



Australian Government
Department of Health and Ageing

LOOKING AFTER YOUR BOWEL

A Guide to Improving Bowel Function



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Looking after
your bowel



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Introduction

Introduction

Bowel habits are formed early in life. We may pick up poor habits and develop problems because we rarely talk about how to look after our bowels. Many people do not know that they have poor bowel habits or problems. Without treatment, these could lead to faecal incontinence (leakage from the bowel) in later life.

Bowel problems such as constipation and faecal incontinence affect many people. You can reduce these problems if you seek help early.

To find out if you have any problems or harmful bowel habits, take a few minutes to do our Bowel Quiz. Then use the Bowel Quiz Score Key to see how well you have done. You may be surprised!

Bowel quiz

Bowel quiz

Circle “yes” or “no” for each question.

SECTION I

Do you:

- find it hard to hold on for a short time after the first urge to open your bowel starts? **YES** **NO**
- need to sit on the toilet for a while before you can start a bowel action? **YES** **NO**

Do you often:

- feel that your bowel is not quite empty when you finish a bowel action? **YES** **NO**
- find it hard to control gas from your bowel? **YES** **NO**
- have a sudden, overwhelming urge to use your bowel? **YES** **NO**
- have soft or loose bowel actions? **YES** **NO**
- try to use your bowel when the urge is NOT strong? **YES** **NO**
- often have drinks or food with caffeine? (e.g. coffee, tea, cola, chocolate) **YES** **NO**
- take any of these: antacids; pain-killers with codeine; drugs for depression, allergies, Parkinson’s disease or arthritis? **YES** **NO**
- lean back or sit up straight to open your bowel? **YES** **NO**

SECTION II

Do you often:

- itch or have sore areas around your anus (back passage)? **YES** **NO**
- strain to empty your bowel? **YES** **NO**
- open your bowel **less than three** times a week? **YES** **NO**
- use your fingers to help empty your bowel? **YES** **NO**
- have leakage from your back passage? **YES** **NO**

Use the [Bowel Quiz Score Key](#) (ahead) to see how you rate.

Bowel quiz score key

Bowel quiz score key

If you said NO to all questions, then you are doing fine—
WELL DONE!

In SECTION I, did you say YES to any question? If so, we suggest that you use this booklet to improve your habits. This will help your bowel to work better. It will also help to prevent problems in the future.

In SECTION II, did you say YES to ANY question? If so, we suggest that you use this booklet to improve your habits. This will help your bowel to work better. We also **strongly** advise that you seek help from your GP. You could also visit a continence nurse or physiotherapist. They will work out a plan to help reduce or manage your problems. Take this quiz with you when you go. Contact details are at the back of this booklet.

Bowel problems can be prevented or reduced

Bowel problems can be prevented or reduced

It is nearly always possible to improve bowel habits and function with simple treatment. Don't be put off if you don't get results straight away. It may take a few months to work out what suits your bowel best. It also takes time for the bowel to adjust to your new habits.

Some common bowel problems people may have are:

- Gas or bloating
- A feeling that your bowel is not quite empty after a bowel action
- Constipation
- Urgency (the feeling that you may not get to the toilet in time)
- Diarrhoea
- Leakage from the back passage (faecal incontinence).

This booklet will explain how your bowel works. It will give you some simple tips to prevent or reduce bowel problems.

Normal bowel function

Normal bowel function

Most people think that having a bowel action (passing stools) once a day is “normal” and that going more often is better still. This is **not** strictly correct. In fact, a normal **range** can be from 3 times a day to 3 times a week.

Good bowel function means you can:

- 1 “hold on” for a short time after you feel the first urge. You should not have to drop everything for fear of losing control of your bowel.
- 2 start a bowel action as soon as you sit on the toilet. You should not have to wait or strain to start a bowel action. Straining is one of the worst things you can do, as it weakens the muscles that control your bowel.
- 3 completely empty the lower bowel—the rectum—when you have a bowel action.

