



**ST. MICHAEL'S
HOSPITAL**
Dún Laoghaire

Pelvic Floor Centre
Bowel advice



Getting started with managing bowel symptoms

Bowel issues affect quality of life and can occur as a result of childbirth, eating habits, toileting habits, menopausal changes, pelvic trauma, stress and activity levels.

Bowel and bladder patterns can often be 'irregular' and are affected by our lifestyle.

The aim of management is that 'you are in control of your bowels, rather than your bowels in control of you'.








The following information is to help you start to manage your bowel symptoms of faecal incontinence, passive leakage from the bowel and difficulty or a feeling of 'incomplete emptying' when passing a bowel motion.

What you should expect from your bowel

- 'Regular' bowel emptying. 3 times/day to once every 3 days is considered within normal limits.
- Not to have to push or strain to pass a bowel motion.
- Satisfactory and predictable bowel emptying.
- To be able to 'hold on' to a bowel motion confidently, if it is not an appropriate time/ place to pass a bowel motion.
- Ideal stool consistency is Type 3/4 on Bristol Stool Scale.

The first thing we ask you to do is to complete a 3 day 'Bladder and Bowel' diary (see leaflets) to review your dietary and fluid intake and establish baseline bowel patterns/stool consistency and other factors that may be contributing to your bowel control.

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

Stool consistency can affect bowel control. If the stool is too hard it can be difficult to pass and conversely if it is too loose it can be difficult to control. The aim in managing bowel symptoms is to achieve ideal stool consistency which is Type 3 or 4 on the Bristol Stool Scale. This can be achieved by balancing fibre and fluid intake. It is recommended that you drink 30mls of water/kg of body weight/day which is approximately 1.5-2 litres for most people. If your stool type is currently Type 1/2, try to introduce more fibre to your diet and increase your fluid intake.

If you have looser stool (type 5/6) and have faecal incontinence or passive leakage of stool, aim to try a lower fibre diet. There is no 'one diet fits all' and it often takes time to find the balance that works for you.

Remember that if we want our bowels to be regular, we need to eat regularly (i.e. 3 meals) and it is best to sit down to digest food rather than eating 'on the go'.

Take into consideration any other fluid/ dietary restrictions that you might have and that certain fluids, such as caffeine or alcohol can stimulate or irritate the bladder and bowel.

It is important to ensure that you are eating a balanced diet and more information regarding fibre content of food/ high fibre/ low fibre diet can be found at:

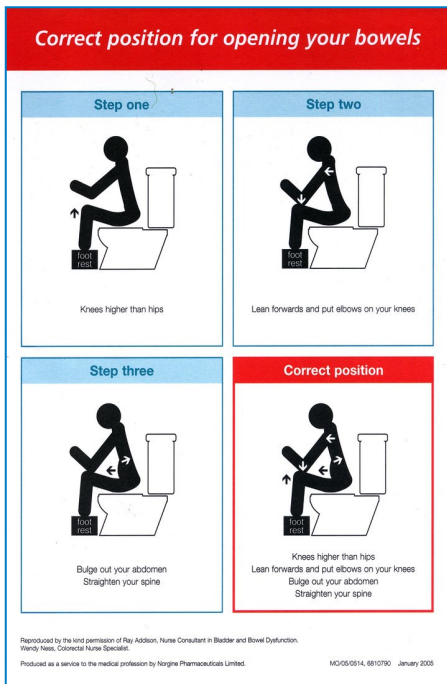
www.bladderandbowel.org
www.indi.ie

Defaecation positions

It is really important not to ignore the urge to empty your bowels, if the urge is not very strong attempted bowel emptying after a meal is encouraged to utilise the gastrocolic reflex which is responsible for the urge to pass a bowel motion shortly after eating.

The position that we sit in to pass a bowel movement can help to prevent excessive straining and can aid with more complete bowel evacuation.

- Sit on the toilet, feet apart, spine upright and lean slightly forward at the hips.
- Place a small stool or 2 toilet rolls under your feet to lift your knees higher than your hips. Rest your hands or forearms on your thighs.



- Initially relax your tummy and take 3-4 slightly deeper 'tummy breaths'. Then gently bulge your 'mid-tummy' (around your belly button). This action will help to open and relax the anal sphincter. Think about bulging into your tummy, not pushing down into your bottom. Try to release around your back passage.
- If you feel that your pelvic floor is pushing down as you do this, try to support it with your hand or a pad from below.
- If you often feel that you have an incomplete bowel movement, stand up and sit down several times before finishing.

What your bowel should expect from you

- That you respond to the urge to empty your bowels or utilise the gastrocolic reflex if the urge is not very strong.
- That you allow sufficient time to empty your bowels in a private and comfortable space.
- That you modify/ adjust your diet/fluid intake to achieve stool consistency type 3/4 on The Bristol Stool Scale.
- That you adopt a good defaecation position to optimise bowel emptying, minimising strain.
- That you exercise your external anal sphincter muscle to improve bowel control. Please see leaflet on 'Anal sphincter muscle control' to learn how to do this correctly.

Addressing the factors that have been discussed in this information leaflet are a good starting point in managing bowel issues/ symptoms that you may be experiencing. Making what may seem as small changes can have a very positive impact on bowel symptoms.

If you are having faecal incontinence, managing your stool consistency and strengthening your back passage muscle is a good place to start.

If you are having problems/ difficulty passing a bowel movement, try taking a mug of warm water first thing in the morning to stimulate the gastric reflexes. Abdominal massage, tummy breathing and exercise can help with keeping developing a good daily routine to help keep the bowels moving.

For further information on managing your bowel, please see the Pelvic Floor Centre Education Programme video 4.

SVHG document control

St. Michael's Hospital,
George's Street Lower,
Dún Laoghaire, Co. Dublin,
A96 P902, Ireland.

T +353 1 280 6901
www.stmichaels.ie

 **ST. VINCENT'S
HEALTHCARE GROUP**
Advancing Healthcare Since 1834

