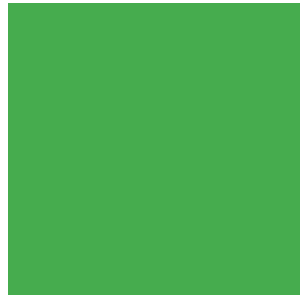


b&b

Bladder & Bowel  
Community

# Bowel Problems

What to do if something goes wrong



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

# Contents

The Basics – how the bowel works	1
What can go wrong with the bowel?	3
Managing your symptoms and self help	10
Treatment options to consider	13
Speaking to a doctor	18
Bristol stool chart	19
Bowel diary	20
B&BC information and contacts	24

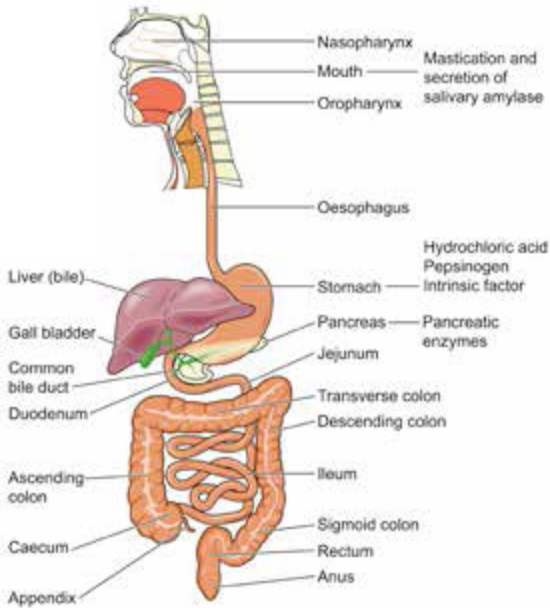
Bowel control problems are much more common than most people think and are thought to affect at least one in ten people during their lifetime, and in the UK this means that around 6.5 million people are affected (1 – Buckley et al, 2009)

Anyone at any age can develop bowel control problems although it is still more common in older people. However, regardless of age or sex, the vast majority of people still consider their bowel and its function as a private area and find it a difficult subject to discuss when something does go wrong.

An important point to remember is that bowel control problems are not a 'condition', they are a symptom of another underlying problem or a medical condition. The information in this book will help you understand more about these symptoms and how you may be able to manage them whilst you are seeking professional advice.

None of the information offered in this book is intended to replace the advice of your GP, continence advisor or health professional. It is a guide to help you determine what may be wrong and what your options are in terms of seeking treatment and further support. We always advise that you seek specialist advice from a health professional.

# The Basics - how the bowel works



The bowel is part of our digestive system and it works to digest the food we eat, absorb the goodness and nutrients into our blood stream, then process and expel the waste that the body cannot use.

Muscular contractions squeeze the food through the different sections of the bowel (peristalsis); a process which usually takes between 24 to 72 hours.

## The small intestine (small bowel)

The small intestine (or small bowel) is the first part of the bowel and food enters the small bowel from the stomach. It is around 6 - 8 m long and roughly 2cm wide. This is where digestion and absorption of nutrients takes place before the remaining food moves into the colon. At this stage the waste is a thick, porridge like consistency.

## The colon (large intestine)

The colon or large intestine (also known as the large bowel) is the waste processing part of the bowel and is about 2m long and 6-7 cm wide. The colon's job is to absorb water from the remaining indigestible food and form the stools or faeces. Stool consistency can vary depending on how long the waste has been in the colon and how much water has been absorbed.

## The rectum, muscles and anus

Once the bowel has done its work and absorbed nutrients from food, the waste travels to the rectum which stretches, triggering a message to the brain to say that the bowel is full and needs to be emptied. The pelvic floor muscles, when well-toned, ensure the anus remains closed until it's time to go to the toilet. When we need to go to the toilet, the brain tells the anal sphincter muscles, via the nerves, to relax. As the muscles relax, the anus opens and the rectum empties.

## Normal bowel function

There is no 'normal' in terms of frequency of bowel movements as everyone is different. 'Normal' in this sense is what is normal to you. Some adults can go more than once a day, whereas others will only have a bowel movement once every three or four days.

## Anal sphincters

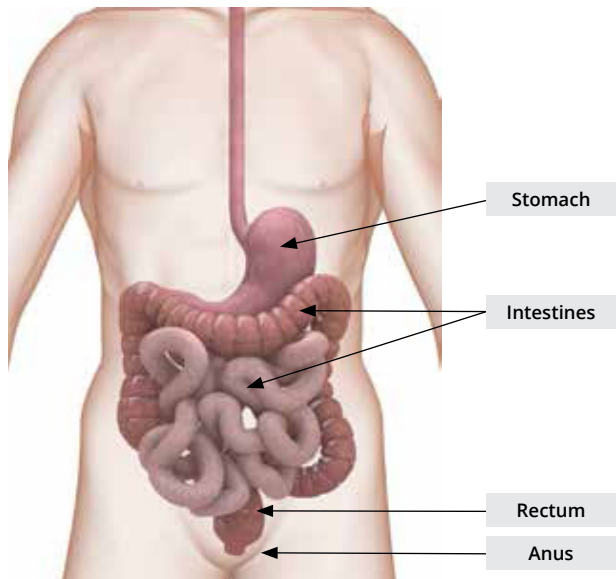
There are two rings of muscles around the anus responsible for delaying and controlling bowel emptying; the internal and external sphincter muscles. The inner muscle (internal sphincter) is an involuntary muscle which keeps the anal canal closed at all times, except when you are actually trying to open your bowels. The outer ring (external sphincter) is a voluntary muscle which you can tighten up to help you hold on if you have urgency or diarrhoea.

