

Ref: FOI/GS/ID 3782

Please reply to:
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30 October 2017

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to bowel management with spinal injured patients.

- 1. Does the Trust have a formal written policy for digital rectal examination/check, digital rectal stimulation and the digital removal of faeces (manual bowel evacuation) in spinal cord injured and other patients with neurogenic bowel dysfunction?*
- 2. If the Trust does, please supply a copy of this document.*
- 3. If the Trust does not, how is bowel care managed in the above patient groups who present with this care need?*
- 4. Does the Trust employ a specialist continence nurse(s)?*
- 5. If the Trust employs a specialist continence nurse(s) can they (a) undertake digital rectal checks, digital rectal stimulation and digital removal of faeces (manual bowel evacuation), otherwise known as 'intimate digital bowel care procedures' (b) provide instruction to other nurses to enable them to perform intimate digital bowel care procedures'?*
- 6. If the Trust does not employ a specialist continence nurse, is there another health care professional who undertakes intimate digital bowel care procedures including manual bowel evacuation? If yes, who does this?*
- 7. Does your Trust have a policy in place that will allow your staff to do trans-anal irrigation (TAI) of the bowel as a method of bowel care management for spinal cord injured patients? Do you train your staff to do TAI/ bowel irrigation?*
- 8. Do you run bowel care courses for your staff that allows them to deliver the full range of bowel care required by spinal cord injured patients or others with a neurogenic bowel?*
- 9. If yes, please provide details. If no, does the Trust have a policy which allows for the personal care assistants (PAs) of spinal cord injured patients to assist with this element of the patient's care?*

The Trust would only take new spinal cord injuries from the MTC whilst the patient is waiting for a bed at the spinal injuries unit. We would anticipate seeing 1 or 2 every few years.

Those with a long standing spinal cord injury who have come in with an unrelated condition again are very few and these would already have a care plan in place.

1. No

2. Not applicable

3. The Trust will liaise with the spinal injuries unit as these patients are generally only here whilst awaiting a bed there.

4. No

5. Not applicable

6. Again these types of patients either already have a care plan in place (if admitted from home with an unrelated condition) or are seen by the liaison nurse from the spinal injuries unit that they are on the waiting list for.

7. No

8. No. This is provided by the spinal unit nurse co-ordinator when they come to assess the patient.

9. No