

# Managing problems with your bowel function

## Pelvic Floor Service

Information for Patients

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### The Functional Bowel Clinic

Your consultant has referred you for treatment with the specialist nurse or physiotherapist. You may have had tests (e.g. camera tests, proctogram) to help understand the possible cause of your symptoms and rule out any disease in the bowel.

Some of the common reasons people are referred to our clinic are:

- a feeling that your bowel is not quite empty after opening your bowels.
- the feeling that you may not get to the toilet in time (urgency).
- constipation.
- diarrhoea.
- leakage from the back passage (faecal incontinence).
- difficulty emptying your bowel e.g. due to a bulging, folding in or protrusion of the walls of the rectum or vagina (prolapse), or overtight muscles (anismus).

You will be asked to have a face to face appointment or a telephone appointment. This will allow us to check your individual needs, look at the best treatment plan for you, and tailor your treatment appropriately.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Normal bowel function

It is normal to open your bowels from between 3 times a day, to 3 times a week. Everyone's bowel function is different and varies with many factors, such as diet, fluid, lifestyle and age. We should all be able to:

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

## Good bowel health advice

### 1. Diet, fluids and stool type








Having a normal stool type is important. It will help you to empty completely and should be easy to pass.

A normal stool type is considered to be a 3 or 4 on the Bristol Stool Scale.

Hard stools (type 1 or 2) tend to be linked to constipation.

Soft stools (type 5, 6 or 7) can make emptying the bowel more difficult and often cause the feeling of incomplete emptying. Softer stools may make it difficult to wipe clean and are more commonly linked with faecal incontinence.

## 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. <b>Entirely Liquid</b>

To have a normal stool you need the right amount of fibre in your diet. You must also drink enough fluids for the fibre to work. Try the following:

- Make sure you drink enough fluids - aim for 1.5 to 2 litres every day.
- Eat enough fibre - Public Health England recommend 30g of fibre per day.
- The combination of the right amount of fibre and fluids should help you pass a normal formed stool.
- Some people need more help and need to take a fibre supplement such as psyllium husk. If you are trying this start at a low dose (e.g. 1 a day) and slowly build up the dose week by week, until you find the correct amount for you. Some people suffer from bloating or pain in the stomach when they take too much fibre too quickly. Your bowel needs time to adjust to changes, so start slowly.
- Keep a diary so you can see any changes and work out what is working for you. It may take weeks or months to get this right so keeping a record is helpful.

Further general information can be found on the Leicestershire Nutrition and Dietetic Service website [www.lnds.nhs.uk](http://www.lnds.nhs.uk)

Leaflets specifically about constipation can be found here:

<https://www.lnds.nhs.uk/Library/DietaryadviceforConstipationMar20LND5053.pdf>

<http://yourhealth.leicestershospitals.nhs.uk/library/emergency-specialist-medicine/elderly>

## 2. Good toilet habits

You should wait until you have an urge to go to the toilet. A good position on the toilet is important as it can help relax your pelvic floor muscles and encourage the bowel to open without straining.

- Sit fully on the toilet; do not hover.
- Lean forward a little and rest your elbows on your knees.
- Have your knees higher than your hips by lifting your heels; think of being on your tiptoes. It may help to put a small stool (or upturned washing-up bowl) under your feet.
- Gently push your lower belly out. This helps relax the outer opening of the bowel (anal sphincter muscles).

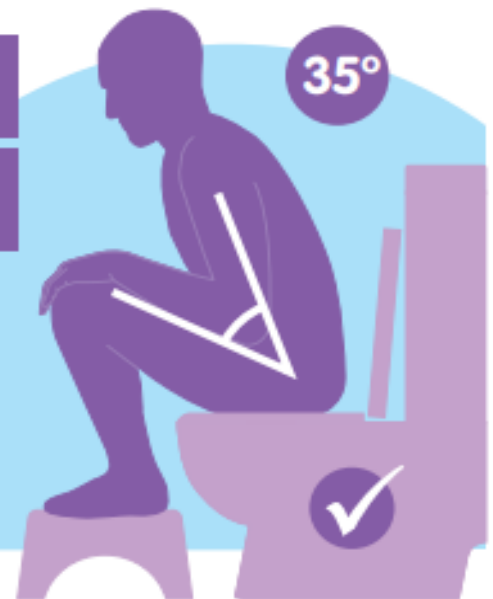
See this leaflet for more details and diagrams:

[https://thepogp.co.uk/Resources/123/improving\\_your\\_bowel\\_function](https://thepogp.co.uk/Resources/123/improving_your_bowel_function)

You may also find this video helpful: <https://www.youtube.com/watch?v=QDk93cvZAuk>

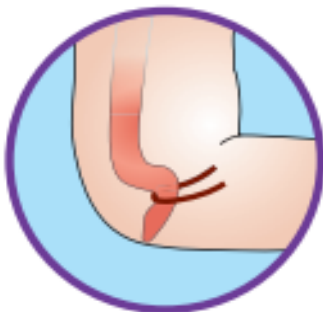
# Toileting Position to Empty Bowels Fully

**Benefits:** Can prevent: Constipation, Incomplete Bowel Emptying, Faecal Smearing, Faecal Incontinence, Reduces Frequent Toileting to Empty Bowels.