## The pelvic floor muscles

The pelvic floor muscles are layers of muscle stretched like a sheet from the pubic bone in the front, to the bottom of the backbone (coccyx). There are 3 openings through the pelvic floor in women and 2 in men - the anus (back passage), the vagina in women (birth canal) and the urethra (bladder outlet). The muscles support these openings, but if they are weakened or damaged, or not in good condition they cannot support the openings effectively.

## Nerve supply

Normal bowel function relies on a healthy nervous system. The pudendal nerve and pelvic splanchnic nerves are vital to normal function of the bladder and bowel. Trauma to these nerves can impair communication between the brain and bowel and vice versa, which in turn affects the ability to control faeces and urine.



# What can go wrong with the bowel?

This section will help you understand what can go wrong and why, and if you do have a problem, what your symptoms may indicate. If you are worried about your symptoms and they are seriously affecting your life, you should contact your doctor, nurse, continence advisor or healthcare professional straight away.

You should never try to self-diagnose, however, it may help you to learn a bit more about the different conditions before or after you seek specialist advice, to help you better understand your own particular condition and general health.

## Incontinence/Altered bowel control

If you are unable to control your bowel movements and experience a leaking of stool (solid, liquid or gas) before you reach the toilet, then you have bowel incontinence also referred to as altered bowel control. This may be a daily problem or it may only happen from time to time.

Bowel incontinence is a symptom and not a condition, and is generally the result of another underlying problem or medical condition.

### Causes of altered bowel control:

- Damage to one or both of the anal sphincter muscles resulting in an inability to 'hold on'.
- Constipation.
- Nerve damage – the nerve signals (messages) sent from the rectum do not reach the brain.
- Long term conditions such as Diabetes, Alzheimer's, Parkinson's, Multiple Sclerosis, Stroke and spinal cord injury.

## Damage to anal sphincter muscles

This is probably the most common reason for loss of bowel control. People with a damaged external anal sphincter typically have to drop everything to find a toilet, often with very little warning. Whilst those with a damaged internal anal sphincter usually complain of passive soiling; they have no control over these leaks which can happen without them realising.

### Symptoms:

- 'bowel urgency' and if a toilet is not reached in time, loss of bowel control.
- 'passive soiling' – no sensation of and inability to control bowel movements.

### Damage to or weakening of sphincter muscles can be caused by:

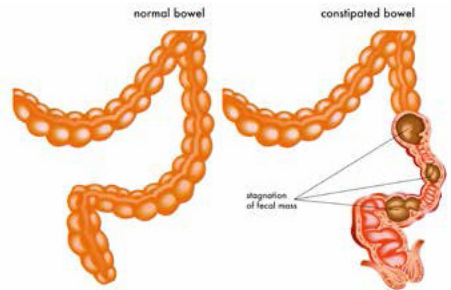
- Childbirth, particularly if the baby is very large, you have a forceps delivery or experience a third or fourth degree tear.
- Surgery, ie to remove haemorrhoids (piles).
- A rectal prolapse (where the rectum drops down and out of the anus).

# Constipation

If you experience a change in the frequency of your usual bowel movements, then you could be constipated. This means you are not passing stools as often as you normally do. It could also be that you are having to strain more than usual or you are unable to completely empty your bowels. Severe constipation can be a cause of bowel incontinence when the bowel becomes overloaded with either hard or soft stool; this is called impaction. Small lumps of stool can break off and come away without you knowing or the bowel wall can become irritated by the hard stools, producing more fluid and mucus which can leak out through the anus.

## Symptoms

- Fewer bowel movements than normal.
- Pain and straining when passing stools.
- Stomach pain or cramps.
- Stools are hard and dry, and may be large or small in size.
- Sore bottom.
- Unpleasant smell due to passing wind.
- Your bowels open less than three times a week.
- There may be a bad taste in the mouth, bad breath, abdominal bloating, decreased appetite, lethargy and, for some, the inability to function normally.



## Constipation can be caused by:

- A poor diet, with either too much fibre or not enough.
- Ignoring the feeling that you want to go and delaying bowel movements.
- Pregnancy.
- Not drinking enough fluids.
- Slow Transit Colon.
- Lack of exercise.
- Some medicines, especially pain killers.
- Surgery around the anus can sometimes be a cause of constipation mainly due to pain when emptying the bowel afterwards.
- Conditions such as Irritable Bowel Syndrome (IBS), Colitis and Crohns Disease.
- Some people with neurological problems such as Parkinson's disease or Multiple Sclerosis are prone to constipation.

