Shropshire Community Health NHS Trust

Document Details	
Title	**Guidelines for Treating Adult Faecal Loading / Impaction**
Trust Ref No	1871-88749
Main points the document covers	Guidance on how to treat faecal impaction. This excludes children, and pregnant women
Who is the document aimed at?	Clinicians who manage patients in any location who present with faecal impaction
Author	Continence Team
Approval process	
Approved by (Committee/Director)	Patient Safety Committee
Approval Date	15th April 2024
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	Yes
Lead Director	Director of Nursing and Clinical Delivery
Category	Clinical
Subcategory	Continence
Review date	30th April 2027
Distribution	
Who the policy will be distributed to	Community Nurses, Community Hospitals
Method	Electronically via managers / Datix, available to all staff via Trust Website and Key clinicians , Continence Link Nurses
Document Links	
Required by CQC	No
Required by NHLSA	No

Amendments History		
No	Date	Amendment
1	2013	New Guideline approved by the Area Prescribing Committee (APC) in October 2012
2	2016	Updated guideline with colorectal services and medicines management approved by APC in September
3	2019	Scheduled Review, link for constipation amended.
4	2024	Scheduled Review: Amended to follow NICE Guidance: Constipation in Adults, Jan 2024

Guidelines for Treating Adult Faecal Loading / Impaction

Shropshire Community Health NHS
NHS Trust

Faecal impaction is a large mass of dry, hard stool that remains stuck in the rectum
Often seen in patients with constipation, and often accompanied by overflow faecal incontinence

Digital Rectal Examination (DRE) must be undertaken by a nurse competent in DRE. A full assessment must be undertaken, considering causes and or previous history of volvulus or other types of bowel obstruction

First Line treatment
If there are hard stools, consider impaction dose of oral Macrogol
If there are soft stools, or ongoing hard stools after a few days of treatment with an oral macrogol, consider starting or adding an oral stimulant laxative
If rectal discomfort is significant, and immediate relief is required, consider starting with second line treatment

Second line treatment
If the response to oral laxatives is inadequate or too slow, consider:
Digital removal of faeces
A suppository such as bisacodyl for soft stools; glycerin alone, or glycerin plus bisacodyl for hard stools
A micro enema such as sodium citrate
Warn the patient that diarrhoea and faecal overflow may occur before disimpaction is complete

If the response to treatment is still inadequate, consider:
A sodium phosphate or arachis oil retention enema (placed high if the rectum is empty but the colon is full)
For hard stool it can be helpful to give the arachis oil enema overnight before giving a sodium phosphate (large volume) or sodium citrate (small volume) enema the next day
Arachis oil enemas are contraindicated if there is history of hypersensitivity to peanuts
Enemas may need to be repeated to clear hard, impacted faeces

Are there any **Red Flag** symptoms?

- Rectal / abdominal mass
- Unexplained weight loss
- Iron deficiency anaemia (low MCV/MCH)
- Rectal bleeding
- Change in bowel habit
- Abdominal pain

MAKE URGENT REFERRAL TO COLORECTAL (2 WEEK WAIT)

- Refer to NPF / BNF
- Dantron is only indicated for use in treating constipation in terminally ill patients of all ages
- Consider autonomic dysreflexia in patients with a spinal cord injury at T6 or above. As faecal loading / impaction, and rectal interventions may be triggers for autonomic dysreflexia
- Refer to Trust Medicines Policy part 9: Homely Remedies, for administration of Senna, Glycerin suppositories, Sodium Citrate enema and Sodium Acid Phosphate enemas, by community hospital staff, and administration of Glycerin suppositories, Sodium Citrate enema and Sodium Acid Phosphate enemas, by community team staff

Reviewed Feb 2024. Next review April 2027 or sooner in response to changes in local/national guidelines