Normal bowel function

To achieve these three goals, there are three parts of the bowel that need to be working properly. These are:

The colon (large bowel): This part of the bowel moves waste matter towards the exit (anus). At the same time, fluid is absorbed from the bowel into the body. This makes the waste more solid. If bowel contents move too slowly, they will become hard and dry. This makes the stools more difficult to pass. Over time, this can lead to constipation.

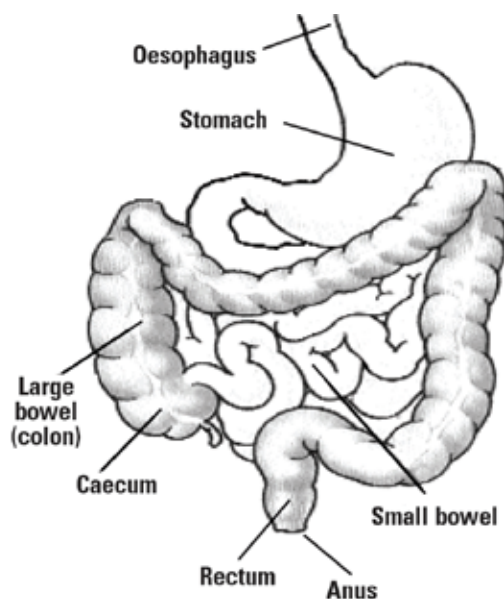
In contrast, if the bowel contents move too fast, more fluid will stay in the bowel. This makes the stool more liquid. It can lead to diarrhoea or even faecal incontinence. You may also have increased gas from the back passage.

Soft bowel motions can cause other problems. You may have trouble emptying your bowel when you go to the toilet. This may cause you to sit longer and

strain to finish a bowel action. You might need to return to the toilet more often just to “complete the job”. Even worse, some of the soft matter can leak out after a bowel action and soil your clothes. Even small leaks, that you may not see, can lead to skin problems. Such problems include itching and soreness around your back passage.

The rectum: This part of the bowel stores waste matter until you are ready to go to the toilet. It can stretch as it fills.

The anal sphincter muscles: The anus is the outer opening of the bowel. It is also called the back passage. Two groups of muscles control the opening of the anus. These are the anal sphincter and the pelvic floor muscles. To “hold on” when you feel the urge to use your bowel, your anal sphincter muscles must squeeze tight. Many things can make these muscles weak. These include straining on the toilet, childbirth, heavy lifting and being overweight or unfit. If the muscles are weak, you may not be able to “hold on”.



Good toileting habits

Good toileting habits

What are good habits when going to the toilet? First, you should wait until you get a strong urge before you go to the toilet. Do you find that when you sit on the toilet, you must wait a long time for your bowel action to start? This could mean that you have sat down before the urge was strong enough. If so, you should get up and leave. Return only when you are quite sure that a bowel action is about to happen.

Good posture when sitting on the toilet is vital. It allows the bowel to empty properly. It also reduces straining.

- 1 Lean forward a little and rest your elbows on your knees.
- 2 Have your knees higher than your hips. You can do this by lifting your heels. Think of being on tiptoes. It may help to put a small stool or phone book under your feet.
- 3 Push your lower belly out. This helps to relax your anal sphincter muscles.

Correct Position



- Knees higher than hips
- Lean forward and put elbows on your knee
- Push out your belly
- Straighten your back

