

## Bowel Management Program and Coumadin Therapy in Post-Op Joint Replacement Patients

### **WHAT IS A BOWEL MANAGEMENT PROGRAM (BMP)?**

A bowel management program (BMP) is a total plan for reinstating normal bowel function following surgery and during the rehabilitative stage in post operative joint replacement surgery.

### **WHY DO YOU NEED A BOWEL MANAGEMENT PROGRAM?**

A bowel management program helps compensate for changes in your daily routine that affect your bowel post operatively. It helps elimination become easier and more predictable. A BMP needs to be individualized to meet your specific needs.

### **WHAT IS THE BOWEL AND WHAT DOES IT DO?**

The bowel is often referred to as the colon or large intestine. It is the last portion of the digestive tract. The bowel stores waste which is removed through a bowel movement. A bowel movement occurs when the rectum or last portion of the bowel becomes filled with stool and the muscle around the anus opens allowing elimination.

### **WHAT FACTORS AFFECT A BOWEL PROGRAM?**

#### **Age**

What you eat

How much liquid you consume

How much you exercise or move around

The medications you take

Pre existing conditions in the bowel such as previous surgeries, hemorrhoids or diverticulosis

#### **Age**

There is a natural decrease in bowel peristalsis, the wavelike muscular contractions that push waste matter through the bowel, with the aging process.

#### **Diet**

Eating a well balanced diet with high fiber foods is critical. When you increase your fiber content you should do so with an increase in fluids.

**Fluid Intake**

A large intake of fluids, ideally water, is critical for a successful BMP.

**Exercise**

Exercise stimulates peristalsis and makes emptying the bowel much easier. The more active you are, the more positive effect exercise will have on your routine.

**Medications**

Medications can affect your bowel routine. Narcotic medications or pain relievers will slow down peristalsis and cause constipation. Antibiotics often cause diarrhea.

**Pre-existing Bowel Conditions**

Certain surgeries can cause scar tissue to develop which can make elimination difficult. Hemorrhoids, or rectal varicose veins, can cause pressure, make movements painful and cause bleeding. Diverticulosis can cause stool to collect in pouches of the bowel leading to infection, pain or bleeding.

**FOODS THAT SOFTEN THE STOOL**

- Fruits and vegetables
- Fruit juices with pulp
- Dried fruits such as prunes, raisins and apricots
- Whole grain breads and cereals
- Fruit yogurt
- Buttermilk
- Nuts and seeds
- Dried beans or peas
- Lentils
- Peanut butter
- All fats

**FOODS THAT HARDEN THE STOOL**

- Fruit juices without pulp
- Bananas
- Peeled potatoes
- Applesauce
- Enriched white bread
- Saltine crackers
- Refined cereal
- White rice
- Enriched noodles
- Plain or vanilla yogurt
- Cheeses
- Ice cream
- Any red meat, fish or poultry

A well-balanced diet is essential to good health and the healing process. Protein, calcium, vitamins A and C are vital nutrients in healing, so it is best to eat a variety of foods. It may take time for your appetite to come back following surgery but you should make an attempt to eat as best you can.

**It is critical to your recovery and well-being not to go too long between your bowel movements.** By altering your diet, fluid intake, exercise and medications, you can solve minor bowel problems and prevent major ones.

### **WHAT TO DO IF YOU ARE DOING ALL THE ABOVE AND...**

#### **Your stool is too hard or you are constipated**

Add or increase the dose of stool softener (such as Colace) or psyllium hydro-mucilloid (Metamucil or Citrucel). **Using suppositories while on Coumadin is not recommended because of the increased chance of rectal tearing leading to rectal bleeding.** A few doses of Milk of Magnesia can be helpful. Try to avoid the use of stimulant laxatives, suppositories and enemas. **The key is to prevent constipation.**

#### **Your stool is too soft, liquid or runny**

Temporarily discontinue the use of any stool softener. Try adding or increasing the dose of psyllium hydro-mucilloid (Metamucil or Citrucel), which adds bulk to liquid stool. **If diarrhea persists for more than 24 hours or if you have a fever or blood in your stool, call our office immediately and that of your Primary Care Physician.** A frequent cause of diarrhea is impaction or blockage with liquid stool leaking around it. **If you suspect an impaction, call our office immediately and that of your Primary Care Physician.** Avoid those foods known to you that cause diarrhea or excessive gas.

### **COUMADIN**

Almost all joint replacement patients will be on a program of anti-coagulant (blood thinner) therapy post operatively. This may include Coumadin. Straining to have a bowel movement may cause bleeding. **Any amount of rectal bleeding is of concern.** Should this occur, please call our office immediately (214-220-2468). **You will be instructed to call your Primary Care physician and it may be necessary to go to the Emergency Room.**

If you are taking the anti-coagulant Coumadin, you need to maintain a consistent pattern of eating habits, especially regarding foods that contain Vitamin K which plays an important role in blood clotting. You may continue to eat these foods, but it is important that you do not eat more of these than you are used to eating. If you take a vitamin supplement, check to see if it contains Vitamin K.

## **FOODS RICH IN VITAMIN K**

Asparagus  
Kale  
Cabbage  
Spinach  
Liver  
Turnip greens  
Broccoli  
Lettuce  
Green and Herbal Teas  
Brussels Sprouts  
Cauliflower

**Eating a wide variety of foods is the important factor in good nutrition and bowel management. Try to avoid spicy foods, greasy foods, and “junk” foods.**

## **MORE ABOUT COUMADIN...**

It is important that you take your Coumadin as directed. **Take your medicine at the same time every evening.** If you forget a dose, **do not** double the dose the next day. Continue on your regular dosage. Your Coumadin level will be monitored at least twice a week and the results will be called to our office or that of your Primary Care Physician.

Should you cut yourself, keep pressure on the cut for 10 minutes. Avoid activities using sharp objects. Use a soft bristle toothbrush and an electric razor.

Avoid drinking large amounts of alcohol.

**Do not take these medicines without asking your doctor:** Vitamins containing Vitamin K, Aspirin, Advil, Nuprin, Ibuprophen, Aleve, Naproxyn, Pepto-Bismal or other over the counter medications.

### **Watch for and call your doctor for:**

Bruises  
Red colored urine  
Unusual vaginal bleeding  
Red or black bowel movements  
Purple or reddish spots on the skin  
Heavy bleeding from the nose or gums  
Coughing up blood

**Call 911 IMMEDIATELY if you experience:**

Sudden shortness of breath

Pain, coldness, numbness, or inability to move part of your body

Severe stomach pain, headache or if you fall and hit your head

### **A BIT OF THIS 'N' THAT...**

Wear your TED or compression hose until you see the doctor on your post-op visit.

You will be sent home with the knee immobilizer that you used post-operatively. You are **NOT** to wear this unless specifically instructed to do so.

To protect your new joint from possible future infection, it is very important for you to take an antibiotic prior to any dental work or invasive procedure, such as another surgery. Please inform your physician or dentist that you have had a joint replacement before any procedure is performed. Please call us as soon as you schedule a dental appointment or surgical procedure so that we can call in a prescription for you. **Taking prophylactic antibiotics is a requirement that will last the rest of your life!**

**If you have any questions or concerns, please call our office or that of your Primary Care Physician.**