ANNEX 36. D Nutrition and care of the bowels

36.D.a Diet for paraplegics

The long-term nutritional regime of a spinal cord injury (SCI) patient must fulfil a number of functions. In addition to an adequate intake of protein, calories, vitamins and trace-elements, a diet with enough fibre is important, but too much dietary fibre may cause constipation. The patient must test different diets to find the correct mixture that provides sufficient nutrition without provoking chronic constipation.

The following example is based on the physical rehabilitation centres of the ICRC and certain hospitals in Afghanistan and serves only as an illustration of what can be done in a low-income country. The components should be adapted to local food sources and culinary traditions.

Normal diet
Patients admitted to the rehabilitation centre dormitory and receiving a normal diet.

Breakfast	Lunch	4 pm	Dinner
tea + sugar	tea + sugar	tea + sugar	tea + sugar
1 egg	250 g rice	1 fruit	1 bread
1 bread	100 g vegetables		80 g red beans
	50 g oil		180 g potatoes and carrots
	1 bread		
	100 –150 g fruit		
	+ meat every Friday		

Supplemental diet
This diet is indicated for:
- children;
- patients without specific medical problems but with long-term immobilization;
- patients in poor general condition in need of a moderate calorie supplement.

Breakfast	Lunch	4 pm	Dinner
tea + sugar	tea + sugar	tea + sugar	tea + sugar
1 bread	1 bread	½ bread	1 bread
1 egg	250 g rice	fruit	80 g red or white beans
1 cup of milk or yoghurt	100 g vegetables		180 g potatoes
	50 g oil		100 g meat
	150 g fruit		1 fruit juice or fruit

High-calorie diet and protein supplement
Patients with pressure sores or burns.

Breakfast	10 am	Lunch	4 pm	Dinner
tea + sugar	1 cup yoghurt and 1 fruit	tea + sugar	Same as 10 a.m.	tea + sugar
1 bread	or	½ bread	or 1 kebab	½ bread
1 egg	1 milkshake	250 g rice		100 g meat
1 cup milk		100 g vegetables		80 g red beans
	50 g oil	125 g meat		100 g vegetables
	tea + sugar	50 g oil		soup
		1 fruit		1 milkshake
		1 yoghurt		

The family should buy extra seeds and nuts available at the market.

Milkshakes are made of milk, banana, egg, sugar. Use at once or refrigerate.

36.D.b Colon massage by the home-care team

Proper evacuation of the bowels is important. An appropriate diet is of great assistance, as is adequate hydration. The SCI patient may develop a sufficient evacuation reflex; if not, colon massage must be resorted to. With colon massage a complete evacuation cannot always be achieved; additional techniques have to be applied, such as bulk laxatives, suppositories or enemas.

Indications:

- assist the evacuation of faeces in the case of bowel paralysis;
- prevention and treatment of constipation.

Contraindications :

- nausea or vomiting;
- tuberculosis in the abdominal organs;
- hepatitis;
- all other infectious diseases or problems in the abdomen;
- ileus (blocked bowel);
- pregnancy.

Equipment:

- talcum powder;
- bench for the patient to lie on;
- screen to ensure privacy.

Preparation of the patient

Inform the patient of the procedure, which will last 15 – 30 minutes. The patient lies on the back, with head elevated and pillow under the knees; the abdomen should be relaxed. The patient can also sit or lie on the left side.

Procedure

WASH YOUR HANDS.

The massage is performed with the flat of the hands powdered with talcum. The hand on the lower abdomen remains passive while the higher hand performs the massage. Make five to seven soft wave-like movements in each of the following places in turn. Remember that the contents of the colon (faeces) must go in the direction of the sigmoid (a) and rectum.

The colon massage starts on the patient's left side with the sigmoid colon (a); then goes on to the descending colon (b); then to the transverse colon (c). On the right side, the massage begins at the ascending colon (d) and goes up to the beginning of the transverse colon (e). This helps to soften and break up any faecal mass. Finally, a complete massage begins at the ascending colon (d) and is continued towards (c), then (b) and (a) to move the faeces towards the rectum.

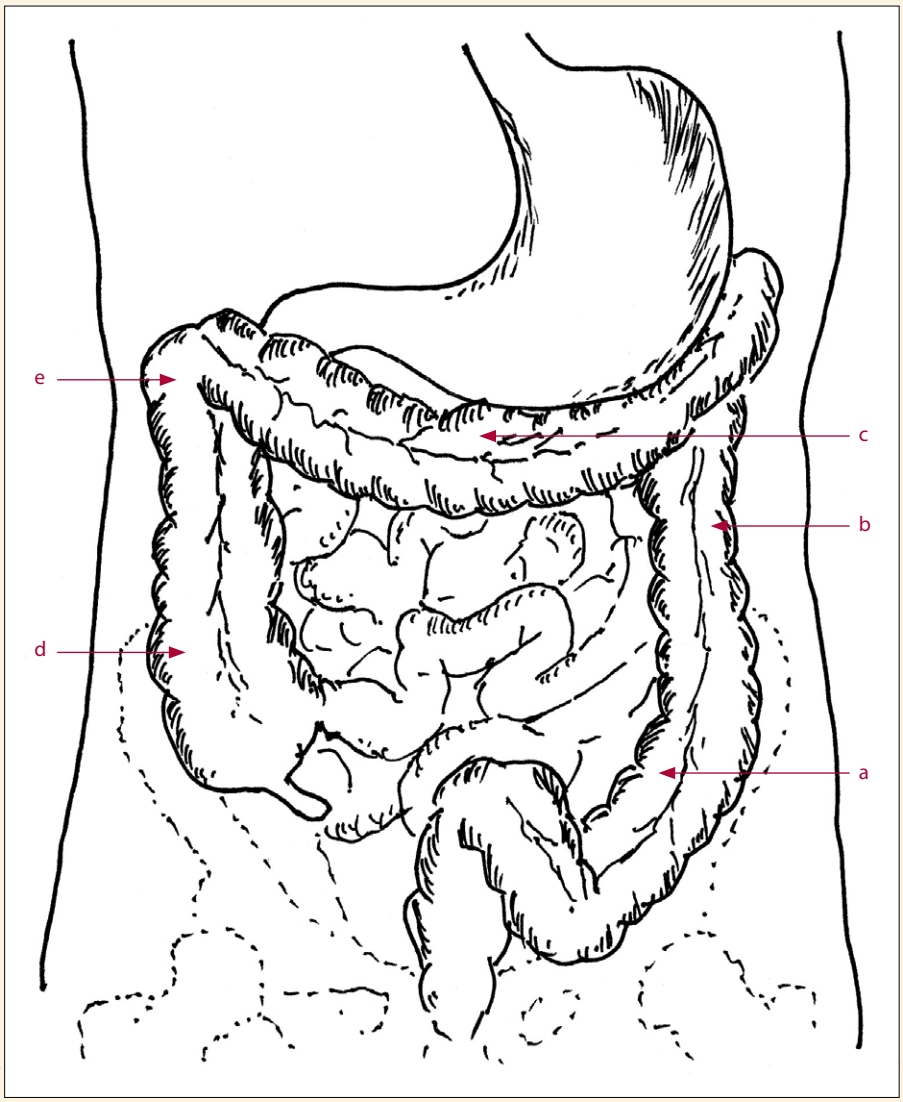

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Figure 36.D.1

Colon.

a. Sigmoid colon

b. Descending colon

c. Transverse colon

d. Ascending colon

e. Hepatic flexure: beginning of transverse colon