Introduction

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.

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.

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- Buckley et al, 2009
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 bloodstream, 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, 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 (ongoing 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.

Is bleeding from the back passage serious?
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 1.5% 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/races.
- 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).