

# Improving Your Bowel Function



EDUCATES, SUPPORTS AND PROMOTES SPECIALIST PHYSIOTHERAPISTS

# Glossary

**symptoms** - a feeling of a physical change / bothersome change

**rectum/back passage** - where stool / faeces / poo is stored just before a bowel movement

**anus** - the opening at the end of the rectum where the stool comes out

**incontinence** - loss of urine or stool when it was not intended

**pelvic floor muscles** - the group of muscles spanning the base of your bony pelvis, from the pubic bone in front to the tailbone at the back, held in place by ligaments which support the pelvic organs. Pelvic floor muscle exercises / Kegels will help keep these muscles strong

**bladder** - where urine is stored until you go to the toilet to pass water/ have a pee

**vagina** - a muscular tube from the external genitalia (labia and vulva) to the end of the uterus (cervix)

**uterus** - the hollow organ in which a foetus / baby develops in pregnancy (sometimes called the womb)

# Improving Your Bowel Function

Bowel problems can occur at any age and the type of problem you have may influence the treatment you are offered. This leaflet outlines some conservative (non-surgical) treatments you may be offered and some changes you may be able to make yourself to help your symptoms.

Certain bowel problems require immediate attention to rule out any significant pathology. If you are reading this leaflet and have not yet sought medical help for your problem, you should see your GP if you have any of the following symptoms:

- Bleeding from the bottom or blood in your poo without any obvious reason such as local soreness, piles or a tear.
- Any change in bowel habit that last for 3 weeks or more, especially if you are going to the toilet more often or experiencing unexplained looser stools or ribbon like stools.
- Any constant, unexplained pain in the abdomen especially if it is severe.
- An unexplained lump in your abdomen, especially if it is on your right hand side.
- Unexpected weight loss perhaps due to loss of appetite or feeling bloated or sick.
- Unexplained tiredness, dizziness or breathlessness (symptoms of anaemia).

Please note that most people with these symptoms do not have anything serious, but your GP will certainly want to examine you and may refer you or do further tests.

## Normal Bowel Function

It is normal to open your bowels from between three times a day, to three times a week. Everyone's bowel function is individual and varies with many factors, such as diet, fluid, lifestyle and age. We should all be able to:

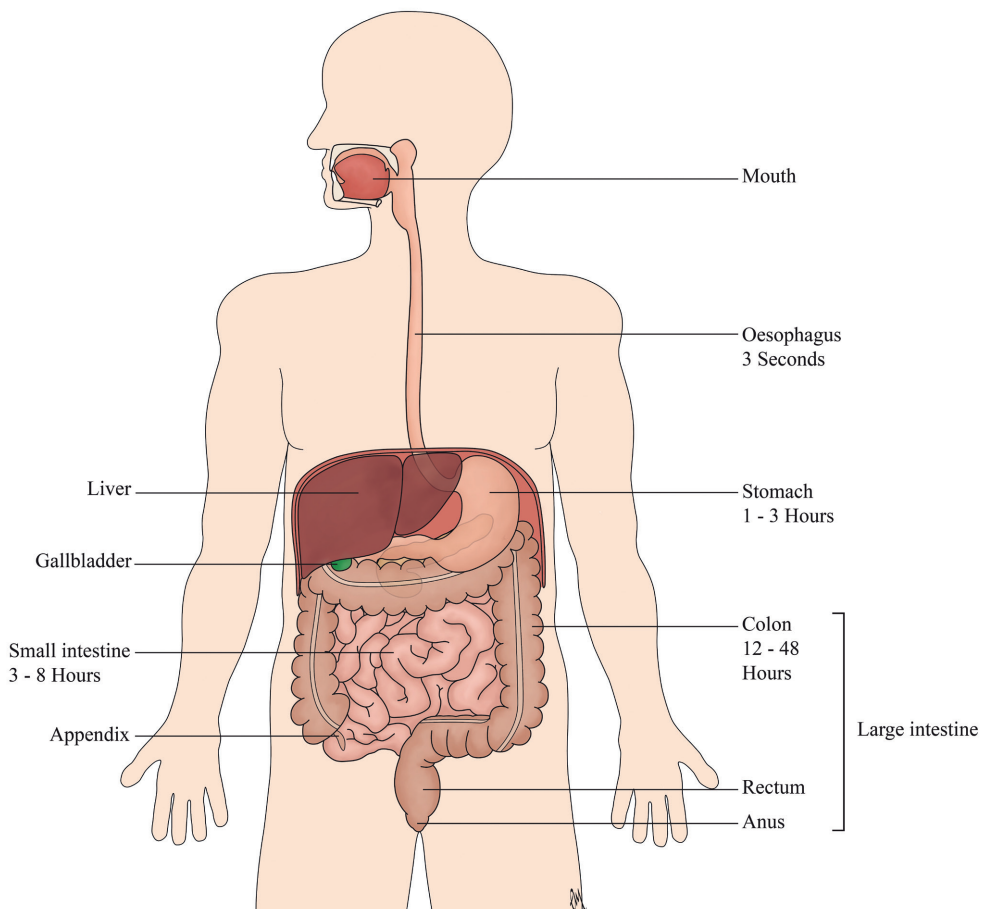
- 1 have an awareness of the need to open our bowels
- 2 hold on to go to the toilet at an appropriate place and time
- 3 open our bowel completely, without straining when we sit on the toilet.

