

**NEW PLYMOUTH
PHYSIOTHERAPY**



Bowel Advice

Patient Information Booklet

npphysio.co.nz



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Anatomy

The pelvic floor muscles are a group of muscles which attach from the front of the pelvis to the base of your spine, between your legs. They support the abdominal contents and help support the bladder and bowel to prevent any leakage of urine, wind or faeces.

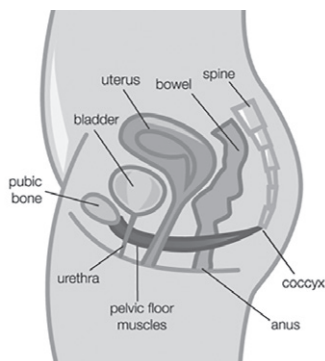
This group of muscles work 24-7, 365 days per year.

For women the pelvic muscles encompass the urethra, vaginal and back passage. In men, the pelvic floor muscles support the urethra and back passage.

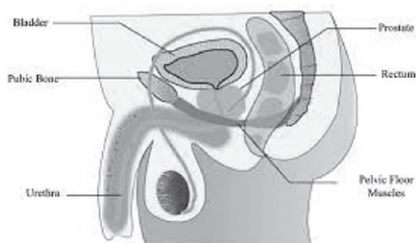
The muscles encompass these openings in a figure of 8 pattern and are also important for sexual function.

Around the back passage there are two rings of muscle which make up the anal sphincter: internal and external anal sphincter. The internal sphincter should automatically keep the anus closed to prevent any leakage of faeces.

When the desire to open your bowels occurs, the internal and external sphincters relax, allowing the faeces to pass through. The external sphincter is the muscle you squeeze when your rectum is full and you need to go to the bathroom.



FEMALE ANATOMY



MALE ANATOMY

HOW BOWEL EMPTYING IS CONTROLLED

Food takes approximately 1-3 days to pass through the gut before spending most of the time in the colon, otherwise known as the large bowel. Thirty minutes following eating, the gut is stimulated resulting in food being pushed through the colon towards the rectum. There are generally 4 motions through the colon but this does not mean you will open your bowels each time.

When stool enters the rectum, the internal sphincter relaxes so the stool can pass further down. Nerve endings fire and tell your whether there is wind, diarrhoea or stool. Squeezing the external sphincter allows you to stop your bowels opening until it is convenient to go to the bathroom. Ultimately the stool is pushed back out of the anal canal. Once it has been pushed back the need to open your bowels resolves.




This is an autonomic process that occurs without us thinking about it. For bowel emptying to work properly you need:





- 1. The nerve pathways between rectum, brain and anus to be intact
- 2. Internal and external anal sphincters to be working properly
- 3. A normal stool consistency
- 4. Physically able to get to the toilet
- 5. Normal anatomy.

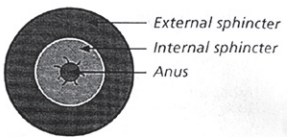
When you get the urge to go to the toilet, you have a 15-20 minute window to do so. Otherwise you will increased straining.

BRISTOL STOOL CHART

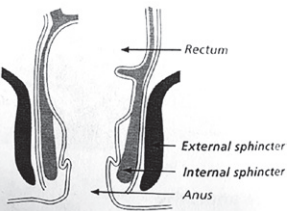
It is normal to open your bowel from three times per day to three times per week. We should be aiming for a stool consistency of type 3-4.

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

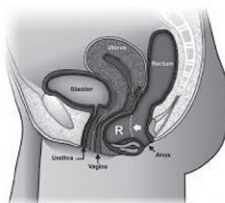


View across 'rings of muscle'



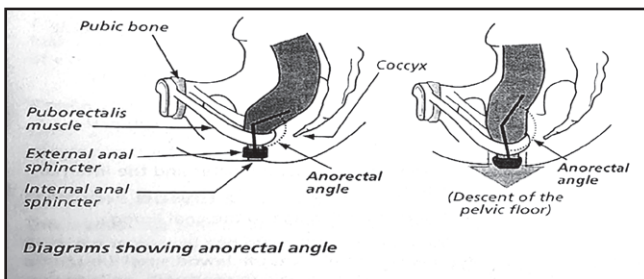
RECTOCELE

This is the most common prolapse where the rectum collapses into the back wall of the vagina resulting in a bulge. It can lead to difficulty emptying your bowels, a feeling of incomplete emptying and a dull lower back ache.



