

# Bowel Health

## Advice & exercise for bowel and wind control

### Pelvic Health Physiotherapy

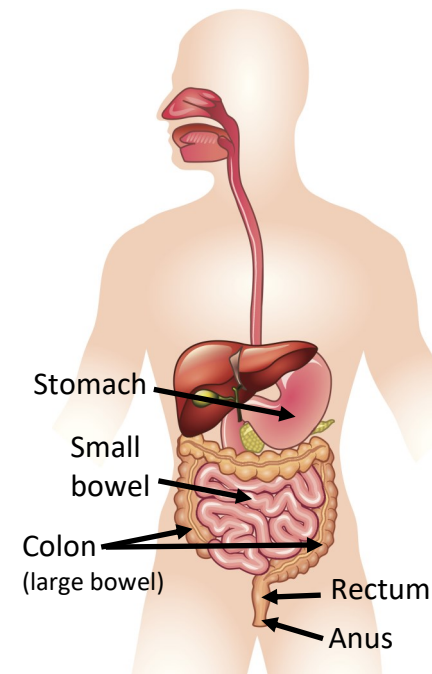
<https://cwmtaf.wales/pelvic-health-physiotherapy>

### Normal Bowel Function

The digestive system starts at the mouth and finishes at the anus (back passage). The bowel forms a major part of this system.

Food leaving the stomach firstly passes through the small bowel or small intestine which absorbs nutrients into the blood stream. It then moves onto the waste processing part called the large bowel (or colon) where fluid from the digested food is absorbed and the waste is turned into formed stool. It can be stored at the end of the colon before being passed into the rectum and finally leaves the body via the anus.

The colon contracts to move stool into the rectum. Large waves of pressure throughout the colon can be triggered by physical activity and by eating a meal (especially after breakfast). This is normal and for some people, can be a useful way to stimulate a bowel movement.



The consistency of the stools can vary between soft and mushy to very hard and small. This depends partly on how long the stool has been in the colon and how much water has been absorbed from it.

The ideal consistency is a soft, smooth sausage shape which passes through easily without having to strain.

Food normally takes between 1-3 days to pass through the bowels.

Most of this time is spent in the colon.

These processes can be disrupted or variable with poor diet or lifestyle habits or if you have a condition such as IBS or Crohn's disease.

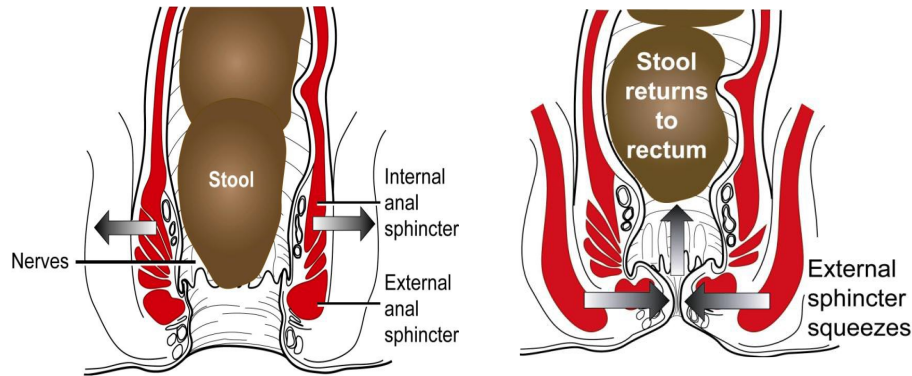
## **Normal Bowel Emptying**

Passage of stool is controlled by two anal sphincters (muscles surrounding the back passage).

As stool passes into the rectum, the internal anal sphincter relaxes, allowing the stool to pass into the upper anal canal. Here it can be 'sampled' by nerve cells to establish whether it is wind or stool and what consistency (e.g. too hard or diarrhoea).

If it is not convenient to visit the toilet, the external sphincter allows the urge to be resisted, by squeezing and thereby pushing the stool back up into the rectum. This decreases the feeling of urgency until another wave of pressure arises later. It may be possible to ignore the urge to open our bowels throughout the day, however consistently doing this can lead to constipation.

The external anal sphincter is part of the pelvic floor muscle and therefore strengthening the pelvic floor can help with gaining control over stool and wind.



