

**Impaction**, specifically fecal impaction, is defined as a “compacted, immovable mass of feces filling the rectum.

I recently reviewed the medical records where a fecal impaction resulted in bowel perforation, peritonitis and death. All could have been avoided by prevention of constipation.

Fecal impaction can lead to obstipation, the inability to pass stool or gas. It can also present with diarrhea, if liquid stool can pass around the impaction. While a rectal exam may reveal hard stool in the rectal vault, the absence of stool in the rectum does not rule out impaction. The impaction may be higher in the colon. If untreated, fecal impaction may result in complications, including bowel perforation.

Fecal impaction causes the intraluminal pressure within the colon to increase and exceed the capillary perfusion pressure in the bowel wall, resulting in pressure necrosis of the wall and eventually in ulceration and perforation.

The most common sites of fecal impaction are the sigmoid and rectosigmoid colon. In these distal locations of the colon, most of the water has already been absorbed from the feces, which can then develop into hardened masses. In addition, the blood supply is relatively poor in the distal colon, making it more susceptible to tissue damage and perforation.

Perforation of the colon can also be caused by administration of enemas. Enema administration can injure even healthy tissue, especially the anterior wall of the rectum. The enema device itself can cause damage or a sudden increase in hydrostatic pressure. Even the chemical irritation of the solution infused can cause damage.

When administering an enema the nurse should pay attention to the patient’s comments/complaints. Discomfort is normal, pain is abnormal. If the patient complains of pain, the nurse should stop the enema and notify the physician.

Fecal impactions occur most often in patients with chronic constipation caused by: 1) narcotic medications, 2) overuse of laxatives, 3) diet lacking fiber, 4) lack of proper exercise, and poor hydration.

Symptoms include: 1) abdominal cramping, 2) bloated, distended abdomen, 3) leakage of liquid or sudden episodes of diarrhea alternating with chronic constipation, 4) rectal bleeding, 5) straining and 6) hard formed stools.

Treating an impaction involves removing the impacted stool. Enemas, laxatives or other products are not enough to dislodge a large, hardened impaction. The mass must be broken up by hand and removed. This scenario should always be followed by a bowel retraining program.