ANORECTAL ANGLE

Pelvic floor muscles are designed to function the majority of the time, and prevent leakage from the bowel. Thus leakage is avoided by the pelvic floor muscles pulling the rectum forwards and towards the pubic bone. To be able to fully empty your bowels, you need to fully relax your pelvic floor muscles so the angle straightens out and stool movement occurs. To help achieve this straightened angle, sitting with your feet flat on a step or book so that your knees are higher than your hips will help with bowel movement.



BOWEL CONTROL LOSS

Common causes for loss of bowel control include:

1. **Damage** to the anal sphincter - this may be a result of childbirth, surgery, injury or rectal prolapse.
2. Diarrhoea - due to infection, IBS, surgery to colon, effects of radiotherapy or inflammatory disease of the bowel.
3. Constipation - a result of immobility, poor hydration, medications and neurological diseases such as Parkinsons.
4. Nerve injury or disease - consequence from spinal injury, MS or stroke for instance.

DEGREES OF ANAL SPHINCTER INJURY AROUND THE VAGINAL OPENING

This can occur during childbirth

1st degree

Injury to the skin only

2nd degree

Injury to skin and perineum (involving the pelvic floor)

3rd degree

Injury to skin, perineum and anal sphincter

3a. less than half external anal sphincter thickness

3b. more than half external anal sphincter torn

3c. both external and internal sphincter are torn

4th degree

Internal and external sphincter torn with damage to anal lining.

Bowel Problems

ANISMUS / FAULTY DEFECATION

Difficulty +/- pain on opening bowels due to the inability of the internal and external sphincter to relax.

FAECAL INCONTINENCE

Liquid or solid stool leaks from back passage.

ANAL INCONTINENCE

Wind, liquid or solid stool leaks from back passage.

CONSTIPATION

Defined when bowels do not open more than 3 times per week or difficulty/painful to open bowels. Stool is usually hard, dry and small, type 7 on Bristol Stool Chart. You can experience bloating, sensation of full bowel, lower back pain, and headaches to name a few. It is often due to an imbalance of fibre intake, a diet high in fats (cheese, eggs and meat), reduced fluid intake and lack of exercise.

PROLAPSE

Rectal lining comes down into or outside the opening of the anus.

IRRITABLE BOWEL SYNDROME

An increase or decrease in time taken for the food to pass from your mouth through to the gut. It mainly affects the large bowel and can result in bloating and abdominal pain. IBS often goes undiagnosed.

CROHNS DISEASE

Inflammation affecting any part of the gut. Common symptoms include diarrhoea, vomiting, weight loss and abdominal pain.

DIVERTICULITIS

Small pouches develop along the wall of the large bowel and can become inflamed. As you age the risk of developing this condition increases due to the bowel walls weakening, causing the pouches to form. Constipation and straining are risk factors of developing this condition.

COLITIS

Inflammation of the large bowel. Common symptoms include: abdominal pain, bloating, loss of appetite, feeling tired, cramping, urgency to open bowels. increased frequency of bowels opening, fever, diarrhoea, weight loss and bleeding.

BOWEL CANCER

This type of cancer usual develops in the large bowel and generally develops from polyps (growth of tissue), which are usually non-cancerous and easily removed.

Symptoms may include: bleeding from bottom or in your stool, change in bowel habits lasting longer than 3 weeks with looser stool more evident; unexplained weight loss, unexplained fatigue, and pain or a lump in your abdomen.

Some people will experience one, some, all or none of these symptoms. Therefore if you have any concerns it is important that you seek advice from your GP.

HAEMORRHOIDS

Swollen and inflamed blood vessels. These can develop when straining to pass stool, sitting for too long, and anal infections.

Pregnant women can develop haemorrhoids during pregnancy or during labour as a direct result of the increasing pressure causing the blood vessels to swell.

