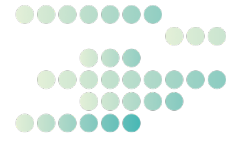


PRESSURE ULCER/INJURY RECURRENCE

FACT SHEET 7 NEUROGENIC BOWEL DYSFUNCTION IN SCI (FOR PROFESSIONALS)



Page 1 of 1

Neurogenic bowel dysfunction in SCI

- Include constipation (prevalence ranging between 56% and 80%) and faecal incontinence (range 42%-75%).
- Colon dysfunction following SCI can be divided into two main types, depending on the level of the lesion: An upper motor neuron syndrome and a lower motor neuron syndrome. Typically, constipation and incontinence occur for injury above and below the thoracic (T)11/T12 region, respectively. On the other hand, given that traumatic SCI usually occurs at the cervical or thoracic levels, the spinal defecation centre, located in the sacral spinal cord, is typically intact in these individuals.
- **Pattern A** is characterised by frequent constipation, moderate delay in colonic transit time (CTT) and the absence of anal relaxation during the defecation. **Pattern B** is characterised by defecatory difficulty, moderate delay in CTT, increased anal resistance during the defecation and preserved sacral reflexes; **Pattern C** is characterised by severe incontinence associated with severe delay in CTT and absence of sacral reflexes.
- No significant changes in quality of life and faecal incontinence were found, whereas a higher prevalence (from 19% to 31%) of the population with SCI considered themselves to be constipated and increased with time the use of oral laxatives.
- Recurrent infections and altered CTT significantly alter the composition of gut microbiota in individuals with SCI.
- High-fat diet increases gut dysbiosis, dysmotility and constipation.
- Physical activity reduces dysbiosis.
- Fibre – initial 15 g/day with gradual increase to 30g /day as tolerated, taking into account that fibre intakes greater than 20 g/day may be associated in some patients with undesirable prolonged intestinal transit times.
- Fluid needs for optimal stool consistency – 1 mL of fluid/kcal of estimated energy needs + 500 mL or 40 mL/kg/ body weight + 500 mL.

References

- Academy of Nutrition and Dietetics. Evidence Analysis Library: Spinal Cord Injury Guideline [Internet]. 2009 [cited 2026 Feb 2].
- Bernardi M, Fedullo AL, Bernardi E, Munzi D, Peluso I, Myers J, Lista FR, Sciarra T. Diet in neurogenic bowel management: A viewpoint on spinal cord injury. *World J Gastroenterol*. 2020 May 28;26(20):2479-2497. doi: 10.3748/wjg.v26.i20.2479.