**Digital removal of faeces (DRF)**

For further information refer to (MASCIP 2012) Guidelines for Management of Neurogenic Bowel Dysfunction in Individuals with Central Neurological Conditions (see appendix 4, page 54).

(RCN 2012) states that this procedure must only be performed by a competent registered nurse who has undertaken relevant education.

### Definition of digital removal of faeces

The digital removal of faeces from the rectum for treatment of acute faecal impaction or as a bowel management technique in patients with chronic neurological conditions for example spinal injuries.

### Indications

- Faecal impaction/loading.
- Incomplete defaecation.
- Inability to defaecate.
- Other bowel emptying techniques have failed.
- In patients with spinal injury as part of a bowel management programme.

### Exclusions and contra-indications

Registered nurses should not undertake a manual evacuation of faeces when:

- no consent has been obtained (NHS Lothian 2014)
- the patient’s doctor has given specific instructions that these procedures should not take place
- the patient has recently undergone rectal/anal surgery or trauma (seek medical advice)
- the patient gains sexual satisfaction from this procedure (open discussion between doctor and patient is advised and a chaperone facility offered)
- they do not feel competent to perform the procedure (NMC 2015)
Precautions
Registered nurses should exercise particular caution when performing these procedures on patients who have the following diseases and conditions:

- active inflammation of the bowel, including Crohn’s disease, ulcerative colitis and diverticulitis
- recent radiotherapy to the pelvic area
- rectal/anal pain
- surgery/trauma to the anal/rectal area
- tissue fragility due to age, radiation, loss of muscle tone in neurological diseases or malnourishment
- obvious rectal bleeding
- patient has a known history of abuse
- spinal injured patients (due to autonomic dysreflexia)
- patient has known history of allergies (for example latex)

Requirements

- Disposable apron
- Non sterile disposable gloves
- Lubricating jelly
- Procedure pad
- Receptacle for faeces
- Paper tissue
- Equipment to clean buttocks
- Access to toilet, commode or bedpan
- Disposal bag as per National Infection Prevention and Control Manual
Observations while undertaking procedure

Acute intervention
While undertaking a manual evacuation of faeces as an acute intervention the listed observations should be recorded. (If the patient’s condition and vital signs deteriorate stop the procedure and reassess. Commence resuscitation if the patient’s condition deteriorates further and access emergency services).

- Obtain a baseline pulse and blood pressure whilst patient has rest prior to procedure.
- Record pulse and blood pressure during and after the procedure.
- Monitoring the pulse and blood pressure is especially important in spinal injured patients and the frail elderly.
- Observe for signs and symptoms of autonomic dysreflexia – headache, flushing, sweating, hypertension.
- Observe for distress, pain, discomfort, rectal bleeding, collapse and stool consistency.

Routine intervention
While undertaking a manual evacuation as a routine intervention you should be careful to observe for:
- distress, pain, discomfort
- rectal bleeding
- signs and symptoms of autonomic dysreflexia – headache, flushing, sweating, hypertension
- collapse
- stool consistency
Procedure for digital removal of faeces (DRF)

<table>
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<tr>
<th>Prior to examination</th>
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<tr>
<td>- Explain the procedure to the patient.</td>
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<td>- Obtain informed consent and document.</td>
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<td>- Ask the patient if they wish to have a chaperone present in nursing notes.</td>
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<td>- Give the patient the opportunity to empty their bladder as a full bladder may cause discomfort during the procedure.</td>
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<td>- Ensure privacy and dignity is maintained at all times.</td>
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<td>- A bedpan, commode or toilet should be readily available.</td>
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Please note that you should exercise caution for patients who have a spinal cord injury (SCI). Observe the patient throughout the procedure for signs of autonomic dysreflexia.

- Ask the patient to remove clothing from the waist down. Offer assistance if required.
- Ask the patient to lie in the left lateral position with knees flexed (if possible) so that the anal area can be easily visualised.
- Wash your hands (refer to hand hygiene in National Infection Prevention and Control Manual). Place a protective pad under the patient's hips and buttocks.
- Wash your hands again. Put on a disposable apron and gloves.
Examination

- Explain to the patient that you will be starting the procedure.
- If the patient suffers local discomfort (or symptoms of autonomic dysreflexia) during this procedure local anaesthetic gel may be instilled into the rectum prior to the procedure. It should also be considered if this is undertaken as an acute intervention. This requires five to ten minutes to take effect and lasts up to 90 minutes. Note that long term use should be avoided due to systemic effects.
- Lubricate one gloved finger with plain lubricating gel.
- Insert the lubricated gloved finger slowly into the patient’s rectum.
- If stool is a solid mass, push finger into centre, split it and remove small sections until none remain. If stool is in small separate hard lumps remove a lump at a time. Great care should be taken to remove stool in such a way as to avoid damage to the rectal mucosa and anal sphincters. Using a hooked finger can lead to scratching or scoring of the mucosa and should be avoided.
- Where stool is hard, impacted and difficult to remove other approaches should be employed in combination with digital removal of faeces. If the rectum is full of soft stool continuous gentle circling of the finger may be used to remove stool. This is still digital removal of faeces.
- During the procedure the person delivering care may carry out abdominal massage.
- Once the rectum is empty on examination, conduct a final digital check of the rectum after five minutes to ensure that evacuation is complete.
- Place faecal matter in an appropriate receptacle as it is removed. Dispose as per National Infection Prevention and Control Manual.
- When the procedure is completed, wash and dry the patient’s buttocks and anal area and position comfortably before leaving.
- Remove the gloves and apron disposing of them as per National Infection Prevention and Control Manual. Wash your hands (refer to hand hygiene).
- Allow the patient to dress in private, unless they require assistance.
- Explain your findings and discuss and agree plan.
- Document in nursing notes all observations, findings and action. Consider onward referral to another healthcare professional if appropriate.