

LOOKING AFTER YOUR BOWEL

A GUIDE TO IMPROVING BOWEL FUNCTION



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Department of Health



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For more information go to bladderbowel.gov.au or continence.org.au

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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 realise they have poor bowel habits. Without treatment, these could lead to leakage from the bowel—a condition called incontinence.

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

Summary

The five most important steps you can take to improve your bowels are:

1. **GOOD HABITS** on the toilet
 - Check your position when you sit
2. **PELVIC FLOOR** muscle training
3. Check your **DIET**.
 - Drink plenty of fluid, enough to make your urine a light straw colour. The best fluid to drink is water
 - Don't skip meals
 - Eat plenty of vegetables and fruit
4. Stay **ACTIVE**
 - Keep active with regular exercise
 - Avoid excessive straining
 - Use **MEDICATIONS** with care

To find out if you have any problems or harmful bowel habits, take a few minutes to do our Bowel Quiz.

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 doctor or health professional.

Bowel quiz

Try this self-assessment questionnaire.

SECTION 1: Bowel problems that can often be improved

Do you:

- ☐ strain to empty your bowel?
- ☐ need to sit on the toilet for a while before you can start a bowel action?
- ☐ use your bowel less than three times a week?
- ☐ feel that your bowel is not quite empty when you finish a bowel action?
- ☐ find it hard to control gas from your bowel?
- ☐ have a sudden, overwhelming urge to use your bowel?
- ☐ have soft or loose bowel actions?
- ☐ try to use your bowel when the urge is NOT strong?
- ☐ often have drinks or food with caffeine? (e.g. coffee, tea, cola, chocolate)
- ☐ take medicines for: pain, stomach acid, depression, allergies, arthritis or Parkinson's disease?

If you answered **YES** to any of these questions, use this booklet to improve your bowel habits. If any of these problems have recently started or worsened, you should discuss it with your doctor.

SECTION 2: Bowel problems that need review by your doctor

Do you often:

- ☐ itch or have sore areas around your anus (back passage)?
- ☐ find it hard to hold on for a short time after you feel the need for a bowel action?
- ☐ use your fingers to help empty your bowel?
- ☐ have leakage from your back passage?
- ☐ have pain when you use your bowel?

Have you had either of the following?

- ☐ A bowel motion which is black or contains blood.
- ☐ A lump near your anus (back passage).

If you said **YES** to any of these, you should discuss it with your doctor. This is because these problems are sometimes caused by more serious bowel diseases. Take this quiz with you when you go.



Bowel problems can be prevented or reduced

Many bowel problems can be improved or cured. Don't worry if you don't get results straight away. It may take a few months to work out what helps the most, and it takes time for the bowel to adjust to your new habits.

Some common bowel problems are:

- gas or bloating
- a feeling that your bowel is not empty after a bowel action
- constipation (this includes hard or infrequent bowel actions)
- urgency (the feeling that you may not make it to the toilet in time)
- diarrhoea
- leakage from the back passage (bowel incontinence).

Remember that if these problems are new over the past few weeks or months, get them checked by your doctor first.

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

Normal bowel function

Most people think that having a bowel action 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 three times a day to three times a week.

Good bowel function means you can:

- 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.
- start a bowel action soon after you sit and relax on the toilet. You should not have to wait or strain to start. Straining is one of the worst things you can do, as it may damage the muscles and nerves that control your bowel.
- completely empty your lower bowel each time you have a bowel action.

Your bowel has three parts

The colon (large bowel): This part of the bowel moves the motions (poo) towards the anus (exit). As it slowly moves, water is absorbed out of the motions, which makes it more solid. If it moves too slowly, the motions will become hard and dry. This makes them more difficult to push out. Over time, this can lead to constipation.

The opposite can happen if the motions move too fast through the bowel. This leaves more water in the motions, which can lead to diarrhoea and increased gas.