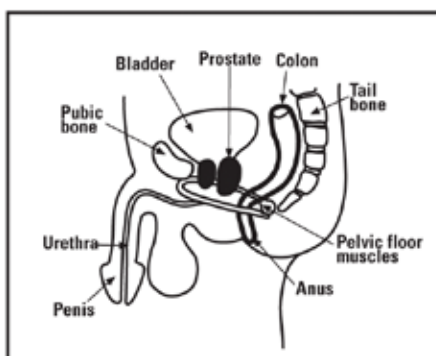
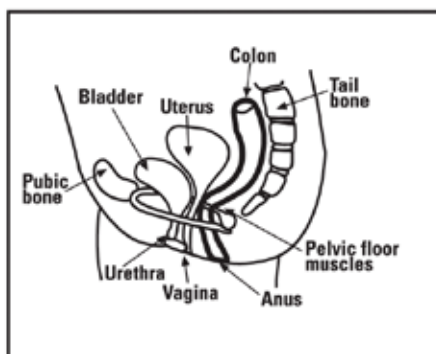
If you have had a recent hip operation, **DO NOT USE** this toilet position. Check first with your doctor.

Don't get into the habit of straining at the end of your bowel action. This does not prevent leakage. Straining is harmful. It makes the pelvic floor muscles weak. Over the long term, straining can lead to leakage.

Pelvic floor muscle training

Pelvic floor muscle training

Pelvic floor muscle training makes your anal sphincter muscles stronger. This helps to prevent leakage of gas or faeces. Men and women should do these exercises every day.



The pelvic floor muscles are layers of muscles that form a hammock. They stretch from the pubic bone in the front to the tail bone at the back. These muscles help to support the bladder and bowel. When you train these muscles, the aim is to squeeze and lift up this hammock. This will help to close up the openings to the bladder and bowel.

To start:

- Lean forward in a chair with knees apart. This stops other muscles (buttocks and thighs) from taking over.
- Tighten and relax the back passage, then tighten the genital area. If you tighten and relax quickly it will feel like a flutter between your legs. These are the pelvic floor muscles working. When you are sure you have found the right muscles, go to the next step.
- Tighten the back passage and try to lift your genital area off the chair. Try to hold the lift for 10 seconds. If you can't, hold for at least 5 seconds, then release and relax for 10 seconds.
- Repeat this as many times as you are able, up to 8 to 10 squeezes.
- Now do 5 to 10 short, fast and strong squeezes.

These exercises take only a few minutes. You should try to do them at least 4 to 5 times a day.

When you can find and use your muscles easily, you can do your training while lying, sitting or standing.

While doing these exercises, it is important that you:

- Squeeze and lift up—don't push down or out
- Don't hold your breath
- Don't tighten your buttocks or thighs.

Dietary fibre and fibre supplements

Dietary fibre and fibre supplements

What we eat plays a vital role in how well our bowels work. Fibre is an important part of any healthy diet. It helps to improve bowel function by taking up water and making stools bulkier. Bulky stools help to make the bowel more active. There are two types of dietary fibre—soluble and insoluble. Most plant foods have both types. In general, you should aim to eat both types each day.

Insoluble fibre helps speed up bowel motions. This means bowel actions will occur more often. Eat less of this fibre if you have irritable bowel symptoms or loose stools. Examples are: multi grain or whole grain wheat, corn and rice cereals, bran, fibrous vegetables (carrots, celery), skins of fruit and vegetables.

Soluble fibre turns into a gel during digestion. This helps to bind bowel contents together, making stools firmer. If your stools are too soft, you should try to eat more of this type of fibre. Examples are: oats, barley, rye, legumes (lentils, kidney beans), peeled fruits and vegetables.

Fibre supplements

There are many types of fibre supplements. Each has a different action. People may react differently to each type. Try a few to find what works best for you. You can find some of these in supermarkets*. Others can be found in health food stores or pharmacies.

Examples are:

- Psyllium (e.g. Metamucil)*
- Ispaghula (e.g. Fybogel)*
- Inulin (e.g. Benefiber)*
- Sterculia (e.g. Normafibe)
- Methylcellulose.

In some people, these supplements may have no effect, or may cause diarrhoea. Some types (e.g. Normacol or Granacol) contain bowel stimulants. These may also cause diarrhoea. A continence adviser or dietician can help you to choose the best fibre for your needs.

NB: When taking any fibre, you must drink more water. If you don't, the stool may be difficult to pass. About 1.5 to 2 litres is advised. Too much fibre can cause bloating.

