

INFORMATION FOR PATIENTS ABOUT BOWEL MANAGEMENT

Aim

This leaflet aims to advise you of some non-surgical (conservative) treatments you may be offered for your bowel problem and lifestyle changes you may be able to make to help your symptoms. Bowel problems can cause much anxiety and distress in people of any age. The type of problem you have may alter the treatment you are offered.

Normal Bowel Function

Opening your bowels from between three times a day, to three times a week is normal. Each person's bowel function is individual to them and varies due to different factors, such as age, lifestyle, fluid and diet.

Each individual should be able to:

1. have an awareness of the need to empty their bowels
2. hold off emptying their bowels until an appropriate time and place
3. empty their bowel completely, without straining when sitting on the toilet.

THE BRISTOL STOOL FORM SCALE

A normal stool is usually brown in colour, although this can vary depending on the foods you have eaten. Normal stool consistency should be soft and formed (See Bristol Stool Chart Type 3 or 4).

<i>Type 1</i>		Separate hard lumps, like nuts (hard to pass)
<i>Type 2</i>		Sausage-shaped but lumpy
<i>Type 3</i>		Like a sausage but with cracks on its surface
<i>Type 4</i>		Like a sausage or snake, smooth and soft
<i>Type 5</i>		Soft blobs with clear-cut edges (passed easily)
<i>Type 6</i>		Fluffy pieces with ragged edges, a mushy stool
<i>Type 7</i>		Watery, no solid pieces ENTIRELY LIQUID

Image taken from <https://onlinelibrary.wiley.com/doi/10.1111/apt.13746>

Common Bowel Disorders

The following types of symptoms are commonly seen:

Constipation is generally defined as:

- opening of the bowels fewer than 3 times a week
- needing to strain to open the bowels on more than a quarter of occasions
- passing of hard or pellet-like stools on more than a quarter of occasions
- a sensation of incomplete emptying of stool on more than a quarter of occasions.

People who are constipated often find it painful to have a bowel movement and often describe bloating, straining, the sensation of a full bowel or a sense that the bowel has not completely emptied. For the stool to move through the colon, a balanced and healthy diet rich in fibre and fluids, as well as a moderate amount of exercise is needed. Slower passage of stool through the colon can cause the bowel motion to become hard, dry and more difficult to pass.

Obstructive Defaecation is the inability to pass stools even with excessive straining. People often report the sensation of bowel blockage during emptying and the sensation that the bowel has not emptied fully. People sometimes describe having to use their fingers to help open the bowel.

This type of problem can be caused by poor muscle coordination when sitting on the toilet (sphincter muscles can tense/close instead of relax/open) or by the presence of a prolapse when the stool can become trapped in a pouch/bulge in the lower rectal wall making it difficult to empty.

Faecal incontinence is the leakage of solid, liquid or gas from the back passage due to the reduced ability to control bowel closure.

Leakage can vary from a smearing on underwear to the loss of a full bowel motion.

Faecal urge incontinence happens when you are unable to get to the toilet quickly enough during the sensation of needing to go.

Passive faecal incontinence is when you are not aware of the leakage of wind or stool from your back passage.

Main causes of faecal incontinence include:

1 Pelvic Floor Weakness

Weaker pelvic floor muscles can make it difficult to hold on when you need to go to the toilet. Bladder, bowel and sexual functions all require good pelvic floor muscles. These muscles along with the abdominal muscles are also important for posture and help to support your spine.

Pelvic floor muscles work to help prevent unwanted leakage (incontinence) by keeping the bladder and bowel openings closed. It is also important that these muscles relax to allow easy bladder and bowel emptying. Good pelvic floor muscles can also improve sensation with sexual intercourse.

Why problems may occur with the pelvic floor muscles.

Causes: Like any other muscles of the body the pelvic floor muscles can be weak, too tight, torn, overstretched or slow to work.

Pregnancy and childbirth- can cause pelvic floor weakness especially if you have had an assisted delivery, significant tear, episiotomy or a very large baby.

Menopause- may lead to pelvic floor problems or worsen existing problems due to the vaginal and hormonal changes.

Chronic constipation- regular straining to empty your bowels can overstretch the muscles and cause weakness. Poor relaxation of the pelvic floor muscles can cause difficulty emptying your bowels.

High impact exercise, heavy or repeated lifting- can cause an increase in the abdominal pressure putting the pelvic floor muscles under strain. These muscles can be over loaded with heavy weight lifting and vigorous gym activities such as jumping.

Increased body weight- may increase the pressure on the pelvic floor muscles.

Smoking- can cause coughing, which can increase pressure on these muscles.

The pelvic floor muscles have two types of muscle fibres in them: Slow twitch muscle fibres have constant tone in them (even when you are asleep). They support your pelvic organs up inside you and work to keep your passages closed until you are ready to go to the toilet.

Fast twitch muscle fibres which contract quickly to prevent leakage of urine when there is extra pressure on the bladder e.g. when you cough, sneeze, laugh or lift something heavy.

Other conditions such as neurological conditions and diabetes may also have an effect on the pelvic floor muscles.

For patients with catheters

If you have a catheter in place only start your pelvic floor muscle exercises once your catheter has been removed. For long term catheter use please speak with your clinician, do not perform pelvic floor muscle exercises with a catheter in place.

For full instructions on pelvic floor muscle training please refer to the pelvic floor muscles leaflets for Men and Women.

2 Severe or long lasting diarrhoea.

Softer, less formed motions are more difficult to control and can lead to faecal incontinence. It can also be a problem to wipe clean after a bowel movement.