Signs and symptoms: anal itching, anal pain especially when sitting down, bleeding, pain while opening bowels, difficulty cleaning yourself following bowel movement, and being able o feel tender lumps near the anus.

Treatments

FLUID ADVICE

It is important to drink 1.3-1.5 litres of fluid each day. This will help to keep your urine less concentrated and your stool soft.

CAFFEINE

This can have a big impact on your bowels, and most people are not aware of this. Caffeine is found in tea, coffee, cocoa, chocolate and cola. Caffeine stimulates the bowel causing frequent and loose stools. Small portions of caffeine can aid gut mobility in those who suffer from constipation

DIET ADVICE

Every individual is different and foods will effect people differently, therefore giving advice can be difficult at times. It may help keeping a food diary to see if there are any patterns.

FIBRE

Is important to maintain good, healthy bowel movements on a regular basis. Fibre is not absorbed or broken down by the body.

Soluble: Attacks water and partially dissolves to form a gel like substance to slow down the digestion process in the stomach and small intestine. Thus allowing blood sugars to stabilise and increased the uptake of nutrients/minerals. Soluble fibre can be found in nuts, beans, apples, oranges, carrots, strawberries, citrus fruits, soy beans, apricots, raisins and flax seed. Increasing this type of fibre will aid normal, softer stool.

Insoluble: This does not dissolve. It aids the movement through the gut and bulks up in the large intestine. Sources of insoluble fibre are: wheat bran, vegetables, whole grains, green beans, dark green vegetables, corn bran, fruit skins, tomatoes and root vegetable skins. Therefore if you have looser stools or a lot of mucous, you need to increased this fibre group. Bran, oats and flax seeds contain both types of fibre.

BULKING AGENTS

It is possible to make your stool firmer from eating foods such as arrowroot biscuits, marshmallows and ripe bananas.

FOODS WITH A LAXATIVE EFFECT

To help pass looser stool consume foods such as liquorice, prunes, syrup of figs and plums.

PROBIOTICS

A healthy gut needs good bacteria to function. Probiotics contain beneficial bacteria to maintain a healthy intestinal flora. They can be found in tablets, drinks and yoghurt form.

FIVE A DAY

It is important to consume at least 5 portions of fruit and vegetables per day in your diet.

FRUIT PORTIONS

2x plums
2 mandarins
2 kiwi fruits
3 apricots
6 lychees
7 strawberries
3 prunes
14 cherries
1 apple
1 banana
1 pear
1 orange
1/2 grapefruit
1 slice melon (5cm)
1 large slice of pineapple
1 heaped tbsp raisins
2 dried figs

VEGETABLE PORTIONS

2 broccoli spears
4 heaped tbsp of green beans
4 heaped tbsp of spinach
3 heaped tbsp of cooked carrots
3 heaped tbsp of cooked peas
3 heaped tbsp of cooked sweetcorn
3 sticks of celery
1 medium tomato
7 cherry tomatoes

DEFERRING THE URGE TECHNIQUES

These techniques are to aid your ability to defer the urge and locate a toilet:

- Stay calm - panicking will only make the situation worse. Anxiety increases frequency and the more urgent the need, the looser the stool.
- Sit or stand still and concentrate on your breathing.
- Contract your pelvic floor muscles - this reduces the desire to open your bowels. If you turn your feet out this will increase the activation of your pelvic floor muscles around your anus.
- Purse your lips and/or suck in your cheeks.

- Applying perineal pressure can help. Try rolling up a towel and place it on the seat. Sit on it like a saddle and the pressure will suppress the urge.
- Use mind games to distract your attention from your bowels.
- The same nerve that supplies your bowel, supplies our lower legs and feet. Therefore wiggling your toes or completing heel raises can suppress the urge to open your bowels.

You can also try and delay the time to opening your bowels by sitting on the toilet. Time yourself and try to build up to 10 minutes before opening your bowels. This can be a difficult process but take something to read to distract you a little more.

When you can delay by 10 minutes whilst sitting on the toilet, the next goal is to be able to do this away from the toilet. This will gradually increase your confidence and you will be able to defer the urge, and improve your quality of life.

However, do NOT ignore the need to open your bowels. The above are techniques to help with control.

