是指神经损伤导致的结肠和盆底功能改变。神经源性肠功能障碍很少威胁生命，但是会限制生活，影响生活质量。

### 神经源性肠功能障碍的临床表现有什么？

神经源性肠功能障碍主要表现为便秘，患者多数表现为缺乏排便意识及排便感。长期便秘可导致腹胀、腹痛、乏力、食欲下降等。患者长期卧床休息更容易导致血容量减少。结肠水分重吸收增加导致大便干结，从而造成便秘。

### 如何治疗和管理神经源性肠功能障碍？

早期有效的肠管理是神经源性直肠功能障碍患者重要的肠道康复手段。治疗和管理神经源性肠功能障碍的目标是使大部分患者自己能在坐便器上利用重力和自然排便的机制独立完成排便。

- **饮食管理：**建议适当饮水、饮食。应该考虑既往饮食习惯来决定个人平时的纤维摄入量。最初每天饮食中至少应含15g纤维。应该从各种食物来源中逐渐增加纤维的摄入。
- **药物治疗：**主要是软化粪便，促进肠道动力，刺激排便，而不是造成水泻。
- **手术治疗：**神经移植或结肠、回肠造瘘术
- **电刺激治疗：**包括肛门外括约肌电极置入，促进或抑制排便功能。
- **针灸中药治疗**

### 排便训练：

- 养成每日定时排便的习惯，每日早晨后胃肠反射最强。
- **肌肉训练：**站立和步行可减少便秘。腹肌和骨盆肌肉的力量在排便过程中作用非常重要。应进行腹肌训练和吸气训练，如仰卧起坐、腹式深呼吸、提肛运动。
- **腹部按摩：**餐后半小时进行腹部按摩，或用手指轻柔的按摩肛门周围，刺激排便反射产生。定时适当地刺激肛门括约肌和盆底肌收缩可促进排便中枢反射形成。
- 如上述方法无效，可用刺激药物或手指直肠刺激，操作应轻柔，避免损伤肛门和直肠粘膜及肛门括约肌。