3 Nerve damage

Conditions that can affect the nerves in your bottom e.g. Diabetes, stroke or spina bifida, can cause loss of sensation or muscle control.

Treatment

Your bowels are a key part of your body and it is possible to get back in control of them. This may seem difficult at times, especially when you feel under stress. The following advice will help you to regain control.

Treatment includes:

Education and Advice

We will give you support and information including what may be causing your symptoms and may use pictures, models and other visual aids to help improve your understanding.

Education explaining how normal bowel function works and the common causes of bowel problems such as faecal incontinence and constipation can help with implementing any changes required.

Lifestyle Changes

It is important that you try to devote time for your bowels every day. Try to go to the toilet at a regular time or times each day. The best time would be following breakfast or after a main meal. The reason for this is that eating triggers the gastro-colic reflex (eating sends out signals to the bowel to become active). Try not to rush going to the toilet, this should be at a time when you are not rushing to do other things.

Depending on your symptoms it may be advised to only go to the toilet when you have a strong urge. Your clinician can advise you further.

Diet

This is a key component in helping improve bowel management, whatever your symptoms. It can be difficult to work out which food types affect your bowels. It is important to remember that each individual varies enormously in their response to diet and what works for you may not work for someone else, even if they suffer the same symptoms.

It is important that you eat regularly as skipping meals can produce sluggishness of the bowel and thereby constipation. It is important that you should eat a balanced diet. The fibre in the diet is responsible for giving roughage to the stool. A diet containing high fibre is not always the best diet for constipation, as too much fibre can lead to increased bloating and discomfort, especially for people with slow gut transit. If you feel that your diet is short on fibre, then try to use fruit and vegetables, which contain soluble fibre, rather than cereals with bran, which contain insoluble fibre, as they are less likely to cause bloating.

There are also certain foodstuffs that can act as natural laxatives such as ground flaxseed, prunes, figs and spicy foods.

Fluids

It is important that you should drink sufficient amounts of fluid daily (at least 1.5-2 litres of fluid a day). Too much caffeine such as that in tea, coffee or cola can be dehydrating, as can too much alcohol.

You may be asked to complete a food and fluid diary which means recording what you eat and drink, alongside your bowel activity, every day for at least a week. This

can provide valuable information from which your clinical specialist may make suggestions as to changes you can make to your diet and fluid intake which may help relieve your symptoms. Onward referral to a Dietician can sometimes be appropriate.

Defaecation Techniques

You may be taught simple ways to enable you to pass stool without straining. This involves adjusting your posture on the toilet and using special breathing patterns to keep you relaxed and improve the efficiency of your bowel movement.

Process of defaecation

1. There is an urge/sensation to open your bowel. Go to the toilet immediately if it is an appropriate time and place.
2. It is helpful to raise your feet about 6 inches using a foot stool. Feet should be shoulder width apart.
3. Take a deep diaphragmatic breath by inhaling slowly. Your shoulders should remain still and the abdomen should expand like blowing up a balloon.
4. Lean forward, placing elbows on your knees and bear down gently as you lean forward remembering to gently increase your effort to a medium strong push, pushing evenly throughout your effort while relaxing the anal sphincter.

Do not be afraid of opening your bowels. Go when you get the urge to avoid constipation.



<https://www.bladderandbowel.org/help-information/resources/toilet-positions/>

Remember to do this technique every time you go to the toilet so that habit can be formed and maintained.

Do not strain- Do not spend more than 5-10 minutes on the toilet. If the bowels do not open do not panic. Try again later when you get the urge or at the same time the next day. It may not be normal for you to pass a stool every day. Remember the effect of the above regime may not be evident immediately and that it takes time and practice.

Holding On Programme

This is a technique whereby you are taught to increasingly resist the urge to open your bowels in an effort to overcome faecal urgency. Activate/squeeze your pelvic floor muscles and try to hold on for an extra few seconds the next time you need to empty your bowels. It is recommended that you try this in a safe environment with a toilet close by. Try to see if this can allow you to then walk calmly to the toilet and not feel rushed. Gradually try to increase the length of time you can hold on up to 5-10 minutes and thereby regain greater control of the back passage muscles. This focuses on effective use of the pelvic floor muscles, to be more in control of your bowel emptying.

Biofeedback

Biofeedback takes information about something happening in the body and presents it in a way that you can see or hear and understand. In this case a probe is attached to a bio-feedback device which gives you feedback as to how well you are doing your pelvic floor exercises.

Biofeedback can be used for both strengthening weak pelvic floor muscles (up training) as well as training tight shortened overactive pelvic floor muscles to relax (down training).

Pelvic Floor Muscle Stimulation

This is where pelvic floor muscle contractions are stimulated via an electrode inserted into the back passage.

Further Management

Medication

A review of your current medication with your GP or Pharmacist may identify whether these are contributing to your bowel symptoms.

There are several types of medications which act in different ways to help relieve bowel symptoms.

Laxatives/stool modifiers and anti-diarrhoeal medications should be not be considered for long term use unless prescribed by your GP.

Ano-rectal Irrigation

A variety of irrigation systems using warm water are available to stimulate more complete and effective evacuation by flushing out the lower bowel.

Additional Help

Various devices are available which are designed specifically to help you develop practical coping strategies on a daily basis. This helps you to feel more confident with your bowel management.

Containment products such as anal plugs/inserts can reduce the risk of faecal leakage.

The skin around the back passage is best washed with warm water only. Barrier creams can help prevent irritation around the back passage. Skincare products may be discussed further with your physiotherapist, GP or local pharmacist.

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