# Diarrhoea

This is when the stool (faeces) is loose and watery. Diarrhoea can cause a frequent and urgent need to go to the toilet. Sometimes people with diarrhoea are unable to reach a toilet in time and they become incontinent. Diarrhoea can be both a symptom of and cause of incontinence, and can be chronic (on-going or recurring) or acute (sudden).

## Symptoms

- Unwanted and frequent passing of watery or loose stool.
- Abdominal pain, cramping and bloating.
- Nausea and loss of appetite.
- Sometimes diarrhoea is accompanied by a fever or bloody stool.

## Diarrhoea can be caused by:

- An acute infection in the bowel, such as gastroenteritis or food poisoning, which may be accompanied by vomiting.
- Some medicines e.g. antibiotics.
- Eating too much fibre - including large quantities of dried fruit or pure fruit juice.
- Using too many laxatives.
- Anxiety and stress.
- Caffeine, artificial sweeteners, too much alcohol, and sweets containing sorbitol can cause bouts of diarrhoea.

## Diarrhoea can also be a symptom associated with other bowel problems such as:

- Irritable Bowel Syndrome (IBS). This condition can cause a very variable bowel habit alternating between constipation and diarrhoea together with abdominal discomfort and bloating.
- Ulcerative Colitis or Crohn's Disease. These are both inflammatory bowel diseases and can result in recurring bouts of diarrhoea.
- Sometimes people who have had a major operation to remove or reconstruct part of the bowel have problems with diarrhoea and poor bowel control afterwards. Removal of part of the bowel can result in less water being absorbed from the stools and the development of looser bowel motions.
- Following radiotherapy especially of the pelvic area.

## Nerve damage

Damage to the nerves of the pelvic floor can alter awareness of stools in the rectum, and also make it difficult to control the anal sphincter muscles.

### Symptoms

- No control over bowel movements.
- No sensation of needing to go to the toilet.
- Bowel leakage.

### Nerve damage can be caused by:

- Neurological conditions like Multiple Sclerosis, Parkinson's Disease, Stroke and Diabetes.
- Injury to these nerves such as spinal cord injury.
- Spina Bifida; a birth defect that affects the development of the spine and nervous system.
- Traumatic childbirth resulting in third or fourth degree tear.

## Haemorrhoids (piles)

Haemorrhoids (piles) are enlarged and swollen blood vessels which occur in and around the lower rectum and the anus; they can be internal or external and are quite common.

### Symptoms:

- Bleeding after passing a stool (the blood will be bright red).
- Itchiness around the anus.
- Piles may move down and outside the anus and may need to be pushed back after passing a stool.

### Causes of piles:

- Piles are usually caused when you strain to pass a stool. So people who are frequently constipated and who regularly strain, often suffer from piles.
- They are also common during or after pregnancy due to the pressure from the developing baby, hormonal changes and the delivery of the baby.
- Other risk factors include being overweight, being over 50 years old, a family history, regularly lifting heavy objects and persistent diarrhoea.

## Anal tears/Fissures

An anal fissure is a tear or ulcer (open sore) that develops in the lining of the anal canal. They can open when you have a bowel movement and may continue to hurt afterwards. They may also bleed.



## Symptoms

- A sharp pain or burning sensation when trying to pass a stool.
- You may also notice bright red blood on the toilet paper.

## Causes of anal tears/fissures:

- Most fissures/tears occur when trying to pass particularly hard stools (constipation).
- Persistent diarrhoea can also cause anal tears.
- Other causes include childbirth and inflammatory bowel diseases.

## Diarrhoea can also be a symptom associated with other bowel problems such as:

As we've seen above, bleeding is commonly caused by piles and anal tears, however, any bleeding from the anus should always be investigated to rule out any other more serious conditions. If this is you, please make an appointment to see your GP today.

## Diverticular Disease

Diverticular Disease (DD) is the name given to small pouches (sacs) known as diverticula, that protrude outwards from the wall of the large intestine. Each diverticulum consists of a small part of the inner lining of the intestine that has been forced through the muscular layer of the intestine forming a small hernia. The number of protrusions will differ from person to person. The protrusions are generally the size of small grapes.

Diverticula can appear in any part of the colon. Among people in Westernised countries, diverticula are most commonly found in the sigmoid part of the colon. Diverticular Disease is predominately more common among middle aged to older people. In most people the diverticula cause no trouble, but in about 15% of cases some symptoms are experienced.

## Symptoms

- A change in bowel habits (diarrhoea or constipation or alternating between both).
- Acute and continuous abdominal pain (usually in the lower left part of the abdomen).
- Abdominal distension.

## Causes

It has not yet been confirmed what exactly causes Diverticular Disease but researchers and scientists do have a number of theories.

- A diet low in fibre.
- Other dietary factors.
- Genetics/race.
- Leading an inactive lifestyle.
- Associated with aging.