Constipation

Constipation

Have you had any 2 of the problems listed below?

- The need to strain more than a quarter of the time.
- Feeling that your bowel is not quite empty after going to the toilet.
- Lumpy or hard stools.
- Feeling that your bowel is blocked.
- Opening your bowel less than three times a week.

Have you had these problems for more than 3 months in the past year? If you said “yes”, then you may have had constipation.

Some reasons for constipation are:

- Not being active enough
- Not eating enough
- Not drinking enough
- Fad diets
- Too much or too little fibre, or the wrong type
- Some medications (see ahead)
- Delaying the urge to go to the toilet for many hours
- Stress
- Lifestyle (e.g. shift work, travel).

Diet, Exercise and Constipation

Take a look at the food chart at the back of this booklet. Do you eat a lot of foods that tend to slow your bowel and make stools firmer? If so, then eating less of these foods may help. You should also eat more of the foods that make stools softer and more frequent. People react differently to each food. You will need to work out how each food affects you.

You should also walk or exercise for 30 minutes each day.

[Fibre and constipation](#)
(See the section on fibre)

Insoluble fibre speeds up the bowel and helps to prevent constipation. It may also help in treating mild cases. Many people take fibre supplements for this problem. Fibre does not help if you have severe constipation. Instead, you should see your GP or continence adviser.

NB You must drink more fluid when you take fibre.

[Laxatives and constipation](#)

Laxatives should only be used when simple things such as diet and lifestyle changes have not helped. There are different types of laxatives. Some make the stool more bulky while others make it softer. Some attract water into the bowel. Others make the muscles in the bowel wall more active. Suppositories and enemas put into the back passage may also be used to help empty the rectum.

Constipation

Some laxatives can be habit forming. This means that your bowel may start to depend on them. Also, they may not work so well with long term use. Laxatives with senna can be harmful if taken long term. So if you have had constipation for a long time, it's best to seek help from your GP. A continence nurse or physiotherapist can also help.

Medications and constipation

Constipation can be caused by drugs for:

- Pain (e.g. Panadeine, or any drug with codeine)
- Acid in the stomach (e.g. Mylanta)
- Depression (e.g. Zoloft)
- Allergies
- Parkinson's Disease
- Diarrhoea.

Your GP can help you to work out which drugs might be causing your problem.

Faecal urgency

Faecal urgency

Do you sometimes have a sudden, strong urge to use your bowel? Do you have to rush to the toilet to avoid an accident? If so, you may have faecal urgency. It can be due to loose, runny stools. It can also be due to poor control of your anal sphincter. Some foods like chilli, stone fruits and caffeine can irritate the bowel. This causes bowel contents to move too quickly down the bowel. Even stress can do this. See other sections of this booklet for advice. For example, check your diet and try pelvic muscle training.

Faecal incontinence

Faecal incontinence

Faecal incontinence refers to leakage from the bowel, or a bowel accident. It is due to the loss of bowel control. Loss of control can refer to gas, liquid or solid wastes (stool). Signs of leakage can range from smears to total loss of bowel contents.

Habits that can make things worse are:

- Straining. This weakens your pelvic floor.
- Going to the toilet without a strong urge “just in case”. This leads to straining and a feeling that your bowel is not quite empty.
- Going to the toilet too often. This may make your anal area sore and itchy.
- Fasting before social activities. This upsets your bowel function.

Factors that can lead to loss of bowel control are:

- Long term straining
- Medications, e.g. antibiotics, drugs for arthritis and diabetes
- Lifestyle, e.g. heavy lifting. This can lead to weak pelvic floor muscles
- Diabetes
- Bowel disease, e.g. Coeliac disease, Crohn’s disease
- Bowel surgery
- Difficult childbirth, heavy babies.

Leakage around the back passage can lead to sore and itchy skin in this area. The skin may become red and break down. Wiping or washing the area too often will make it worse. It’s best to clean the area with products that are free from soap or alcohol.

