NHS Lothian guidelines for the management of faecal loading/impaction

Faecal loading/impaction
Copious formed stool in the colon (not just the rectum) which is not progressing through the colon or which cannot be expelled from the rectum. May be accompanied by ‘overflow’ diarrhoea where loose stool leaks around the formed stool.

Inform medical staff as soon as possible as patient may require urgent referral to a specialist.

Yes
Check if red flag symptoms are present.

No
Evaluate bowel chart and history. Perform DRE to assess stool type and discuss findings with medical staff.

If stools are **hard**, start treatment with regular stool softener for example Macrogol which may be prescribed as a disimpaction regime. See BNF for details.

If stools are **soft**, start treatment with a stimulant laxative for example Senna.

If response to oral laxative is insufficient, perform DRE to reassess.

Perform DRE. Administer micro enema sodium citrate. Evaluate result.

Rectal preparations may need to be repeated. DRF (refer to Digital removal of faeces) may be required.

If impaction remains unresolved liaise with medical staff who may prescribe a high volume enema if not contraindicated.

Regular use of oral/rectal laxatives may be required to maintain a regular bowel pattern and prevent recurrence of faecal loading/impaction.

If unsuccessful in maintaining a regular/predictable pattern, liaise with medical staff and bladder and bowel nurse specialists regarding referral to colorectal/GI specialist for further investigations and consideration of alternative treatment/management.

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