



PATIENT INFORMATION LEAFLET

BOWEL CARE

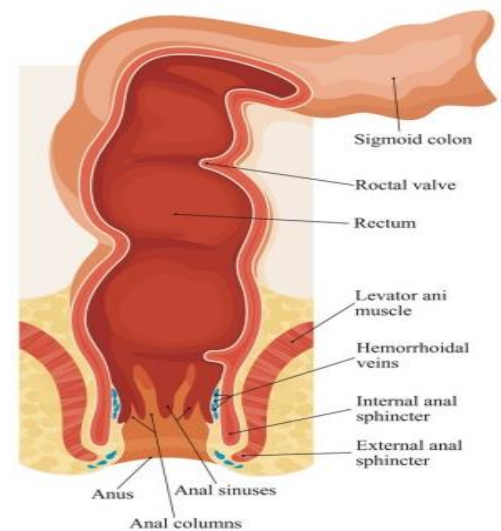
WHAT DOES THE BOWEL DO?

The bowel is the name given to the small and large intestine which is a long tube that runs from the stomach to the back passage.

Food passes through the intestine and nutrients from the digested food are absorbed into the bloodstream. The remaining undigested food (known as faeces, stools, motions, poo) is then stored in the rectum until you are ready to visit the toilet.

The muscles in your bottom (anus) control what comes out of the opening and what stays in your rectum.

ANATOMY OF ANAL CANAL



WHAT IS A NORMAL BOWEL HABIT?

Having your bowels opened between three times a day and three times a week is regarded as normal. Your faeces should be soft but formed, a type 3 or 4 on the Bristol Stool Chart (image on the left).

WHAT IS CONSTIPATION?

Common symptoms of constipation include faeces (stools) becoming hard, and difficult or painful to pass. The time between toilet visits increases compared with your usual pattern.

You may experience stomach pain, bloating, excess wind (flatulence), nausea, headaches, loss of appetite and bad breath.

Some people may develop haemorrhoids (piles) from having to strain to open their bowels.

Constipation can also contribute to urinary and faecal incontinence by **weakening your pelvic floor muscles**. These muscles help to control the opening of the urethra (the tube that takes urine out of

Bristol Stool Chart

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

your body from the bladder) and anus (back passage). Regularly straining to open your bowels because you are constipated can weaken these muscles, gradually reducing your control.

Hard stool in your rectum may stop the urethra from opening properly, preventing you from passing urine.

Type 1, 2 or 3 on the Bristol stool chart show some level of constipation, with Type 1 the most severe.

WHAT CAUSES CONSTIPATION?

Many things can cause constipation, such as:

- lack of fibre (the non-digestible part of plant foods)
- not drinking enough
- lack of exercise or being less active
- ignoring the urge to pass stool
- poor, or lack of, toilet facilities
- certain medicines, such as painkillers containing codeine, anti-depressants, diuretics (water tablets) and iron supplements
- pregnancy and childbirth
- psychological (emotional) factors, such as having to use a bedpan, commode or needing help to get to a toilet
- emotions such as stress, anxiety, depression, and grief
- medical conditions such as diabetes, stroke, and Parkinson's disease
- bowel disorders, such as slow-transit (slow movement of faeces through the bowel), which may need further investigation
- neurological conditions

It is important that the reason for your constipation is known so that the correct advice and treatment may be given.

HOW DO I KNOW IF I AM CONSTIPATED?

Some people believe they are constipated because they do not open their bowels each day. If you are able to pass your motions without having to strain excessively and you have your bowels opened at least three times a week you are not constipated.

WHAT CAN I DO TO KEEP MY BOWELS WORKING NORMALLY?

Are you drinking enough?

It is important that you drink 1.5 to 2 litres of fluid every day. If you do not drink enough, it makes the motions very hard and difficult to pass. Without enough fluid, the fibre in your diet will not work effectively.

Are you eating sensibly?

Eating adequate fibre can improve your bowel habit. It is recommended that you eat 5 portions of fruit and or vegetables every day.

Lifestyle advice

Fibre from food stays in your gut and adds bulk and softness to the stools. You may have some bloating and wind at first, and it can take up to four weeks to help your constipation. So, it is best to increase your fibre slowly and make it a long-term change. You will also need to drink lots of water with your high fibre foods.

High-fibre foods include:

- Fruit and vegetables. Aim to eat at least five portions of different fruit and vegetables each day. Sorbitol is a sugar, which softens the stool and acts like a natural laxative. Sorbitol is found in fruits (and juices) such as apples, apricots, gooseberries, grapes (and raisins), peaches, pears, plums, prunes, raspberries, and strawberries. The amount of sorbitol is about 5-10 times higher in dried fruit.
- Oats, nuts, and seeds
- Wholegrain cereals and bran, and wholemeal pasta and bread

Sometimes bran and wholemeal may cause more bloating and cramps and worsen constipation in patients with IBS.

Do you have a routine?

Bowels benefit from routine. Try to allow yourself time and privacy to open your bowels. Going to the toilet about half an hour after you have eaten a meal is the best time to try.

Do you exercise?

Regular exercise can stimulate the bowel to work properly. If your mobility is limited, try to do exercises which you can manage.

Are you taking any medicines that may make you constipated?