Diet and faecal incontinence

A list of foods that can affect your bowel is located at the back of this booklet. Do you have soft, fast moving bowel motions? If so, try eating less of the foods that irritate the bowel. You may find it helpful to eat more of the foods that firm up bowel motions. Firm stools are easier to control.

Do not reduce your total fluid and food intake in the false hope that this will reduce faecal leakage. For example, do not fast before you go out. This can make it harder to set up a healthy bowel pattern. Healthy bowels need a regular intake of food. You also need to drink plenty of liquid, especially water. If you would like more advice about your diet you may wish to talk to a dietician or continence advisor.

Faecal incontinence

Medications and faecal incontinence

There are many drugs that can cause diarrhoea or make it worse.

The most common are:

- Antibiotics
- Some drugs for arthritis (e.g. Voltaren, Nurofen)
- Some drugs for diabetes (e.g. Metformin)
- Some drugs for Depression (e.g. Cipramil)
- Colchicine for Gout.

If you take these medications and have diarrhoea, you may need to discuss this with your doctor. It may be possible to try a different type of drug. Pharmacists may also do a full check of all your medications for a fee. They can help to work out which drugs may be causing problems for you.

What about drugs that stop diarrhoea and leakage? The safest drugs are Loperamide (Imodium, Gastrostop) and Lomotil. These drugs are a great help if simple changes to your diet don't work. They slow down the movement of bowel contents. They also help to dry out the stools.

Of course, taking too much of these drugs can cause constipation. Always start these drugs at a low dose. You can slowly increase the dose until your bowel has improved. At the same time, you should look at the food chart at the back of this booklet. You may be able to take a lower dose of drugs by making simple changes to your diet. Your GP will be able to advise you further.

Panadeine and Panadeine Forte will also slow down the bowel. Elderly people should not use these drugs for bowel control. They contain codeine, which can make you drowsy and confused. If you are taking these drugs for other reasons, then you should discuss this with your GP.

Physical activity and faecal incontinence

Many people with faecal incontinence find that some activities make their leakage worse. These include heavy lifting and housework; squatting; and gardening. Such activities put extra load on weak pelvic floor muscles. If you can't avoid these activities, try to pace them out over a few days. Note that your pelvic floor muscles are strongest early in the day. Plan your day so that you do heavy work in the morning.

Stay active by exercising at least 30 minutes each day. Walking is ideal.

Flatus

Flatus (gas from the back passage)

Most flatus is due to gases made by bacteria that live in the large bowel. These bacteria break down undigested food. It is normal to pass some flatus each day. The amount varies from person to person. It depends on your diet and the type of bacteria in your bowel. The usual range is 7 to 12 times per day. If you pass more than this, it may simply mean that you are eating or drinking something that disagrees with you. This can happen even if someone else eating the same food has no problem. Too much gas can also be due to swallowing air. This happens when you eat or drink too fast, or you chew gum.

Some foods and drinks tend to cause excess flatus. These are listed at the back of this booklet. If you suspect certain foods or drinks, it is best to test them one at a time. Remove one item from your diet for a few days and see what happens. If it has no effect, try another item. Combinations of certain foods may also be a problem.

Sometimes loss of control of gas is due to weak or damaged anal and pelvic floor muscles. See the section on pelvic floor muscle training for help with this. For more information, it is best to see a continence nurse adviser or physiotherapist. Contact details are listed at the back of this booklet.

Summary

Summary

The five most important steps you can take to improve your bowel function and bowel control are:

- 1 GOOD HABITS on the toilet.
- 2 PELVIC FLOOR muscle training.
- 3 Check your DIET and make changes if needed.
- 4 Use MEDICATIONS with care.
- 5 Check your LIFESTYLE and make changes if needed.

Useful contacts & references

Useful contacts

How to contact a continence nurse or continence physiotherapist

Continence nurses and physiotherapists usually work in hospitals. They can teach you how to care for your bowel and bladder. They can also help to treat any problems you may have. You will need a referral from your GP.

