

Overview of Bowel Health & the Older Adult

Education for Health Care Professionals

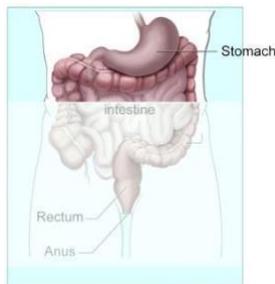
Part 1: Normal Bowel Function



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Human Digestive System >> Ingestion



- The human digestive system consists of a tubular structure designed for the digestion and absorption of food as well as the expulsion of unusable ingested materials.
- The digestive system involves the mouth, esophagus, stomach, small intestine/bowel, large intestine/bowel, rectum and anal canal and anus.
- The digestive process starts when food is taken into the mouth, chewed and swallowed.

Adapted from:
https://upload.wikimedia.org/wikipedia/commons/b/be/Colon_and_rectum.jpg

The ingested food flows down the throat and the esophagus or gullet, into the stomach, where it is broken down by gastric juices. Strong muscles pass it through to the small intestine by a propulsive action.

The small intestine completes the digestion process by absorbing all the available nutrients, leaving mostly liquid waste products.

(CFA n.d.)



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Human Digestive System >> Digestion



The colon, is the large intestine or bowel has five main functions:

- storage
- absorption
- secretion of mucus to lubricate fecal matter as it passes through the bowel
- synthesis of vitamins
- elimination

Adapted from:
https://upload.wikimedia.org/wikipedia/commons/b/be/Colon_and_rectum.jpg

Waste products move into the colon where water is absorbed from the waste and solidifies it (the colon reduces 600 mls. of liquid to 150 – 200 mls of fecal matter per day).

(CFA n.d.)

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Human Digestive System >> Elimination

- Using strong muscular contractions, the colon moves the solid waste (fecal matter) to the rectum (the last 10-15 cms of the digestive tract).
- Fecal matter is held until the rectum sends a message to the brain (via nerves in the rectal wall) that a bowel movement is needed.
- The stool (waste/feces) then enters the anal canal by the internal sphincter muscle (it automatically opens when the rectal wall is stretched by the stool).
- The external sphincter is then opened by a conscious decision of the brain and the stool is excreted from the body through the anal canal in a bowel motion, undertaken at an appropriate time and place.

(CFA n.d.)

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Normal Bowel Function

An individual should be able to expect to:

- hold on for a reasonable length of time after the first urge to move their bowels occurs
- have a bowel motion when seated on the toilet
- completely empty the lower bowel (the rectum) when the bowel movement is complete

Signs that an individual could have abnormal bowel function could include:

- avoiding usual activities for fear of losing control of their bowels when the first urge appears
- waiting or straining to commence a bowel motion
- sitting and straining to finish a bowel motion
- needing to have prolonged wiping or have difficulty in 'cleaning up'
- feeling the rectum is not empty

[\(N.Z. Cancer Society, 2017\)](#)

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Signs of a Healthy Bowel



- Being 'regular' is a way of describing good bowel habits or normal bowel function.
- Being regular really means that soft yet well-formed bowel motions are easily passed and that this happens anywhere from 1–3 times a day to 3 times a week.
- Bowel routines vary according to each individual and misconceptions are common.
- There is a belief that "people should have a bowel movement once a day" or going more often is even "better" but this is not necessarily true.

[\(CFA, n.d.\)](#)

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Bowel Control Prevalence

- People with poor bowel control are unable to control the passing of feces, or stools, and may also have problems flatulence.
- It happens to men and women across all age groups, as many as 1 in 20 people have poor bowel control, however it is more common in older people.
- Poor bowel control can be caused by many conditions or injuries such as:
 - diarrhea
 - constipations
 - nerve Injury or disease
 - damaged sphincter muscles

(AGDH)

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Prevalence of Constipation



- The prevalence of constipation increases with age and differs among care settings.
- In individuals 65 years of age or older in the community, the prevalence is 26% for women and 16% for men.
- This rate increases to 34% for women and 26% for men in those 84 years of age and older.
- For long-term care residents, the prevalence is as high as 80%.

(Schuster 2015)

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Prevalence of Bowel Diseases

As individuals age, the incidence of bowel diseases increase:

- It takes about 6 years to diagnose **IRRITABLE BOWEL DISEASE** (IBD) in older people.
- The incidence of **ULCERATIVE COLITIS** (UC) in patients over 60 years is 8 -10% in 100,000 patients per year
- 1/3 of newly diagnosed cases of **CHRON'S DISEASE** (CD) occur in elderly patients, with a ratio of 2:1 females to males.
- 60% of elderly patients with Crohn's disease are initially misdiagnosed.
- The incidence of Crohn's disease in patients over 60 years of age is 4 in 100,000 patients per year.

(Katz 2008)

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Prevalence of Diarrhea, IBS and Fecal Incontinence

- Diarrhea is a common problem that usually lasts a day or two and goes away on its own without any special treatment.
 - diarrhea that lasts more than three weeks can be a sign of a serious problem, or may be due to a less serious condition such as irritable bowel syndrome (Agrawal 2009)
- Irritable bowel syndrome (IBS) is a common disorder that affects the large intestine (colon) and is under-recognised.
 - one survey of 211 consecutive patients (aged 65–94) attending an elderly care clinic found that 46 (22%) had symptoms suggestive of irritable bowel syndrome irrespective of presenting complaint (Agrawal 2009)
- Fecal incontinence becomes more prevalent as people age. It should not be considered normal as it can often be a sign of other health problems. With the correct advice and/or treatment it can often be cured, or otherwise managed.
 - affects 1 in 5 older adults (65 yr. & >) in the community and 50% in nursing homes. It also common in the frail elderly (Meyer 2015)

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Prevalence of Colorectal Cancer

- Colorectal cancer is the second leading cause of cancer death in Canadians (8,900 estimated deaths in 2011) and the fourth most common cancer diagnosis overall (22,200 estimated new cases in 2011).
- About 95% of new cases and deaths occur after the age of 50.
- Age-specific incidence and mortality rates in Canada are generally higher in the 55–74 year age range, where rates for males are about 60% higher (for both incidence and mortality) than for females.

[\(CCS N.D.\)](#)

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