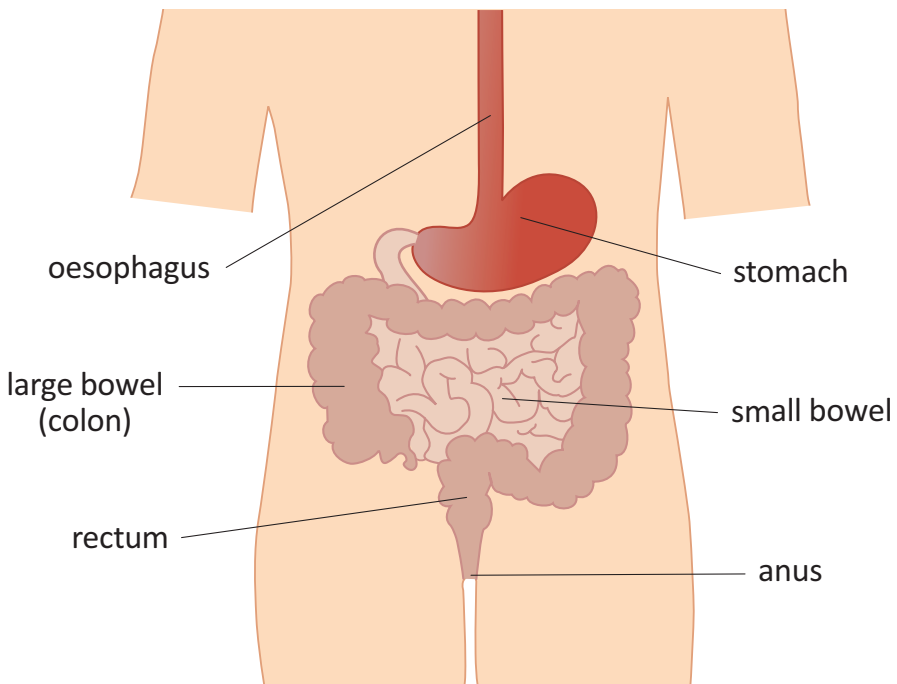
Bowel motions that are too soft or watery can make it hard to completely empty your bowel when you go to the toilet. You might find yourself sitting longer and straining to finish a bowel action. You might need to return to the toilet again just to 'complete the job'. Even worse, some of the watery motions can leak out after a bowel action and soil your clothes. Even small leaks, too small for you to notice, can lead to the skin around your back passage itching or hurting.

The rectum: This is the last part of the bowel, just inside your bottom. It stores your bowel motion until you are ready to go to the toilet. It has the ability to stretch as it fills.

The anal sphincter muscles: The anus is the outer opening of the bowel, also called the back passage. The anal 'sphincter' is a ring of muscles that squeezes tight to control the opening. This allows you to hold on when you feel the urge to use your bowel.

Many things can make the ring of 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.

Different parts of the bowel



Good toileting habits

What are good habits when going to the toilet?

Waiting: You should wait until you get a strong urge before you go. If you find yourself sitting a long time waiting for your bowel action to start, you may have sat down before the urge was strong enough.

If so, you should get up and leave. Sitting for longer than 10 minutes may lead to straining. Return only when you are quite sure that a bowel action is about to happen.

Posture: Good posture when sitting on the toilet is important. It allows the bowel to empty properly and reduces straining.

Correct Position

- Lean forward a little and rest your elbows on your knees.
- Have your knees slightly higher than your hips. If you are at home, you could place a small stool or phone book under your feet. If you are out, you could lift your heels, although make sure you relax the rest of your body.
- Relax and push out your stomach to widen your waist.
- Sit with a comfortably straight back.

If you have had a recent hip operation, do not try to have your knees higher than your hips. Discuss this with your doctor.

Don't get into the habit of straining at the end of your bowel action. Sitting for longer and straining may damage the pelvic floor muscles. Straining can eventually lead to leakage or haemorrhoids (piles).

Correct Toilet Position

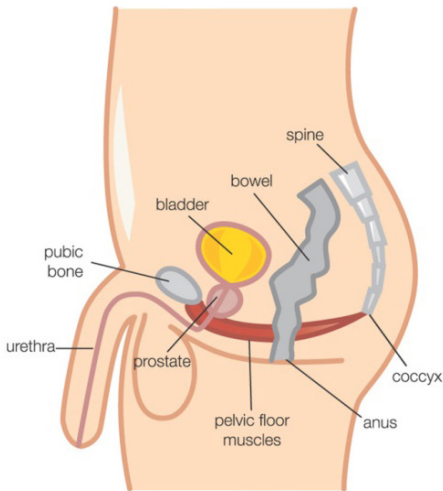


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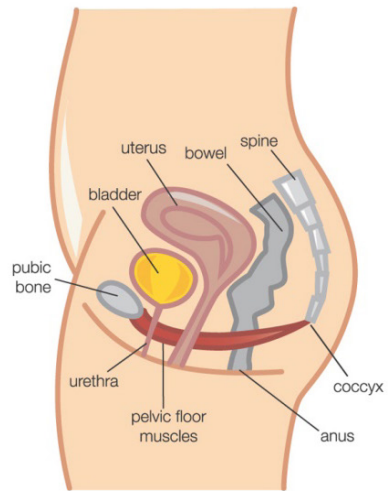
Pelvic floor muscle training