## Irritable Bowel Syndrome (IBS)

IBS is the name doctors have given to a collection of otherwise unexplained symptoms relating to a disturbance of the colon or large intestine.

### Symptoms

- **Abdominal pain and spasms, often relieved by going to the toilet.**
- **Erratic and irregular bowel habit.**
- **Diarrhoea and/or constipation.**
- **Bloating.**
- **Rumbling noises and excessive passage of wind.**
- **Urgency (an urgent need to visit the toilet) and incontinence (if a toilet is not nearby).**
- **Sharp pain felt low down inside the rectum.**
- **Sensation of incomplete bowel movement.**

For more specialist advice and information on IBS, please contact The IBS Network; their contact details are at the back of this book.

## Crohn's Disease

Crohn's Disease can affect any part of the digestive system. The symptoms vary depending on what part of the system is affected. The main symptoms of Crohn's are diarrhoea, weight loss and abdominal pain. There is no known cure for this disease, but medication can keep it under control.

For more information on Crohn's Disease please contact Crohn's & Colitis UK; their contact details are at the back of this book.

## Ulcerative Colitis

Ulcerative Colitis is inflammation of the colon. The major symptoms of Ulcerative Colitis are diarrhoea containing blood and mucus, and the constant urge to go to the toilet even though nothing comes out. People with Ulcerative Colitis may also suffer from abdominal pain. For more information on Ulcerative Colitis, please contact Crohn's & Colitis UK; their contact details are at the back of this book.

# Managing your symptoms and self help

Most of us take going to the toilet for granted and it isn't until something goes wrong that we realise how much of an impact a bowel problem can have on our everyday lives.

The good news is that there is help available for everyone with a bowel problem. People often find their symptoms improve with treatment and for some people they go away completely. However, before embarking on a treatment plan, it may be worth trying some simple lifestyle changes at home as these could make a difference to the severity and regularity of your symptoms.

Depending on how you feel, you can make an appointment with your GP, continence nurse or other healthcare professional to discuss which lifestyle changes may be more beneficial to you. Or you can try them first, keep a record of how you get on, as well as completing a bowel diary, and then make your appointment. You can keep a track of what changes you make and progress on page 24, and you'll find the bowel diary on page 19.

## Diet and fluids

What you eat will have an effect on your bowel movements, so looking at your diet is a good place to start if you have bowel problems. The foods that affect some people may not affect others, so you might want to experiment with what you eat. Remember, it's not just your bowels that will benefit from a balanced diet it will help improve your overall health too.

It is also important to drink plenty of fluids to keep your body well hydrated. Constipation can be the first sign of not drinking enough and may be easily rectified by drinking more. You should aim for 1.5 to 2 litres of fluid a day, which is about 6-8 glasses, and drink more in hot weather or if you are exercising.

### Top Tips for a healthy digestive system:

- **Swap white bread, pasta and cereal for a wholegrain variety.**
- **Eat small regular meals and avoid large or fatty meals just before going to sleep.**
- **Limit the amount of sugary and fatty foods you eat. If you feel hungry between meals, or like to snack try eating nuts (not salted), fresh fruit, low fat yoghurts or wholefood snack bars.**
- **Don't miss meals. A lack of food in the system can cause excessive gas and lead to a gurgling, wind filled stomach. Chewing gum for long periods can exacerbate this.**
- **Chew well and break down each mouthful into small pieces. This helps release the enzymes that aid digestion so that food is processed thoroughly and all the goodness extracted.**
- **Finally eat a balanced diet using a variety of different food groups and watch your weight.**

If you would like more information about following a healthy diet or if you need to lose weight speak to your GP or visit the NHS Choices website for more information on healthy eating (contact details are at the back of this book).

## Good toilet habits

- Don't put off going to the toilet when you feel the urge as delaying a bowel movement can contribute to constipation.
- Allow yourself plenty of time to sit on the toilet; a good time for this maybe after breakfast or lunch, when your bowels are most active.
- Make sure you sit on the toilet properly (see diagram). Ideally your knees should be slightly higher than your hips and you should lean forward onto your knees. A footstool will help you to achieve the correct position.
- Try to breathe to the bottom of your lungs with your mouth open to prevent straining and contracting your pelvic floor (diaphragmatic breathing).

Please contact B&BC for an illustrative Advice Sheet showing the correct toilet positions (details at the back of this book).

## Bowel retraining

Bowel Retraining is generally suitable for people who have recurring constipation or diarrhoea, or limited or reduced sensation in their rectum due to nerve damage. The aim is to improve the consistency of your stools, to establish a regular time for you to empty your bowels, and to find ways of stimulating your bowels to empty.

Start by getting to a toilet when you feel the urge then wait for a minute or so before actually sitting on the toilet to open your bowels.

Gradually increase the amount of time you wait before having a bowel movement. You should soon find it easier to hold on, even when you are not sitting on the toilet.

It may also help to plan to empty your bowel as completely as possible at a time that suits you. This may help avoid any accidents. For some people this may be first thing in the morning, while for others it may be after their evening meal.

