

Understanding constipation caused by dyssynergia

Pelvic Floor Service

Information for Patients

Last reviewed: April 2026

Next review: April 2029

Leaflet number: 1357 Version: 2

Introduction

This leaflet is about constipation caused by dyssynergia. It can also be called pelvic floor dyssynergia, anismus, dyssynergic defaecation. This leaflet explain what it is, how it is diagnosed and how it can be treated.

Dyssynergia happens when the muscles in your tummy, back passage and pelvic floor do not work together. It means that you find it difficult to poo.

If you do have uncoordinated muscles when you are examined we will offer you an appointment with our specialist physiotherapist. While you wait for the appointment it is good to develop good toilet habits. Try using relaxation techniques to help with your symptoms.

What is dyssynergic defaecation?

This is a type of constipation. The muscles that help you empty your bowel do not work together (co-ordinate) properly. This causes a blockage (obstruction).

Normally, when you poo the muscles around your bottom (anus) need to relax and stretch. The tummy muscles contract at the same time to push the poo out. It is a co-ordinated process. With dyssynergia, the muscles do not work together properly. It can look like:

- The tummy muscles might be working whilst the bottom muscles are still tense. It is a bit like trying to squeeze toothpaste out with the lid still on.
- The tummy muscles do not create enough force (or propulsion) to push the poo out. A bit like not squeezing the toothpaste hard enough.
- A mix of both of the above.

It is a learned behaviour of the muscles. With help you can learn the normal pattern again.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

What causes it?

It may be because of:

- Poor toileting habits. For example, delaying the 'call to poo', or regular straining.
- Current or previous painful pooing. For example, after childbirth or a tear or open sore that develops in the lining at the opening to the back passage (anal fissure).
- Back pain.
- Psychological distress such as previous sexual or physical abuse.
- Eating disorders.
- Neurological disorders such as Parkinson's disease.

How common is it?

It is thought that up to a half of all people with constipation have dyssynergic defaecation. This may be in combination with other gut issues like irritable bowel syndrome (IBS) or a sluggish bowel (slow transit constipation).

How is it diagnosed?

It is linked with certain symptoms such as:

- feeling there is a blockage when trying to empty the bowel.
- the need to use a finger in the back passage to help remove the poo.

It cannot be diagnosed by symptoms alone. A clinician has to do a physical examination of the back passage. This examination will give them more information about how the muscles are working. They will put a finger into your bottom while you lie on your side, and check the activity of the back passage and tummy muscles as you push (bear) down.

If dyssynergia is suspected you may be referred for more tests to confirm this.

The tests used:

- **Anorectal manometry:** We use a pressure device to monitor the pressure in the back passage. It looks at the way the nerves and muscles of the bottom (rectum and anus) are working.
- **Balloon expulsion test:** We use a small tube (catheter) that has a balloon attached to it. We put this into the back passage. It is slowly filled with air to act as poo in the lower bowel (rectum). You will then have to try and push out the balloon as if you were having a poo.
- **Proctogram:** We insert a paste into the rectum. We then take images when you rest and when you push down. These show the shape of the rectum and how it empties. It shows how the pelvic floor and surrounding organs work together.

Your doctor may ask you to do more than one test. This will help them know what the problem is.

How is it treated?

There are a number of treatment options available:

- **Standard constipation treatment:** If your constipation is caused by a mix of constipation types like IBS with dyssynergia. We will then need to look at how your diet, fluids and laxatives can help to get a soft, formed stool.
- **Biofeedback:** This is the main treatment for dyssynergic defaecation. It uses different techniques to help the muscles relearn how to work together again. It will help you to identify and increase awareness of the pelvic floor and anal muscles. This may be through education, stretches, exercises and using equipment to give visual or sound cues linking to muscle activity.

About 7 out of 10 of people have a major improvement and the problem is often completely resolved with biofeedback treatment.

- **Timed toilet training:** You will try to time toilet trips around meals and waking. This helps to have a regular bowel pattern. 30 minutes after breakfast is often best, when you wake up and eat/drink you will stimulate the gut to work. Then you are more likely to be able to poo.
- **Toileting position technique to reduce straining:** The way we sit on the toilet can affect how our muscles work. Try to have a seated squat position as shown on page 4. This naturally straightens the angle of the back passage. It makes it harder for these muscles to tighten.
- **'Brace and pump' technique:** This is a technique to help improve the co-ordination of the muscles in your tummy and around the bottom. It helps reduce straining on the toilet.
 1. Breathe in to your belly and let the belly to soften and drop down. Do not force the breath. Repeat this a few times to help to relax the pelvic floor muscles.
 2. Next, make a fist and blow into it or make a "shush" sound. Keep widening your waist out and gently bulge your lower tummy forwards, giving the tummy a barrel shape. Repeat this process 4 to 5 times, then rest and repeat. You can spend up to 10 minutes on the toilet to allow the bowel to empty.

Or try 'MOO to POO'. Try making a "moo" sound as you breathe out rather than "shush" to see if this works better for you. See this video for help: Natural constipation relief in 3 easy steps ("MOO to POO"): www.youtube.com/watch?v=QDk93cvZAuk

- **Pelvic floor lengthening exercise:** The deep pelvic floor muscles act like a gate in the lower bowel. It controls the passage of poo. The muscles need to lengthen (and the gate to open) to let you poo.

Imagine a lift in a multi-storey building. Squeeze and pull in the muscles gently first as if lifting to the first floor. Then let it drop back down to ground floor again. Try to keep going down to the basement and then the cellar, stretching and lengthening the muscles as you go. Keep the muscles lengthened like this while you do the 'brace and pump' technique. Try to avoid squeezing the poo out with your bottom muscles as this may makes symptoms worse.

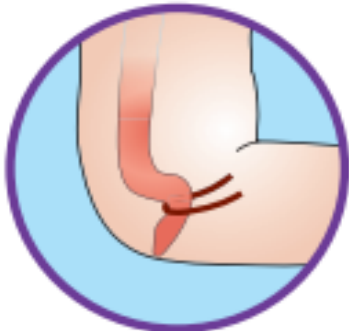
Toileting Position to Empty Bowels Fully

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



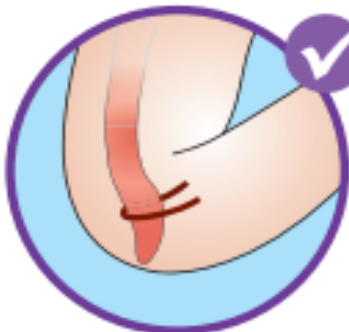
Standing Position

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.





- **Balloon retraining:** Sometimes a small balloon attached to a catheter is inserted into the back passage. This mimics the process of pooing as it gives the feeling of needing to go to the toilet. You can practice pushing the balloon out using the newly learned techniques.
- **EMG biofeedback:** A small computer is attached to a small probe and inserted in the back passage. This turns the muscle activity into a graph or picture and can help give you visual cues. This can help with relearning what the muscles should be doing by having visual feedback.
- **Botox injections:** If biofeedback does not improve symptoms, then we may consider giving you Botox injections in the anal or pelvic floor muscles. It can last for 1 to 3 months. You will need to do physiotherapy. If Botox helps improve your symptoms, repeated treatments may be needed.
- For more guidance watch our video on anismus on our webpage: <https://www.uhleicester.nhs.uk/services/colorectal-surgery/pelvic-floor-service/> or scan the QR code:



Contact details

Pelvic Floor Colorectal Conservative Management Clinic : **0116 258 3775** (messages can be left and will be picked up in working hours).

For any urgent advice please speak to your GP or call the NHS helpline on **111**.

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