The process of digesting food we eat starts in the mouth where the food is chewed properly before arriving in the stomach.

The food is further broken down in the stomach and then passes through the small intestine where nutrients are absorbed, before moving on to the large intestine.

As food passes around the large intestine, it absorbs fluid to become a formed motion. The formed motion is stored in the lower part of the large intestine called the rectum until it is passed out of the body.

The stool consistency can vary depending on how long it has stayed in the rectum. Ideally this is a soft, smooth shape which is easy to pass. This relies on having good muscle function around the anal sphincters through which the passage of stool is controlled.



# Common Bowel Disorders

The following types of symptoms are commonly seen:

**Constipation** means the bowel does not move easily or regularly. This may mean having a bowel movement fewer than every three days and the bowel motion may be hard and difficult to pass. Some people who are constipated find it painful to have a bowel movement and often describe straining, bloating, the sensation of a full bowel or a sense that the bowel has not emptied properly. To move waste through the colon we need a healthy balanced diet rich in fibre and fluids, as well as exercise. Slower passage of waste through the colon can cause the bowel motion to become dry and hard and thus more difficult to pass.

**Obstructed defaecation** is the inability to evacuate contents from the rectum even with excessive straining. There is often the sensation of anal blockage during defaecation and the feeling that the bowel has not emptied properly. People can describe having to use their fingers to assist emptying 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 bowel motion can become trapped in a pouch/bulge in the lower rectal wall making it difficult to empty.

**Faecal incontinence** is the leakage of gas, solid or liquid from the back passage due to the reduced ability to control bowel closure. Leakage can range from a smearing of underwear to loss of a full bowel motion.

**Faecal urge incontinence** happens when you are not able to get to a toilet quickly enough when you get the feeling of needing to go.

**Passive faecal incontinence** is when you are unaware of the leakage from your back passage of wind or stool.

## Causes of faecal incontinence include:

- 1 Muscle weakness, making it difficult to hold on when you need to go to the toilet. Possible causes can be: muscle trauma e.g. childbirth, chronic constipation (straining a lot to go to the toilet) or general muscle weakness.
- 2 Softer, less formed motions or diarrhoea 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 from local trauma or neurological conditions can cause loss of sensation or muscle control.

# Physiotherapy Management

Physiotherapy management is a "package" of care and may include biofeedback if appropriate:

## Advice and education

You will be given support and information including education explaining how normal bowel function works and the common causes of bowel problems such as faecal incontinence and constipation. Pictures, models and other visual aids may be used to help you improve your understanding of your symptoms.

## Life-style modification

You will be advised on ways to adjust your life-style in order to help manage your bowel symptoms.

This may include advice on; stopping smoking, type and level of exercise and anxiety management e.g. mindfulness or Cognitive Behavioural Therapy.

## 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.

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 will then provide valuable information from which your physiotherapist may make some suggestions to changes to your diet and fluid intake which may help relieve your symptoms.

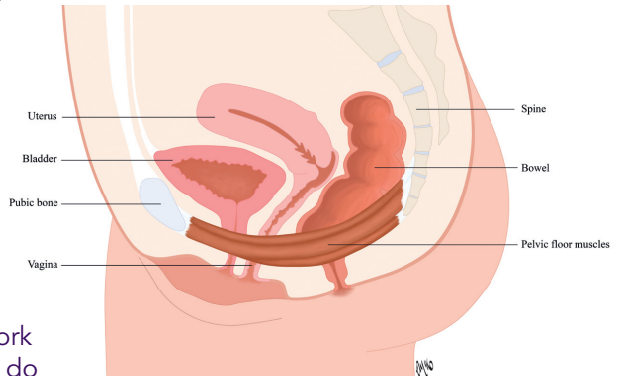
The aim is to achieve a normal bowel motion which is a soft smooth shape and easy to pass. A motion which is too hard, like small round pellets, is much more difficult to pass and a motion which is too soft or loose, with no formed shape, is more difficult to control and wipe clean. By changing what we eat and drink we can influence the type of motion produced and help symptoms.

Onward referral to a Nutrition and Dietetic specialist can sometimes be appropriate.

# Pelvic Floor Exercises

The pelvic floor muscles act like a hammock to support the pelvic organs. Pelvic floor muscle exercises will also strengthen the anal sphincter muscles. These exercises will improve pelvic organ support, continence and sexual function.

Pelvic floor muscle exercises (sometimes called Kegels) should include long squeezes as well as short, quick squeezes. You should work the muscles until they tire and do the exercises regularly to help the muscles become stronger and more effective.



