

Maintaining a Healthy Bowel

SPHERE Bladder and Bowel Service

Supporting Pelvic Health through Empowerment,
Rehabilitation and Education

Introduction

Many people have bowel problems, young and old, men and women – it is thought to be more common now than several years ago.

Bowel problems often cause extreme embarrassment and this can lead to people being reluctant to seek help and advice. These problems may be managed and treated in many ways; in many cases the problem can be cured.

A change in bowel habit can sometimes be linked to a change in diet or emotional state. Everyone has a different bowel habit; some people go to the toilet to have a bowel movement every day, some go several times a week. It is generally said you have a 'normal' bowel habit if you have a formed bowel movement more than 3 times a week and pass stools (poo) that are not too hard or soft (type 3 or 4 on the *Bristol Stool Chart – Figure 1*).

Any change in bowel habit for more than six weeks, passing mucous or blood from the rectum or any unintentional weight loss should be discussed with your doctor.

BRISTOL STOOL CHART			
	Type 1	Separate hard lumps	Very constipated
	Type 2	Lumpy and sausage like	Slightly constipated
	Type 3	A sausage shape with cracks in the surface	Normal
	Type 4	Like a smooth, soft sausage or snake	Normal
	Type 5	Soft blobs with clear-cut edges	Lacking fibre
	Type 6	Mushy consistency with ragged edges	Inflammation
	Type 7	Liquid consistency with no solid pieces	Inflammation

Figure 1: Bristol Stool Chart

The Bowel

The bowel is part of the digestive system; its role is to digest the food that we eat, absorb the nutrients and goodness from the digested food then process and expel the waste products from the body.

This process starts at the mouth and finishes at the anus or back passage (*Figure 2*).

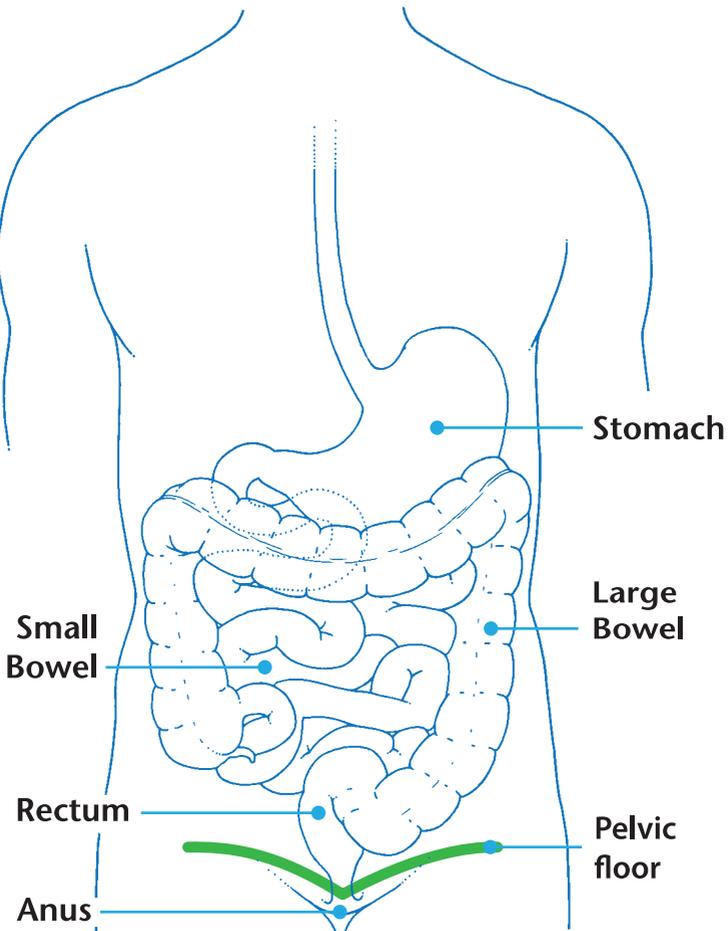


Figure 2: The digestive system

What can go wrong with the bowel?

Constipation

Constipation occurs when there is a delay in passing a stool and as a result it becomes hard and difficult to pass and there may be a feeling of discomfort and bloating. Many people are tempted to push or strain to help pass these hard stools; this can contribute to haemorrhoids (piles) and weak pelvic floor muscles. This in turn can have an impact on your bladder control.

What causes constipation?

There are several reasons why you may become constipated:

- Not drinking enough fluids
- Not eating enough fibre
- Lack of physical activity
- Ignoring the call to go to the toilet
- Some medicines may cause constipation
- Following stress or illness
- Some neurological conditions, e.g. Parkinson's Disease or Multiple Sclerosis
- Post surgery or a diagnostic procedure
- Bowel disorders, e.g. Irritable Bowel Syndrome, inflammatory bowel disease, diverticular disease

How can I avoid constipation?