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

Male and female pelvic floor muscles



Male anatomy



Female anatomy

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

How to do pelvic floor muscle training:

- Males – squeeze and draw in the muscles around your urethra (urine tube) and anus (back passage) at the same time. Use your muscles to lift the scrotum upwards. You should have a sense of lift each time you squeeze your pelvic floor muscles. Hold the muscles strong and tight as you count to eight. Then, let them go and relax. You should have a distinct feeling of letting go.
- Females – squeeze and draw in the muscles around your anus (back passage) and vagina at the same time. Lift them up inside. Feel a sense of lift each time you squeeze your pelvic floor muscles. Hold the muscles strong and tight as you count to eight. Then, let them go and relax. You should have a distinct feeling of letting go.
- Repeat the squeeze and lift and letting go. It is best to rest for about eight seconds in between each squeeze of the muscles. If you can't hold for a count of eight, just hold for as long as you can.
- Repeat this squeeze and lift as many times as you can. Aim to do between eight to twelve squeezes each set.
- Try to do three sets of eight to twelve squeezes each, with a rest in between. A training program is three sets of eight to twelve squeezes.
- Do this training program one to three times every day. Try sets while lying down, sitting or standing.

While doing pelvic floor muscle training:

- do not hold your breath
- only squeeze and lift
- do not tighten your buttocks
- do not use your tummy muscles.

Do your pelvic floor muscle training the right way

Fewer stronger squeezes are better than a lot of half-hearted ones. Ask for help from your continence physiotherapist or continence nurse advisor if you are not sure you are doing the squeezes right.

Seek help if you do not see a change in your symptoms after three months.

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 the bowel motions take up water, keeping them bulky and soft. Bulky motions help to make the bowel more active. There are two types of dietary fibre — soluble and insoluble. Most plant foods have both types. Aim to eat both types each day.

Fibre that is insoluble (doesn't dissolve in water) helps speed up the bowel, so bowel actions will occur more often. Eat less of this fibre if you have irritable bowel symptoms or loose motions.

Examples: multigrain or whole grain wheat, high-fibre cereals, fibrous vegetables (carrots, celery), skins of fruit and vegetables.

Fibre that is soluble (dissolves in water) turns into a gel during digestion. This helps to bind bowel contents together, making motions firmer. Eat more of this fibre if your motions are too soft.

Examples: oats, barley, rye, legumes (lentils, kidney beans), peeled fruits and vegetables.

Fibre supplements

There are many types of fibre supplements. People may react differently to each type. Ask your pharmacist for advice and then try a few to find what works best for you. They can be found in health food stores or pharmacies. The ones labelled with * are also available in most supermarkets.

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. Some brands also contain bowel stimulants, which may cause diarrhoea. A continence nurse advisor, dietitian or pharmacist can help you to choose the best fibre for your needs.

NB: When taking any fibre, you should drink more fluid, to prevent the motions becoming difficult to pass. Fluid is everything you drink. Fluid includes milk, juice and soup. The best fluid to drink is water. To reduce bloating and gas, start with the lowest suggested dose of fibre and gradually increase.

Constipation

Have you had any two of the problems listed below?

- Needing 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 motions
- Feeling that your bowel is blocked
- Bowel actions less than three times a week

If you have had these problems for more than three months in the past year, you may have constipation.

Some reasons for constipation:

- Not drinking enough
- Not eating enough
- Not being active enough
- Poor diet (including fad diets)
- Too much or too little fibre, or the wrong type of fibre
- Some medications
- Delaying the urge to go to the toilet for many hours
- Stress
- Your lifestyle (e.g. shift work, travel)

Treating constipation

If you have constipation, you should drink more fluid every day, which may include milk, juice and soup. The best fluid to drink is water.

Take a look at the food chart on page 28. Try eating less food that makes your motions firmer, and more food that makes them softer. People react differently, so you will need to work out how each food affects you.

The fibre found in fruit and vegetables can help treat mild constipation. You could also try buying insoluble fibre supplements, starting slowly and increasing over time.

Exercise (e.g. walking) for 30 minutes each day has been shown to help prevent constipation.

If you have severe constipation, or are still constipated after three months following the advice above, see your doctor or continence nurse advisor.

Using laxatives

Laxatives should only be used when simple things such as diet and lifestyle changes have not helped. Some laxatives make the motions 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.