Abdominal massage (rubbing your stomach) for a few minutes before you try to open your bowels or while you are opening your bowels can help stool to move through your gut ready to be pushed out so that you empty your bowel more completely. To perform abdominal massage you can use the heel of your



hand, a fist or even a tennis ball to massage gently but firmly up the right side of your tummy, across your tummy at the level of your belly button and down the left hand side of your tummy. It is a good idea to empty your bladder before you do this.

## Bowel diary

It can be very helpful to keep a diary of your bowel movements and the food and drink you consume, as it may highlight certain factors that are causing your bowel problems or making them worse. If you have an appointment to see your GP or health professional, it is advisable to keep a diary for a few weeks before your appointment as this can help with your diagnosis (see page 20).

## Exercise

It is important to try and exercise regularly but don't overdo it. You should aim for 30 minutes of moderate activity at least five times a week and it can help to vary the type of exercise that you do. Try different activities such as swimming, walking, aerobic activities, Pilates, and Yoga. Please seek advice from your doctor or physiotherapist if you have a medical condition or mobility difficulties.

Remember to drink more fluids if you're exercising and try things that interest you to help keep you motivated.

Sphincter and pelvic muscle exercises are specific types of exercises that can help you improve your bowel control. You can read more about these exercises in our Treatment Section on page 13.

## Sleep

The amount of sleep we get can affect our bowel habits. Much like the rest of our body, our digestive system needs time to rest. Going to bed and getting up at regular hours each day can help our digestive system work more effectively and improve the regularity of our bowel habits.

## Avoid stress

Stress is something that is quite difficult to avoid in today's society. Problems occur when our lives cause a lot of stress, and one of the first parts of the body to react to stress is our digestive system.

## Smoking

Smoking is bad for every aspect of your health which includes your digestive health. Smoking is responsible for many changes in the digestive system. It contributes to common disorders such as heartburn and peptic ulcers.

If you would like help to give up smoking please speak to your GP for support or visit the NHS Choices website; their contact details are at the back of this book.

# Treatment options to consider

Now that you've had a chance to read our information on the different symptoms and causes of bowel control problems, we hope you have a clearer idea of the types of bowel problems there are and how these may be affecting you.

If you have already tried some of the self-help management tips in this book like bowel retraining, and dietary and lifestyle changes, without success, your health professional may now want to discuss other treatment options.

We have provided some basic information about the kinds of treatments now available. However, it's important that you discuss these with a health professional and we encourage you to make an appointment. If you have not already completed a bowel diary (page 20), it's a good idea to keep one for at least a couple of weeks before your appointment as this will help ensure you are offered the correct and most suitable treatment.

## Medication

There are a number of medicines available to treat the many different types of bowel problems, and we have outlined the main ones by their generic name below:

- **Antimotility medicines** - act to help to slow down movement of the intestine. They can help control diarrhoea, although constipation is one of the possible side effects.
- **Antispasmodic medicines** - relax the intestinal muscles and help to slow down bowel movements to relieve diarrhoea. They are often used to treat IBS.
- **Bulk-forming preparations** - bulk-up the faeces and improve the regularity of bowel movements. They are commonly used to treat constipation.
- **Laxatives** - soften the faeces and may also provide relief from constipation. But take care
  - - taking too many could mean you rely on them to empty your bowel, and they can cause diarrhoea and cramping.
- **Suppositories** - suppositories are capsules inserted in the back passage. They are often used to help relieve the symptoms of haemorrhoids (piles) and they can also be used as a laxative.
- **Enemas** - enemas are fluids injected into the rectum. They can be used to clear out the bowel.

## Rectal irrigation

Rectal irrigation, also known as Trans-anal irrigation or anal irrigation is a unique way of emptying the lower bowel and is used to prevent bowel incontinence, chronic constipation or simply as a method of bowel management.

It can be used by people with a variety of bowel problems to make it easier to empty your bowels effectively and at a time to suit you. It is not a treatment that is suitable for everyone with a bowel control problem and should only be used on the advice of a doctor or health professional.

Rectal irrigation is an alternative to other methods such as laxatives, suppositories and mini enemas and may be a suitable treatment option for people with the following conditions:

- **Neurological disorders such as spinal cord injury, Spina Bifida, Multiple Sclerosis, Parkinson's, Stroke, Alzheimer's or brain tumours.**
- **Sensory disorders, which can occur after surgery for the treatment of Colitis, compaction or rectal prolapse.**
- **Reduced tissue elasticity, which is frequent in elderly people or after multiple births.**
- **Psychological /psychiatric disorders caused by depersonalisation and role conflicts.**

If you would like more information on this treatment, please speak to your GP or health professional as a thorough examination will be needed to assess your suitability.

## Sacral Nerve Stimulation (SNS)

SNS or Sacral Neuromodulation is a nerve stimulation treatment that can help restore bowel control by sending electrical signals to the nerves that help control bowel movements. There are two stages to the treatment; the first is an evaluation phase to assess your suitability for the treatment, and the second is the implant phase. This treatment can help restore co-ordination between the brain, pelvic floor, bowel and sphincter muscles.