SKIN CARE

Skin irritation is a common complaint in people suffering from diarrhoea or faecal incontinence. Therefore it is important to care for this

AFTER OPENING YOUR BOWELS

- Gently wipe using soft toilet paper or wet wipes but avoid alcohol wipes. Women should always wipe from front to back to avoid bacteria from the bowel entering the vaginal and bladder.
- Wash around your anus using water and disposable soft cloth. Avoid perfumed soaps.
- Pat the area dry using soft tissue but DO NOT RUB
- Wear cotton underwear and avoid tight fitting clothing so that the area can breathe.
- Use non-biological washing powder as it is more sensitive on your skin.
- Avoid using creams unless you have been advised to. IF you do use a cream, use if sparingly to allow the area to breathe.
- Try to avoid using a continence pad where possible.

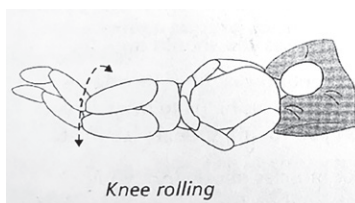
Correct position for opening your bowels

ABDOMINAL MASSAGE AND KNEE ROLLING

These techniques are good for those who suffer from constipation.

Abdominal Massage: Lying on your back or in a reclined position, start massaging your abdomen from your right groin up to the ribs, hook over the top above your belly button across to the left, and down to the left groin. You can do this for 15 mins each day.

Knee Rolling: Lying on your back with your knees bent and feet flat on the bed/ground. Gently rock your knees from side to side. Aim to complete for 5 minutes, 2 times per day.



AIDING SPHINCTER CLOSURE

If you find it difficult to wipe yourself clean following a bowel movement, complete 10 quick squeezes of your pelvic floor muscles. You may need to do this several times to ensure the sphincter has closed but it will make the wiping process much easier. And it will help to reduced any soiling afterwards.

ANAL PLUGS

Generally come in two sizes and are designed to sit in the rectum to form a plug which can help to prevent leakage from the bowel. They are easy to insert. They can be left in for up to 12 hours at a time and have a soft string end to make them easy to remove. The plug is covered in a water based film which dissolves within 30 seconds of being inserted.

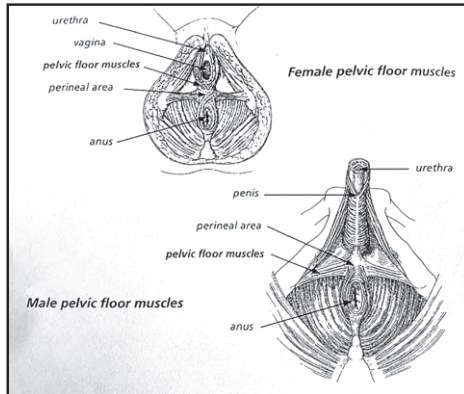
PELVIC FLOOR EXERCISES

According to the National Institute for Health and Clinical Excellence (NICE), the use of specialist management when people continue to have faecal incontinence is important. Pelvic floor muscle strengthening is important.

Completing your exercises:

To close your back passage imagine you are holding in wind whilst sitting with your feet on the ground and toes turned outwards. When closing your front passage imagine you are stopping yourself from urinating whilst leaning forwards with elbows on knees. As you complete both of these, you should feel a lifting sensation inside.

1. **Quick, strong squeezes** - Engage your pelvic floor muscles as described above as much as you can but without squeezing your bottom muscles. Then relax. This will prevent any leaking when coughing, laughing, sneezing etc.
2. **Holds** - Engage your pelvic muscles gently but not a maximum contraction, and try to hold on for as long as you can before you feel your muscles switching off or 'letting go'. This will help prevent prolapse, deferring the urge and urgency incontinence.



Pelvic Floor Exercises

1. Do _____ quick squeezes _____ times a day.
2. Do _____ holds, holding for _____ times a day.
3. Complete in the following position: _____

[illegible]

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Further Information

If you require further information and advice regarding this condition, please contact via the following to arrange an appointment with Nicola. The initial appointment will be an hour and all follow-ups 30 minutes:

Online booking: npphysio.co.nz

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