Some laxatives can be habit-forming after a while. This means that your bowel may start to depend on them if you use them continually. Also, they may not work so well with long term use. Laxatives containing senna can be harmful if taken long term. If you are using laxatives, it's best to discuss these with your doctor or continence nurse advisor.

Reviewing your medications

Many prescription or over-the-counter medicines may cause constipation, including medicines for:

- pain (e.g. codeine, morphine)
- stomach acid (e.g. Mylanta, Gaviscon)
- depression
- allergies
- Parkinson's disease
- diarrhoea

Your doctor, continence nurse advisor or pharmacist can help you to work out which medicines might be causing your issue.

Urgency to pass a bowel motion

Do you sometimes have a sudden, strong urge to use your bowel? Do you have to rush to the toilet to avoid an accident? This is called faecal urgency, and you should see your doctor to rule out a significant cause.

Urgency can be due to diarrhoea: loose, runny motions. Some foods like chilli, stone fruits, greasy food, alcohol and caffeine can irritate the bowel. This causes bowel motions to move too quickly. Even stress can do this.

For some hints at how to prevent diarrhoea, see the next section 'Leakage' on page 23, and the Food Chart 2 on page 29 for 'Foods that can make bowel motions firmer'.

Urgency can also be due to poor control of your anal sphincter muscles. For advice about improving your bowel control, see the section on pelvic floor muscle training on page 16.

Leakage

Leakage from the bowel is sometimes called a bowel accident, and the medical term is 'faecal incontinence'. It is due to the loss of bowel control. The leakage can be solid, liquid or gas. It can range from soiling the underwear to the loss of a full bowel motion.

Leakage can often be associated with diarrhoea, but not always.

Poor habits that can make leakage worse include:

- straining, which can weaken the pelvic floor muscles
- going to the toilet without a strong urge, 'just in case'
- going to the toilet too often. This may make your back passage sore and itchy

Other factors that can lead to leakage include:

- medicines (e.g. antibiotics, medications for arthritis and diabetes)
- physical strain (e.g. heavy lifting). This can damage pelvic floor muscles
- diabetes
- bowel disease (e.g. Crohn's, coeliac disease)
- bowel surgery
- difficult childbirth, heavy babies
- prolapse – when organs in the pelvis slip down, out of their normal position

Leakage can lead to sore and itchy skin around the back passage. The skin may become red and cracked. Wiping or washing the area too often will make it worse. It's best to gently clean the area with water, or products that don't contain soap or alcohol. To protect the skin, you can apply a barrier cream – the same as used to prevent nappy rash in babies.

Using diet to help leakage

Take a look at the food chart at the back of this booklet. Try eating less food that makes your motions softer, and more food that makes them firmer. Firm, bulky motions are easier to control than soft, watery ones.

Foods that cause leakage most often are: fatty or greasy foods, caffeine, spicy foods and alcohol. If you are lactose intolerant, dairy products may also cause problems.

Do not reduce your total fluid and food intake in the false hope that this will reduce leakage. For example, do not fast before you go out. A healthy bowel pattern needs regular food intake. You should drink plenty of liquid, especially water. A dietitian or continence nurse can give further advice about your diet.

Reviewing your medications

Many prescription or over-the-counter medicines may contribute to leakage, including medicines for:

- infections (antibiotics)
- arthritis (e.g. Voltaren, Nurofen)
- diabetes (e.g. metformin)
- depression
- gout (e.g. colchicine)

If you take these medicines and have diarrhoea, discuss this with your doctor. It may be possible to try a different type of medicines. Some pharmacists also do 'home medicines reviews', where they fully check all your medicines. This can help to work out which medicines are causing problems.

Medications to prevent leakage

Some medicines can help stop diarrhoea and leakage. They can be a great help if simple changes to your diet don't work. The medicines slow down the movement of bowel contents and make the bowel motions firmer. The safest medicine is loperamide (Imodium, Gastro-Stop, Harmonise). Others, which may have more side effects, include Lomotil, and medicines containing codeine.

Of course, taking too much of these medicines can cause the opposite problem – constipation. Always start at a low dose. For example, buy loperamide as tablets rather than capsules, so you can start with half a tablet and slowly increase the dose until your bowel has improved. Simple changes to your diet may help you reduce or stop the need for medication. Ask your doctor for further advice.



Is physical activity good or bad for leakage?

Many people find that certain activities make their leakage worse. These include heavy lifting and housework, squatting, and gardening. These activities can put a strain 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.

However, most physical activity is actually good for reducing leakage. Stay active by exercising at least 30 minutes each day. Walking is ideal.

Seek help

Faecal incontinence, or leakage, is more common than you would think. Continence nurse advisors are very used to dealing with this issue, and doctors and continence physiotherapists will also be able to support you. Ask for help.