During evaluation a thin wire is inserted near the nerves in your lower back (the sacral nerves) and connected to an external battery which delivers mild electrical impulses to the nerves. The external battery is worn on a belt for the duration of the evaluation phase. The procedure takes less than an hour and is generally done as a day case. You should be able to go about your daily life at home with no restrictions and will need to keep a bowel diary (see page 20) during this phase.

If the evaluation phase is successful, you will then be fitted with a permanent neuromodulation device, which will be surgically implanted just beneath the skin in the upper buttock.

It can help people with bowel incontinence and chronic constipation. However, it is not suitable for everyone and you will need to discuss this option further with your doctor or health professional.

## Tibial Nerve Stimulation

Tibial nerve stimulation is a fairly new treatment for bowel incontinence. A fine needle is inserted into the tibial nerve just above the ankle and an electrode is placed on the foot. A mild electric current is passed through the needle to stimulate the tibial nerve. The procedure is generally carried out by a trained continence nurse and can be done in a clinic environment. It is not known exactly how this treatment works, but it's thought to work in a similar way to sacral nerve stimulation.

As it's not yet widely available on the NHS, you will need to discuss this option further with your GP to see if it's a suitable option for you and to discuss where you may be able to access it.

## Injectable bulking agent treatment

This is a less invasive treatment option for people with bowel incontinence and offers an alternative to major surgery. A bulking agent in the form of a gel is injected into the wall of the anal canal using an endoscope. A number of small injections will be required to bulk up the tissue in the anal canal, allowing greater control to be maintained. The gel often begins working soon after the procedure, with optimal results at three months for many patients. The effectiveness continues over time and has been shown to be effective in patients for two to three years.

Injectable therapies are an option to be considered after simple methods e.g. diet changes and medications have failed, but before undergoing surgery. It's a quick procedure which is often carried out in a doctor's surgery and takes about ten minutes. An anaesthetic is not always necessary and patients can resume limited physical activity immediately after the procedure and return to a normal lifestyle and all physical activities after one week. If you are interested in knowing more about this option, please speak to your GP. Anal sphincter muscle exercises.

If you're experiencing bowel leakage or incontinence as a result of weak or damaged sphincter muscles, then regular exercising of these muscles can help strengthen them and help improve your bowel control. You should check with your GP, health professional or continence advisor to see if these exercises will help you. They will also be able to guide you through the exercise routines and help you keep track of progress. You will need to exercise these muscles every day and it will take some time for them to regain their full strength. If your health professional has recommended these exercises to you, then you can contact B&BF for a Fact Sheet which explains how the sphincter muscles work and how to do the exercises (Fact Sheet details are at the back of this book).

## Pelvic floor muscle exercises

These exercises can also be extremely beneficial for people with bowel leakage or incontinence, as weak pelvic floor muscles can contribute to loss of bowel control. As with sphincter muscle exercises, it is advisable to seek the advice and support of a trained health professional to check if these exercises will help you, and to develop a training programme for you to follow.

Pelvic floor muscle exercises should be done every day and it will take at least 3 months for them to regain their full strength. If these exercises have been recommended as a treatment option for you, then you can request a Fact Sheet from B&BF that will explain how you locate and exercise these muscles (Fact sheet details are at the back of this book).



## Biofeedback training

Traditionally used as part of a programme of care including pelvic floor rehabilitation. If you have bowel leakage or constipation, biofeedback could be an option for you. It is a form of bowel retraining that may be suggested by a specialist continence professional to help you correctly carry out sphincter muscle exercises.

A small electric probe is placed into your rectum and the sensors in the probe relay information about the movement and pressure of the muscles in your rectum to an attached computer. The results will be shown on a computer screen.

You will be asked to squeeze your sphincter muscle and the pressure will be measured by sensors in the probe. Viewing the results on the computer screen will help you squeeze in the right way. With practice, you should get to know when to squeeze your sphincter muscle to prevent leaks or if you have constipation, how to correctly relax the muscles when attempting to empty your bowels. This method of treatment should help improve bowel function and will help you to do your exercises in the right way.

## Sphincteroplasty or anterior anal sphincter repair

A sphincteroplasty is an operation to repair damaged sphincter muscles. The surgeon removes some of the muscle tissue and the muscle edges are overlapped and sewn back together to form a complete ring of muscle around the anus. This provides extra support to the muscles, making them stronger and allowing you greater bowel control.

This surgery should only be considered in cases where the anal sphincter is too damaged or weak to benefit from other more conservative treatments. If your health professional thinks you could benefit from this surgery, he/she will discuss this option with you.

## Haemorrhoidectomy (piles)

This is an operation to remove the haemorrhoids and is usually carried out under general anaesthetic. It is unlikely that your haemorrhoids will come back after this procedure, however, you should still continue with a high fibre, healthy diet to reduce any risk.

Stapling, also known as stapled haemorrhoidopexy is an alternative to a traditional haemorrhoidectomy and is only used for external haemorrhoids. It requires a general anaesthetic and a hospital stay.