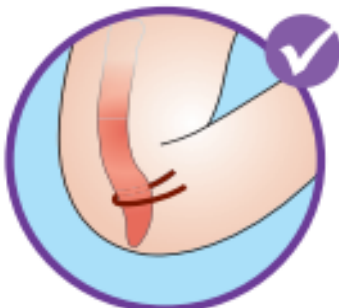
## Standing Position

When standing our colon is at 180 degrees. The puborectalis muscle clinches the colon shut keeping waste in.



## Sitting Position

When sitting our colon is at 90 degrees. Sitting partially relaxes the puborectalis muscle, causing bloating, straining, hemorrhoids and constipation.



## Squatting Position

When squatting our colon is at 35 degrees. When we use a footstool to elevate our feet for a 35 degree angle, the puborectalis muscle fully opens allowing for easier bowel opening.



### 3. Pelvic floor muscle training (unless diagnosed with anismus)

Pelvic floor muscle training can make the anal sphincter muscles stronger. This helps to prevent leakage and can help to lift any prolapse.

The pelvic floor muscles lie across the base of your pelvis and help to support the pelvic organs (bladder and bowel, and uterus in women). These muscles help to keep the bladder and bowel openings closed to prevent unwanted leakage. They will relax when we sit on the toilet to allow the bladder and bowel to empty.

To exercise the pelvic floor muscles:

1. Sit or lie comfortably.
2. Draw up the muscle around your back passage (sphincter) as if trying not to pass wind.
3. Hold this muscle in while you draw in the front passage as if trying to stop yourself from passing urine. Women should squeeze in around the vagina at the same time.
4. Try to hold the squeeze for up to 10 seconds.
5. Then relax the muscle completely. Rest and allow the muscle to relax by taking a deep breath in and out.
6. Try to repeat this cycle of a squeeze with a 10 second hold followed by relaxing with a deep breath in and out, up to 10 times in a row.
7. Aim to repeat this up to 3 times a day.

The specialist nurse or physiotherapist may examine your pelvic floor muscles during your hospital appointment, to make sure you have the correct method of contraction and relaxation. This will also allow the assessment of the strength and endurance of your pelvic floor muscles.

You may be given an exercise programme which is specific to you. If you cannot feel your muscles working, the exercise causes pain or are not sure what to do, you should wait for your hospital appointment before starting any regular exercises.

You can find more details on pelvic floor muscle exercises for men and women from this website: <https://thepogp.co.uk/Resources>

### 4. Lifestyle advice

Exercise helps normal bowel activity so try to make sure you move regularly. Do something you enjoy and know you can commit to regularly (aim for 30 minutes per day). Try a brisk walk, swim or yoga.

Relaxation is important for good bowel health, especially if you have a diagnosis of irritable bowel syndrome (IBS). Advice and support for IBS can be found here: <https://www.theibsnetwork.org/>

Learning how to relax your pelvic floor muscles may also be important for you, especially if you have a diagnosis of overtight muscles (anismus). You may find this video helpful to start with: <https://www.youtube.com/watch?v=Auca88tmUu8>

General relaxation may also help:

- <https://www.headspace.com/>
- [https://thepogp.co.uk/Resources/114/the\\_mitchell\\_method\\_of\\_simple\\_relaxation](https://thepogp.co.uk/Resources/114/the_mitchell_method_of_simple_relaxation)

## Further information

- This leaflet by the Pelvic, Obstetric & Gynaecological Physiotherapy (POGP) network is a good source of information:  
[https://thepogp.co.uk/Resources/123/improving\\_your\\_bowel\\_function](https://thepogp.co.uk/Resources/123/improving_your_bowel_function)
- Skin care advice for bowel incontinence:  
<http://yourhealth.leicestershospitals.nhs.uk/library/chuggs/general-surgery/pelvic-floor-and-bowel-function/2189-skincare-advice-for-bowel-incontinence>

You will need internet access to view the further references given in this leaflet. If you cannot access this information online, you can contact us directly to ask for a copy of any of the leaflets mentioned.

## Contact details

If you have any questions or concerns you can contact us on 0116 258 3775. There is a voicemail service when we are not in the office.

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