Gas from the back passage

Gas (flatus) is made by bacteria that live in the large bowel. These bacteria break down undigested food. It is normal to pass some gas (break wind) each day.

The amount varies, depending on your diet and the type of bacteria in your bowel. The usual range is seven to twelve 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 occasionally be due to swallowing air. This can happen when you eat or drink too fast, or you chew gum.

Foods and drinks that tend to cause a lot of gas are listed on page 28. If you suspect certain foods, try testing them one at a time. Remove one item from your diet for a few weeks 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 (page 16). For more information, see a continence nurse advisor or continence physiotherapist.

Food charts

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

Chart 1: Foods that can cause gas from back passage (flatus)

- cabbage family vegetables (cabbage, brussel sprouts, broccoli, cauliflower)
- other vegetables (beans or legumes, onions, spinach, corn, radish, cucumber)
- nuts
- dairy products (not usually a problems with yoghurt and hard cheese. More a problem if you are lactose intolerant)
- eggs
- bananas
- fizzy drinks
- beer
- snacks and sugar-free foods that contain artificial sweeteners. These are used in artificially sweetened lollies and chewing gums, sweeteners, diet drinks and some snack foods

Chart 2: Foods that can make bowel motions firmer and less frequent (eat less of these if you are constipated and more if you have loose bowel motions)

- bananas
- boiled rice (white)
- pasta
- white bread (not high fibre)
- beef steak, chicken breast, roast
- milk arrowroot biscuits, pretzels
- tapioca
- peanut butter (smooth)
- potatoes
- cheese

Chart 3: Foods that can make bowel motions softer and more frequent (eat more of these if you are constipated)

- vegetables (especially red capsicum, cabbage, onions, spinach, dried and fresh beans, peas, corn, brussel sprouts and broccoli)
- fruit (fresh, canned or dried); especially grapes and stone fruit (apricots, peaches, plums, prunes) and kiwi fruit
- spices (especially chilli and curry)
- garlic
- high fibre cereals and breads such as multigrain, wholemeal, high fibre white
- fibre supplements
- fruit juice (especially prune and pear)

Chart 4: Foods to avoid if you have loose bowel motions

- milk and other dairy products (for those who are lactose intolerant)
- wheat products (for those who are sensitive to gluten)
- chocolate
- nuts
- popcorn
- greasy foods
- alcohol (especially beer and red wine)
- caffeine (coffee, tea, chocolate and cola drinks)
- snacks and sugar-free foods that contain artificial sweeteners. These are used in artificially sweetened lollies, chewing gum, diet drinks and some snack foods

Useful contacts

Continence nurse advisors and continence physiotherapists who work in hospitals need a referral from your doctor. Some work in private practice, and may not need a referral. They can teach you how to care for your bowel and bladder. They can also help to treat any problems you may have. Phone the National Continence Helpline to find a continence nurse or physiotherapist near you.

National Continence Helpline

Phone: 1800 330 066

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

Continence Foundation of Australia

continence.org.au

This internet site has useful links to help people with incontinence.

Toilet Map Helpline

Phone: 1800 990 646

toiletmap.gov.au

The National Public Toilet Map shows the location of 16,000 public toilets in Australian towns and cities. It includes rural areas and major travel routes.

Australian Health Map

abc.net.au/health/healthmap/default.htm

The Australian Health Map is a state-by-state guide to health resources, statistics and information.

Australian Physiotherapy Association

Phone: 1300 306 622

physiotherapy.asn.au/APAWCM/Controls/FindaPhysio.aspx

The “Find a Physio” page lets you search for a physiotherapist in your area. In the dropdown list called “Interests”, select “Bowel and bladder health”.

Patient information, Gastroenterological Society of Australia
gesa.org.au/resources/patients/health-information-fact-sheets/

Bladder and bowel information, Australian Department of Health
bladderbowel.gov.au

Patient information, Colorectal Surgical Society of Australia and New Zealand
cssanz.org/patients

Constipation information, NIDDKD digestive
niddk.nih.gov/ddiseases/pubs/constipation_ez/index.htm

Bowel control information, NIDDKD digestive
niddk.nih.gov/ddiseases/pubs/fecalincontinence/index.htm

Notes



NATIONAL CONTINENCE PROGRAM

**Call the National Continence Helpline
on FREECALL™ 1800 33 00 66**

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:

continence.org.au

toiletmap.gov.au

bladderbowel.gov.au

* Calls from mobile telephones are charged at applicable rates.



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