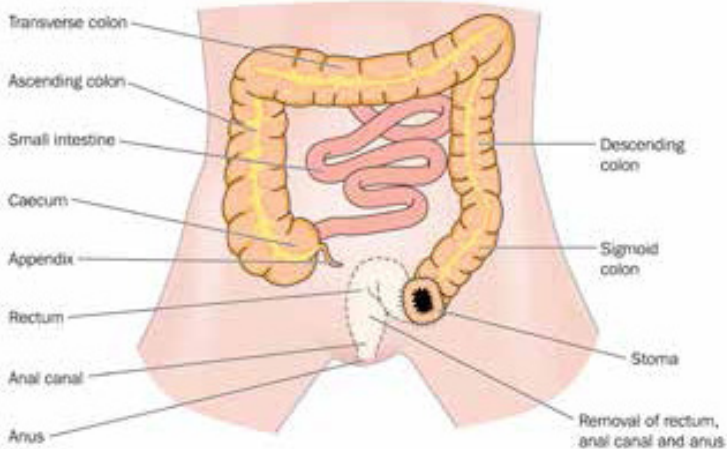
Haemorrhoidal artery ligation, also known as transanal haemorrhoidal dearterialisation (THD), is an operation to reduce the flow of blood to the haemorrhoids. It is usually carried out under general anaesthetic and uses ultrasound to locate the haemorrhoids. A stitch is then placed in the artery supplying blood to the haemorrhoid, which results in it shrinking and dying off.



## Colostomy and Ileostomy

A colostomy is usually only recommended if all other medical and surgical treatments are unsuccessful.

A colostomy is a surgical procedure in which your colon (lower bowel) is cut and brought through the wall of your stomach to create an artificial opening. Your stools can then be collected in a bag, known as a colostomy bag, which is attached to the opening.



A colostomy may be required for a number of different reasons and may be required if the person suffers from inflammatory bowel disease. In most cases it's a temporary measure, but can be permanent. If the muscles that control your bowel movements (sphincter muscles) are removed during surgery, you will be unable to control your bowels and will need to have a colostomy so that your bowel contents can pass into a colostomy bag. Sometimes, a colostomy is created to relieve a bowel obstruction or a bowel defect which is present at birth, or may be performed following an injury to the abdomen. It may also be required if you have had a length of your bowel surgically removed.

An ileostomy is created when your bowel is redirected out of your abdomen. It normally involves removing the colon and in some cases the rectum. The ileum (last part of the small intestine) is then brought to the surface of the abdomen to form a stoma. With this procedure you will no longer go to the toilet in the normal way as your faeces will be collected in a bag attached to your stoma.

Ileostomy surgery is carried out for a number of different reasons and conditions, such as Ulcerative Colitis and Crohn's Disease. Surgery will generally only be considered if the colon is so damaged that it cannot be treated in another way.

# Speaking to a Doctor or Health Professional

It is never too late to get help for your bowel problem and as many people before you have found out, there's plenty of help and effective treatments available. Please do not put up with your symptoms a moment longer than necessary, make that appointment today.

Bowel problems are a medical condition and your GP or health professional should have no problem making you feel at ease and discussing your symptoms with you. It may help you to take this booklet with you so you can refer to it and you will find it helpful if you fill in the bowel diary on page 19 before you go to your appointment, as this will help your discussions. When completing your diary please refer to the Bristol stool chart on page 19.

Your GP or health professional may ask you a few questions similar to these:

- How often do you go to the toilet?
- How often do you have an accident or leak?
- Do you have to run to the toilet to avoid an accident?
- When do you leak or have an accident?
- What medicines do you take?
- When did it start?
- Have you had a change in bowel habits recently?
- Is there any blood or mucus in your stool?
- Is it painful or uncomfortable when you go to the toilet?
- What do you normally eat and drink and at what time?

Your GP or health professional may ask you a few questions similar to these:








- **Colonoscopy** - a flexible fibre optic tube is passed through the back passage into the Colon to look at the lining of the bowel and check if it is healthy.
- **Barium Enema** - a paste solution is inserted into the back passage and an x-ray is taken. The barium helps to show up any problems.
- **Anorectal Physiology Tests** (for faecal incontinence) these tests measure how well the anal sphincter muscles are working. Pressure inside the back passage will also be measured.
- **Anal Ultrasound** (for faecal incontinence) - a probe is inserted into the anus which provides ultrasound pictures to check if there is any damage to the muscles.
- **Internal examination** - the doctor/continence advisor will check for any abnormalities by inserting a gloved finger into the back passage. In men this can also detect an enlarged prostate gland.

More information is available on our Bowel Advice Sheet: Approaching your GP (details at the back of this book).

# Bristol Stool Chart

Please use this chart to help fill in your bowel diary. It provides a simple method of assessing how your digestive system is working. Everyone will have slightly different bowel habits but the important thing is that your stools are soft and easy to pass.

Type 1 – 2 indicate constipation, type 3 – 4 are ideal stools and easy to pass, type 5 – 7 may indicate diarrhoea and urgency.