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## **How Often Should I Empty?**

Whilst everyone is different, it is considered normal to open the bowels anything between 1 to 3 times a day and once every three days. Rather than aim for a set frequency, it is important to consider if you feel that you need to empty and are unable and whether you are getting any side-effects from not emptying often enough, such as bloating, excess wind, abdominal discomfort or pain.

There are many factors which can cause short-term changes to bowel function but it is important to discuss changes in bowel habits with your GP, especially if accompanied by pain or bleeding.

The most common complaints linked to bowel function are surrounding constipation and reduced control over stool and/or wind (incontinence).

## **Constipation**

Constipation can cause infrequent bowel movements that are painful or difficult to pass, or firm, small stool. The majority of people experience constipation at some point in their life but long-lasting or chronic constipation needs to be treated in order to prevent other problems associated with ongoing bloating & repetitive straining.

Many people also get abdominal discomfort, cramps, bloating and excess wind and some people feel tired and fatigued during a bout of constipation.



Causes of constipation include:

- Not eating enough fibre - such as fruit, vegetables & cereals
- Missing meals (especially breakfast)
- Not drinking enough fluids
- Being inactive
- Regularly ignoring the urge to go to the toilet
- Not giving yourself enough time to open your bowels
- Pregnancy & following childbirth
- Prolapse
- Stress, anxiety or depression
- Hormonal changes e.g. certain points in the menstrual cycle
- A side effect of certain medication

Addressing each of these factors (as detailed overleaf). can help to reduce symptoms.

## **Obstructive Defecation**

Being unable to empty the bowel easily or fully is sometimes called obstructive defecation, and this can include needing to strain, rectal or abdominal pain, a feeling of incomplete emptying, repeated unproductive urges and the feeling of a blockage. A rectal prolapse or vaginal prolapse at the back vaginal wall (rectocele) can cause these symptoms along with an inability to coordinate the pelvic floor muscles to relax during defecation.



Constipation and straining to open the bowel may contribute to the development of a prolapse. If you have a rectocele you may find that digitation (adding pressure with your finger to support the area between the vagina and anus), helps the stool go in the right direction and therefore helps you empty your bowel more fully without the need to strain. Using a stool under your feet and leaning forward while relaxing your pelvic floor may help too.

With incomplete emptying of your bowel, you may experience faecal leakage (incontinence). Take your time on the toilet and do PFME's before you wipe as this can "milk" out any remaining stool

## **Anal Incontinence**

Anal incontinence is accidental leakage of stool or wind. Some people leak stool when passing wind, or during heavy lifting or strenuous exercise and others struggle to wipe clean after opening the bowel. This can be linked to weak or damaged anal sphincter muscles from constipation, straining, childbirth, etc.

The anus or back passage has 2 rings of muscle around it, called sphincters. The inner sphincter should be tightly closed all the times (unless opening your bowel) and this normally happens automatically without you thinking about it. We have conscious control of the outer (or external) sphincter and should be able to squeeze it to control urgency and wind. This conscious control means that we can exercise to strengthen this muscle if it is weak (see overleaf).

## **Excess Wind**

Wind (also known as farting or flatulence) is normal but an excess amount can lead to abdominal cramps, pain, bloating and for some people reduced control. There are many foods known to increase wind production and some people are more sensitive to certain foods which ferment in the gut. A dietician may be able to help you alter your diet to explore your potential triggers.

If you struggle to control wind, this may be a sign that your pelvic floor muscles are weak and therefore strengthening them, with particular focus on the anal squeeze should help (see overleaf).

Excess wind can sometimes be a sign of another health condition so do visit your GP if there have been recent unexplained changes.

## **TIPS TO HELP**

**Diet** - Poor diet and insufficient fluid intake can slow your bowel function and result in harder, more difficult to pass stool along with abdominal bloating and pain/discomfort. It is unlikely you will maintain a regular bowel routine with erratic eating habits as eating regularly is the best stimulant for your bowel - ideally 3 meals a day. Skipping meals is not a good idea, especially breakfast, as this can contribute to a slow or irregular bowel.

It is also recommended to eat plenty of different fibre-rich foods as fibre soaks up fluid, making the stool larger, softer and therefore easier to pass. Fibre is found only in plant foods such as vegetables, fruits, seeds, nuts, beans and cereals. Swap to wholegrains and consider leaving skin on fruit & veg where possible. Fibre not only helps with constipation, but can also protect against a wide range of health problems such as haemorrhoids, diverticular disease, bowel cancer and can help with controlling weight.