Imagine that you are trying to stop yourself from passing wind at the same time as trying to stop passing urine. You should feel a squeeze and a lift inside. Do not hold your breath.

## Long squeezes

- Tighten your pelvic floor muscles, hold them tight, then release and let them fully relax.  
How long can you hold the squeeze?
- Repeat the squeeze and hold until the pelvic floor muscles tire.  
How many times can you repeat the squeezes?

## Short squeezes

- Quickly tighten your pelvic floor muscles, then immediately let them go again.  
How many times can you do this quick squeeze before the muscles get tired?
- Always let the muscles fully relax after each squeeze.

## Pelvic Floor Muscle Exercises

- Aim to do 10 long squeezes, holding each for 10 seconds, relax the muscles for 10 seconds then do 10 short squeezes
- You may need to start with 'little and often' if you find that you can only hold the squeeze for a short time, or only do a few before the muscles tire

- You should do your pelvic floor muscle exercises at least 3 times each day. You may find it easier to start your programme when you are sitting or lying down.
- Build up your exercise routine gradually over the next few weeks and months. You should notice an improvement in 3 - 5 months and then keep practising your pelvic floor muscle exercises once a day to maintain the improvement
- As your muscles improve, aim to do your exercises in other positions such as standing up. Eventually you can practise these exercises whilst doing activities such as walking and bending

## The Knack

Draw up and tighten your pelvic floor muscles before any activity which increases the intra-abdominal pressure, such as coughing or lifting to help the pelvic floor resist the downward movement of pelvic organs.

It is important that you do your pelvic floor muscles exercises correctly. If you are having difficulty ask to be referred to a specialist physiotherapist for proper assessment, and further advice (see inside back cover).

## Defaecation Techniques

You may be taught simple ways to enable you to pass a 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.

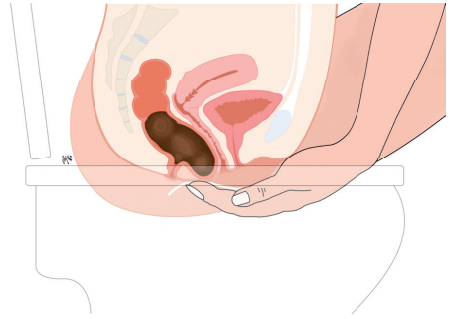
It is important to avoid constipation. This puts extra strain on the pelvic floor muscles and can worsen prolapse symptoms. Eating plenty of fruit, vegetables and fibre can help. Make sure you are also drinking enough (between 1.5 to 2 litres of fluid per day).

- Do not strain
- Sit fully on the toilet: do not 'hover'
- Have your feet apart and raised up on a stool/ support, with your arms resting comfortably on your legs
- Keeping your tummy relaxed; don't tighten your abdominal muscles
- Avoid breath holding; try to have a relaxed breathing pattern



- A slight bearing down will help the stool to open the back passage for the bowel movement

Some women may find it helpful to support the perineum (the area between the anus and the vagina) when emptying their bowels. Applying some pressure vaginally on the bulging wall towards the back passage may help to empty the bowels more fully and effectively.



## Holding On Programme

This is a technique whereby you are taught to increasingly resist the urge to open your bowels in a safe environment, in an effort to overcome faecal urgency.

Start by using your pelvic floor muscles and try to hold on for an extra few seconds the next time you need to empty your bowels. Try to see if this can allow you to then walk calmly to the toilet and not feel rushed. Gradually try to increase how long you can hold on and thereby regain greater control of the back passage muscles.

It can also help relieve faecal incontinence by teaching you to “hold on” for longer and more successfully. This focuses on effective use of the pelvic floor muscles.

## Biofeedback

Biofeedback is the process by which we relearn bodily functions that were previously performed at a subconscious level.

There are several different types of biofeedback:

### Computer Assisted

An electrode is placed in the rectum to record the signal produced as the pelvic floor muscles contract and relax. You would not expect to feel any discomfort during this process.

The resulting trace on the screen helps you to retrain the correct muscle technique.

## **Sensory Rectal Balloon Catheter Retraining**

A small rectal balloon catheter is inserted into the back passage. The balloon is then inflated slowly, mimicking a stool arriving in the rectum, which creates the initial urge to open your bowels. This method is a useful way of retraining many aspects of normal bowel function.

## **Pelvic Floor Muscle Stimulation**

This is where pelvic floor muscle contractions are stimulated via an electrode in 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.

Other aids and toilet adaptations are also available.

## Further information and resources

<http://www.nhs.uk/conditions/incontinence-bowel/Pages/Causes.aspx>

<https://www.bladderandbowelfoundation.org/bowel/bowel-problems/>

[www.theibsnetwork.org](http://www.theibsnetwork.org)

[www.wcrf-uk.org](http://www.wcrf-uk.org)

[www.beatingbowelcancer.org](http://www.beatingbowelcancer.org)



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