If you are taking medicines prescribed by your doctor or buying over the counter medicines, ask if these may be causing your constipation. Sometimes it is possible for the doctor to change the prescription.

Never stop taking your medication without asking the doctor first.

Avoid taking laxatives that have not been prescribed for you.

Avoid taking over the counter medicines that may make you constipated.

Can you pass your motions easily?

Sitting on the toilet in the correct position and using the right muscles are important. Follow the guidance below. If you have difficulty in sitting comfortably and safely on the toilet because of a disability, tell your doctor or nurse.

1 Sit on the toilet so that your knees are higher than your hips. Use something to rest your feet on to make sure you are comfortable in this position

2 Put your hands on your waist and cough, these are the stomach muscles that you need to use when straining. Using these muscles, push to expand (bulge) your stomach

3 Lean forward and put your elbows on your knees, keeping the pressure on your stomach

4 Now tighten your anal muscles (back passage) as though you want to stop passing wind

5 Keep squeezing until you can feel the muscles lifting upwards

6 Keeping your abdomen bulged, now relax your anal muscles

7 Check your position. You should be leaning forward, knees higher than your hips, with your elbows on your knees and your abdomen bulging

8 Now open your mouth slightly and part your teeth. Breathe out and using your abdominal muscles push downwards into your bottom so that you can relax the anal muscles and have your bowels opened

9 Tighten your anal muscles once more when you have finished opening your bowel

If you find your anal muscles are tightening instead of relaxing, practising **4, 5 and 6** will help get these muscles working correctly. If you are still unable to relax your anal muscles and are straining excessively for long periods you should seek help from your doctor or Continence Advisor.



GOOD BOWEL FUNCTION FOR ADULTS

There is more to good bowel function than just being regular. For example, you should be able to:

- hold on for a short time after you feel the first urge to go to the toilet - this allows time to get there and remove clothing without any accidental loss of faeces
- pass a bowel motion within about a minute of sitting down on the toilet
- pass a bowel motion easily and without pain - ideally, you shouldn't be straining on the toilet or struggling to pass a bowel motion which is hard and dry
- completely empty your bowel when you pass a motion (you don't have to go back to the toilet soon after, to pass more)

WHAT IS FAECAL INCONTINENCE?

People who pass bowel motions at the wrong time or in the wrong place may be experiencing poor bowel control, or faecal (stool) incontinence. They may also pass wind when they don't want to, this is called flatal incontinence.

You may have a problem if:

- you have sudden urges to pass a bowel motion that you cannot control
- you soil yourself without realising you needed the toilet
- you sometimes leak faeces/stool – for example, when you pass wind
- it happens every day or from time to time – a one-off "accident" when you are ill with diarrhoea is not usually a problem
- it's affecting your daily life – for example, it stops you socialising

Poor bowel control is more common than you may think - about one in 20 people experience poor bowel control. It is often not talked about, but anyone can have poor bowel control. It is more common as you get older, but young people can also have poor bowel control. It is more common after childbirth.

WHAT CAUSES FAECAL INCONTINENCE?

There are lots of possible causes of bowel incontinence. Often, it's caused by a combination of problems. Some of these may be:

- severe or long-lasting constipation or diarrhoea
- irritable bowel syndrome (IBS)
- inflammatory bowel disease – such as Crohn's Disease or Ulcerative Colitis
- severe piles (haemorrhoids)
- childbirth or surgery damaging the muscles or nerves you use to control your bowels
- conditions that can affect the nerves in your bottom – like diabetes, a stroke, or spina bifida.

WHAT CAN I DO IF I HAVE FAECAL INCONTINENCE?

See your GP or local continence advisor, they may be able to offer you treatment to help improve incontinence and reduce the impact it has on your life. The best treatment for you depends on what is causing the problem and you may need to undergo some investigations to find the cause.

Treatments for bowel incontinence include:

- continence products: such as pads you wear in your underwear or small plugs you put in your bottom
- changes to your diet: such as avoiding foods that make diarrhoea worse
- medicines to reduce constipation or diarrhoea
- exercises to strengthen the muscles used to control your back passage. These are called pelvic floor exercises. Squeezy is a phone application which guides you through exercises to help improve the strength of these muscles

EXERCISES TO HELP WITH FAECAL INCONTINENCE

Each exercise requires you to tighten up (squeeze) the muscle in your back passage as though you are stopping yourself having your bowels opened.

You should feel as though the pelvic floor muscles are pulling upwards if you are doing the exercises correctly.

Repeat the exercises below at least 4 times per day. Start with the first set of exercises which are shorter in duration, and then progress to the next exercise when you feel comfortable with the one before.

The exercises are:

- Tighten up the muscle in your back passage and hold the tension for 2 seconds, repeat 6 times. Relax for 2 seconds in between each squeeze
- Tighten up the muscle in your back passage and hold the tension for 5 seconds, repeat 6 times. Relax for 5 seconds in between each squeeze
- Tighten up the muscle in your back passage and hold the tension for 10 seconds, repeat 6 times. Relax for 10 seconds in between each squeeze

If these things do not work you may be referred to specialist physiotherapist, nurse, or doctor. Tests and/or surgery may be considered if other treatments do not help.

CONTACT DETAILS



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<https://mft.nhs.uk/saint-marys/services/gynaecology/urogynaecology/>