Gradually increase the amount of fibrous foods that you eat - try adding 1-2 new foods each week. You may notice an increase in wind initially but this should settle as your body gets used to the change.

If your stool is too loose, cutting back on too much fibre may help or keeping a food & symptom diary to try and identify the foods which might be triggering your symptoms.

**Linseeds** soaked overnight can help to naturally stimulate the bowel, please discuss this with your Physiotherapist for details on how to prepare them.

**Fluid** - fluid works with fibre to soften the stool and whilst everyone's fluid needs are different, you should aim to drink 1.5-2 litres of fluid a day (roughly 6-8 cups/glasses). Some drinks can be dehydrating (tea, coffee, alcohol, fizzy drinks) therefore increasing your daily water intake can potentially help with constipation.

**Exercise** - a sedentary job and lifestyle can be a major factor in constipation as activity / exercise stimulates the bowel. If you lead an inactive lifestyle (e.g. work mostly at a desk) try to take a daily walk in your lunch break or in the evening. Start small and build up gently



**Manage stress** - The brain and bowel are intimately connected and therefore if you are under constant high levels of stress or anxiety this can have a significant effect on your bowel function, such as constipation or loose, urgent stools. Taking steps to manage ongoing stress and getting into a daily relaxation routine via deep breathing exercises or mindfulness / meditation may be useful. Please discuss this with your Physiotherapist for more details.

**Laxatives** - You may have been prescribed laxatives and it is common to try several laxatives before you find one that suits you and your body. Laxatives are not recommended as long term treatment for constipation as your bowel may become less responsive to them. The more laxatives you take, the less likely your bowel will work on it's own. Please speak to your GP or another health care professional before making sudden changes.

Some foods can act as a natural laxative to some people such as: liquorice, prunes/prune juice, figs, molassess, chocolate (within reason), coffee, spicy foods



**Bowel habits** - not giving yourself sufficient time or repeatedly ignoring the urge to open your bowel can slow it down and result in constipation and if continued can reduce the urge or warning sign that you need to defecate.

It is important therefore to promptly answer an urge to open your bowels and make sure you put enough time aside every day. About 20-30 minutes after you have eaten is the best time for your bowel to work, as a reflex that promotes bowel emptying (the gastro-colic reflex) is at it's strongest then.

**Correct Toilet Posture** - the 'squat' position can make it easier to pass stool, reduce the need to strain and ensure you empty fully. Using a small stool (20-30cms high) can help.



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**Pregnancy & childbirth** - it is common to experience constipation in pregnancy as our hormone levels change, slowing the bowel. Mothers often ignore the urge when looking after a new baby which can affect a previously good routine.

Some women also experience changes with bowel function at different points in their menstrual cycle. Any change in routine such as travel/going on holiday, different foods, sharing toilets can also have an effect.

**Following surgery** - after a pelvic or abdominal operation it can be painful to open the bowel and pain medication (routinely given post surgery) can cause constipation.

**Medication** - constipation is a common side effect of many medications including certain painkillers, iron, some blood pressure and depression medication. You may therefore need to discuss this with your GP as an alternative medication may help.

**Pain & fear of pain** - opening the bowel can be painful with haemorrhoids (piles), a fissure and any perineal injury (such as an episiotomy or tear during childbirth). Fearing this pain can lead to a contraction of the muscles surrounding the back passage, reducing the size of the opening, thereby increasing the pain. Ensure you talk to your GP or Pharmacist about treating the cause of pain so that any physiotherapy rehabilitation is more likely to be effective.

**Other help** - Some people find that using a suppository (inserted into the back passage) can help to open the bowel. There are also irrigation (passing water into the back passage) devices that can be used at home. Please discuss this with a Health Professional if you think you may need this support to open your bowels.