- 1) **Fluid intake** – try to drink 1.5 – 2 litres of fluid gradually throughout the day.
- 2) **A Fibre Rich Diet** – try to eat more fibre; this will add bulk to your stools, helps them to move through the digestive system more quickly and makes them easier to pass. You can do this by increasing your fruit and vegetable intake, by eating wholegrain cereals, porridge, wholemeal bread and pulses such as beans or lentils. Increase fibre in your diet gradually over a few weeks to allow your body to adjust.
- 3) **Physical Activity** – increasing physical activity can be a good way to help with constipation. This should be done gently using small changes to your everyday routine, e.g. use the stairs rather than the lift or escalator, get off the bus one or two stops before your own and walk the rest of the way, go swimming, cycling, or join an exercise class. The recommended guideline from the Department of Health (2011) is 30 minutes of moderate aerobic activity at least 5 times a week.
- 4) **Your Medicines** – discuss with your doctor, nurse or pharmacist. This is not a reason to stop taking them, but it means that you need to take extra care to avoid getting constipated.
- 5) **Going to the Toilet** – try not to delay going to the toilet when you feel the need to have your bowels open. Many people feel this need within half an hour of meals and it may help if you consider giving yourself extra time after meals to allow this. Try to establish a routine of going to the toilet at a particular time of day to open your bowels.
- 6) **Avoid straining** – if you find it hard to have a bowel movement, do not try to push harder. Straining can cause other problems like haemorrhoids and can also weaken the pelvic floor muscles and can result in other bowel (and bladder) problems. It is also important that you are sitting in the best position to allow your bowels to move (*Figure 3*).

Correct position for opening your bowels

Step one



Knees higher than hips

Step two



Lean forwards and put elbows on your knees

Step three



Bulge out your abdomen
Straighten your spine

Correct position



Knees higher than hips
Lean forwards and put elbows on your knees
Bulge out your abdomen
Straighten your spine

Figure 3: Correct position for opening your bowels

Diarrhoea

This is when the stools are loose and watery; this can cause people to have frequent and urgent bowel movements, sometimes resulting in incontinence.

There are many causes of diarrhoea:

- Food poisoning
- Bowel infection
- Some medicines, e.g. antibiotics, anti-depressants
- Eating too much fibre
- Taking too many laxatives
- Anxiety and stress

Diarrhoea can also be a symptom of an underlying disorder such as irritable bowel syndrome, inflammatory bowel disease or diverticular disease. You should see your doctor if you have persistent diarrhoea.

What can be done about bowel problems?

The first thing to do is speak to your doctor; your doctor may refer you on to a specialist nurse or physiotherapist.

They may ask you:

- Have you had a change in bowel habit recently
- What do you normally eat and drink
- How often do you go to the toilet
- How often you have an accident or leak
- If you are taking any medications

The doctor, nurse or physiotherapist may ask you to keep a 'food and bowel diary' for a few weeks to record this information (*Figure 4*).

Name: A.N.Other

DoB / CHI : 1203456789

Day & Date	Breakfast	Lunch	Dinner	Snacks	Laxatives taken if any	Time bowels moved	Stool Type	Did you reach the toilet on time	Underwear stained or soiled?
Mon	Porridge milk	Cheese on toast yoghurt	Mince and potatoes	Apple Crisps banana	none	Did not move		Yes / No	Yes / No
Tues	Weetabix Milk coffee	Chicken soup bread	Fish and chips	Crisps biscuits		10pm	2	Yes	No
Wed	Crisps biscuits	Beans on toast	Curry and rice	Crisps Apple biscuits		10pm	2	Yes	No
Thurs	Porridge milk	tomato soup bread	burger chips	Banana crisps		10pm	6	Yes	No
Fri								Yes / No	Yes / No
Sat								Yes / No	Yes / No
Sun								Yes / No	Yes / No

Figure 4: Example of Food and Bowel Diary

Treatments

- **Adjusting your food and drinks** – what you eat and drink can have an effect on your bowel movements. It may be beneficial to discuss your diet with a dietician; this can be arranged through your GP.
- **Medicines** – there are many medicines available to help with bowel problems. Speak to your health professional before starting any medication to ensure you are taking the correct type.
- **Exercises** – special exercises can be taught to strengthen the pelvic floor muscles and sphincter muscles if leakage is a problem. Your health professional can advise you on these.
- Natural remedies may help with bowel problems. Your local health food shop can advise.

There are several other more invasive treatments available if these do not help; your GP may refer you on to a health professional that specialises in bladder and bowel problems to help. Surgery is usually only considered as a final option when all other avenues have been explored.

Managing your problem

There are aids available that can help manage bowel problems.

Pad and pants – there are many types available to purchase privately or may be available through the NHS. Your health care professional can advise you on these.

Anal plugs – an anal plug is inserted into the back passage where it expands to prevent leakage. It can be kept in place for up to 12 hours and is removed before you have a bowel movement. These are available on prescription from your GP. Speak to your health care professional if you feel an anal plug may help you.

Skin care

It is important that you look after your skin to prevent soreness and damage. Wash well every day and every time you have a bowel movement or accident. Use mild soap or fragrance free moist wipes. Pat dry, avoid rubbing. A barrier cream may help to protect your skin; this may be available on prescription from your GP. Speak to your health care professional if you are concerned about your skin.