National Continence Helpline Phone: 1800 330 066

This service gives free advice about problems with the bowel or bladder.

Toilet Map Helpline Phone: 1800 990 646

The National Public Toilet Map shows the location of more than 14,000 public toilets in Australian towns and cities. It includes rural areas and major travel routes. The internet site is www.toiletmap.gov.au

Continence Foundation of Australia

www.continence.org.au

This internet site has useful links to help people with incontinence. If you cannot access the internet, please telephone the National Continence Helpline (see above).

Australian Health Map www.abc.net.au/health/healthmap/default.htm

The Australian Health Map provides information about health resources, health information and statistics for each State.

Continence Advisory Service Phone: (08) 9386 9777

C/O Hollywood Private Hospital, Nedlands.

This is a free service available to support people with bowel or bladder problems.

Australian Physiotherapy Association—WA Branch Office Phone: (08) 9389 9211

“Hampden House” 174 Hampden Road, Nedlands 6009.

Useful references

Levitt, M., (2004) *The Bowel Book: A self help guide for sufferers*. New York: Oxford University Press.

United States National Institute of Diabetes and Digestive and Kidney Diseases.

http://digestive.niddk.nih.gov/ddiseases/pubs/constipation_ez/index.htm

<http://digestive.niddk.nih.gov/ddiseases/pubs/fecalincontinence/index.htm>

Food Chart

Food chart

The following food chart lists foods that can cause or help reduce bowel problems. Use this as a guide, but remember that foods can affect people differently.

Foods that can cause flatus (gas from back passage):

- cabbage family vegetables (cabbage, Brussels sprouts, broccoli, cauliflower)
- other vegetables (beans, onions, spinach, corn, radish, cucumber)
- nuts
- fizzy drinks
- beer
- dairy products
- snacks and “sugar-free” foods that contain sorbitol (humectant, code 420). This is used in diabetic lollies, chewing gum, mints, sweeteners, snack foods like breakfast bars etc.

Foods that can make bowel motions firmer and less frequent (eat less of these if you are constipated):

- bananas
- boiled rice (white)
- pasta (white)
- white bread (not high fibre)
- milk arrowroot biscuits
- marshmallows (white)
- tapioca
- peanut butter (smooth)
- potatoes
- cheese
- yoghurt
- pretzels.

Food Chart

Foods that can make bowel motions softer and more frequent (eat less of these if you have loose stools):

- vegetables (especially red capsicum, cabbage, onions, spinach, dried and fresh beans, peas, corn, Brussels sprouts and broccoli)
- fruit (fresh, canned or dried) especially grapes and stone fruit such as apricots, peaches, plums, prunes
- spices such as chilli and curry
- garlic
- bran, other high fibre cereals and breads such as multi grain, wholemeal, high fibre white (especially if you are gluten intolerant)
- fibre supplements
- milk and other dairy products (especially if you are lactose intolerant)
- chocolate
- nuts
- popcorn
- greasy foods
- fruit juice, especially orange, prune, grape
- alcohol, especially beer and red wine
- caffeine—in coffee, tea, chocolate and cola drinks
- snacks and “sugar-free” foods that contain sorbitol (humectant, code 420). This is used in diabetic lollies, chewing gum, mints, sweeteners, snack foods like breakfast bars etc.

Disclaimer: This booklet aims to give a general overview of how to improve bowel function. For specific problems, you should also seek advice from your GP.



Looking after
your bowel



NATIONAL CONTINENCE MANAGEMENT STRATEGY

**Call the National Continence Helpline
on FREECALL™ 1800 330 066 ***

The Helpline has a team of clinical advisors providing free and confidential information, leaflets and referrals to local services.

For more information, you can also visit:

www.continence.org.au

www.toiletmap.gov.au

www.bladderbowel.gov.au

* Calls from mobile telephones are charged at applicable rates.