<b>Type 1</b>		<b>Separate hard lumps, like nuts (hard to pass)</b>
<b>Type 2</b>		<b>Sausage shaped but lumpy</b>
<b>Type 3</b>		<b>Like a sausage but with cracks on the surface</b>
<b>Type 4</b>		<b>Like a sausage or snake, smooth and soft</b>
<b>Type 5</b>		<b>Soft blobs with clear cut edges (passed easily)</b>
<b>Type 6</b>		<b>Fluffy pieces with ragged edges, a mushy stool</b>
<b>Type 7</b>		<b>Watery, no solid pieces, entirely liquid</b>

(Image reproduced by kind permission of Dr K Heaton, Reader in Medicine, University of Bristol)

# Bowel Diary Example

Week 1	What did you eat & drink today?	Bowel Urgency Record when you had to rush to the toilet? 1 = mild 2 = moderate 3 = strong	Record any pain or discomfort during a bowel movement – 1 = mild 2 = moderate 3 = strong	Comments (any accidents, leaks etc)	Stool type, please use the Bristol Stool Chart on page 18
Day 1 (Example)	3 cups of coffee Chicken Salad (lunch) Lasagne (dinner) 2 cups of tea 3 digestive biscuits	10 am = 2 1.30 pm = 1	10 am = 1 1.30 pm = 3	Didn't make it to the toilet in time	Type 5
Day 2 (Example)	2 cups of coffee 1 cup of tea Cheese sandwich (lunch) Chicken pie (dinner) 1 cup of tea 2 digestive biscuits	10 am = 2 1.30 pm = 3	10 am = 1 1.30 pm = 2		Type 4
Day 3	(Don't complete this - You can update your week 1 diary overleaf)				
Day 4	(Don't complete this - You can update your week 1 diary overleaf)				
Day 5 (etc)	(Don't complete this - You can update your week 1 diary overleaf)				

# Bowel Diary Week 2

Week 1	What did you eat & drink today?	Bowel Urgency Record when you had to rush to the toilet? 1 = mild 2 = moderate 3 = strong	Record any pain or discomfort during a bowel movement - 1 = mild 2 = moderate 3 = strong	Comments (any accidents, leaks etc)	Stool type, please use the Bristol Stool Chart on page 18
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

# Bowel Diary Week 3

Week 1	What did you eat & drink today?	Bowel Urgency Record when you had to rush to the toilet? 1 = mild 2 = moderate 3 = strong	Record any pain or discomfort during a bowel movement - 1 = mild 2 = moderate 3 = strong	Comments (any accidents, leaks etc)	Stool type, please use the Bristol Stool Chart on page 18
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

# Notes / Comments

	Lifestyle changes	Toilet habits/Bowel Retraining	Any comments ie how did you feel?
Examples A = Constipation B = Diarrhoea	A - Drank 6 glasses of water every day, cut out white bread B - Cut out nuts/seeds	A - Started sitting on the toilet every day at the same time B - Practised sphincter exercises daily	A - Sat on toilet at 10 am every day, nothing happened, still constipated & still using laxatives. B - noticed wasn't rushing as much to get to the loo and less accidents.
Week 1			
Week 2			
Week 3			





## Bladder & Bowel Community - Listening, guiding and supporting you

We provide information that allows you to make educated and informed choices, which will enable you to enjoy a greater quality of life.

We campaign for better services, treatments and products on your behalf, provide user-friendly booklets and fact sheets; offer online support forums and a magazine twice a year. It is not just a problem for the elderly and is not an inevitable part of ageing. There is help available. You can find further information and support on bowel control problems and how to access treatments at [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

We aim to:

- **Help break down isolation**
- **Promote emotional well being**
- **Encourage self help**

Get in touch:

- Find the contact details of your nearest NHS Continence Advisory Service by calling 01926 357220 or visit our website at [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)
- Email us at [info@bladderandbowelfoundation.org](mailto:info@bladderandbowelfoundation.org) or write to zus at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.
- Visit the website for information on how to manage your bladder or bowel control problems. You can also register on our Forum, which offers support, encouragement and understanding from people with similar problems.  
[www.bladderandbowelfoundation.org/forum](http://www.bladderandbowelfoundation.org/forum)

**Please contact us today to find out more about the work of Bladder & Bowel Community and how we can help you. For all general enquiries, please call 01926 357220.**

B&BC Bowel related fact and advice sheets

- Faecal Incontinence
- Constipation
- Diverticular Disease
- Diverticulitis
- Skin care & hygiene
- Sphincter Exercises to aid bowel control
- Pelvic Floor Exercises (for men and women)
- Your sphincter repair operation
- Controlling wind & smells
- How to approach your GP
- Bristol Stool Chart
- Toilet Positions: Correct position for opening your bowels



Join the

# Community Support Network

Sign up to our forum for support, advice and to join the conversation.

[www.bladderandbowelfoundation.org/forum](http://www.bladderandbowelfoundation.org/forum)



**Bladder & Bowel  
Community**

Published November 2016.

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email [help@bladderandbowelfoundation.org](mailto:help@bladderandbowelfoundation.org) or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

(BBC\_B\_002)