## **Good Bowel Habits**

- Try to go to the toilet at a regular time each day, perhaps 20-30 minutes after eating breakfast
- Allow yourself time to open your bowels, relax and take some deep breaths
- Sit comfortably on the toilet with your feet raised, for example on a small stool so that your knees are higher than your hips
- Concentrate on relaxing your tummy and pelvic floor muscles (including your back passage) to allow the stool to pass
- Do not strain on the toilet. If your bowels do not open first time, try going for a walk to stimulate the bowel and try again later
- Watch your weight as this can put extra strain on your muscles
- Daily relaxation, deep breathing exercises or mindfulness may help with stress-related symptoms
- Keep your pelvic floor and anal sphincter muscles strong with daily exercises (see overleaf).

## **Anal Sphincter Exercises**

Start by sitting on a firm chair with your knees slightly apart.

- Tighten around the anus as if to stop passing wind
- Aim to feel the anus tighten & pull up and away from the chair
- Make sure you fully release & let go of the muscles

**Slow Squeezes** - Squeeze your anal sphincter and hold for a few seconds (aiming for between 5-10 seconds) making sure you fully let go after each squeeze. After a 10 second rest, repeat this squeeze and do as many repetitions as you feel you can. Stop if you can feel other muscles trying to join in.

Aim to build up to holding for 10 seconds and repeating this 10 times with a 10 second rest in between each hold.

**Fast Squeezes** - Squeeze quickly and immediately let go fully. Repeat this as many times as you can, stopping when your pelvic floor muscles tire or when other muscles try and join in.

**Submaximal Squeezes** - To progress to these, squeeze your anal sphincter to only half the strength of a maximal squeeze. As your muscle doesn't tire so quickly, you should feel that you are able to hold these squeezes much longer. Ensure you relax for 10 seconds between each squeeze and aim for at least 5 repetitions.

**The 'Knack' & Functional Use** - Remember to squeeze your pelvic floor muscles as tight as you can before any sudden movement including coughing, sneezing, lifting or anything which would normally cause you to leak. This may take a lot of practice to master.

Aim to carry out the above routine **at least 3 times every day**.

The more you exercise any muscle, the stronger it becomes but it is likely to take several months of dedicated exercise to achieve results.

If it is too difficult to do these exercises well, you can try them in lying or if they are easy, feel free to try them standing up.



**Check Your Technique** - It is very important that you perfect the technique early on so avoid tightening your:

- Abdominal muscles
- Adductors (inner thigh muscles)
- Gluteal (buttock muscles)
- Diaphragm (don't hold your breath)

If you look with a mirror you should see the anus pucker & slightly drawing inwards. If you see any bulging towards the mirror, stop & speak to your Physiotherapist.

Alternatively, place a finger over your anus - you should feel a gentle squeeze & lift inwards. Don't worry if you don't feel or see anything initially, your muscle may need to strengthen more before you can feel it.

## **Bowel Retraining**

After a bowel accident, it is common to become very sensitive to anything arriving in the rectum and a normal urge to open the bowel can be replaced with a desperate feeling of urgency. Unfortunately, panic regarding making it to the toilet can increase the urgency further. It is also very difficult to squeeze the pelvic floor muscles whilst panicking and rushing to the toilet.

Rather than rushing therefore, try standing still or sitting, taking some slow, deep breaths to relax and squeeze the anal sphincter until the urge starts to pass.

This may not feel possible initially but with practice and time dedicated to strengthening the anal sphincter as described above, you should start to gain confidence and control.

Ensure you practice isolating the anal sphincter muscle as described above as it is common to pull in the abdominal (tummy muscles) at the same time which increases abdominal pressure and therefore encourages the bowel to empty.

Your assessment with a pelvic health physiotherapist will identify if you are able to do the correct squeeze technique and give you extra tips to help you gain control of symptoms.

As with all the conditions detailed in this booklet, if you are having new or unexplained symptoms or changes in your bowel habits, please visit your GP as this can be a sign of other health issues that may need investigating.

A Dietician may be able to help you identify foods that may be triggering your symptoms. Your GP or other health care professional may be able to refer you.

More information can be gained from :

British dietetic association (BDA) - [www.bda.uk.com/foodfacts/home](http://www.bda.uk.com/foodfacts/home)

Bladder and bowel community - [www.bladderandbowel.org](http://www.bladderandbowel.org)



**Physiotherapy Appointment booking**  
**01443 715012**

Royal Glamorgan Hospital Physio Dept.- 01443 443277

Ysbyty Cwm Cynon Physio Dept.- 01443 715014

Princess of Wales Physio dept - 01656 754390

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