

Pelvic health physiotherapy

Constipation and difficulty opening your bowels (defecatory dysfunction)

Information for patients

What is constipation and defecatory dysfunction?

Constipation is a common condition that affects people of all ages. It can mean that you're not passing stools regularly, you find it difficult to get the stool out or you're unable to completely empty your bowel properly. Constipation can also cause your stools to be hard and lumpy, as well as unusually large or small. Constipation can occur in babies, children and adults. It's estimated that around one in every seven adults and up to one in every three children in the UK has constipation at any one time. The condition affects twice as many women as men and is also more common in older adults and during pregnancy.

Defecatory dysfunction refers to difficulty emptying the contents of the bowel. There can be a sensation of blockage when opening your bowels or the feeling that the bowel has not emptied properly.

Why does constipation and defecatory dysfunction happen?

- not eating enough fibre, such as fruit and vegetables
- a change in your routine or lifestyle, such as a change in your eating habits
- not drinking enough water
- lack of exercise
- issues with the pelvic floor muscles and their coordination
- stool becoming trapped in the rectum due to anatomical changes
- ignoring the urge to pass stools
- pain when passing stools
- side effect of medications
- stress, anxiety or depression
- more commonly in pregnancy

The symptoms of constipation or defecatory dysfunction include?

- straining to pass stool more than 25 per cent of the time
- a sensation of incomplete emptying
- a sensation of obstruction/blockage in your bottom
- needing to use manual manoeuvres to facilitate defecation e.g. putting the finger in the anus or separating the bottom to get the stool out
- passing stool less than 3 times per week.
- stomach ache, cramping, bloating

What are the treatment options?

Treatment for constipation depends on the cause, how long you've had it and how severe your symptoms are. In many cases, it's possible to relieve the symptoms by making dietary and lifestyle changes. The management options include the following:

Lifestyle changes:

Fibre can soften stools, making them easier to pass. You should eat at least 18-30g of fibre a day. Dietary changes should be guided by your healthcare professional as everybody's gut is different. However, foods high in fibre include:

- fruit and vegetables
- beans/ lentils/ pulses
- wholegrain rice
- whole-wheat pasta
- wholemeal bread
- seeds, nuts and oats (two tablespoons of flax seeds /golden linseed helps to achieve the recommended fibre content)

Tips for increasing fibre:

- swapping white bread for wholemeal
- porridge
- swap white rice and pasta to brown/whole-wheat varieties
- add extra vegetables to mince, casseroles, soups, stews, curries or chillies.
- add beans and pulses to mince, casseroles, soups, stews, curries or chillies.
- snack on a piece of fruit or vegetable sticks.
- sprinkle seeds (e.g., pumpkin seeds, golden linseeds, sunflower seeds) over soups, salads or yoghurts.
- choose foods labelled with 'high-fibre'.
- keep the skins on fruit and vegetables when possible.
- add nuts or dried fruit to breakfast cereals.
- serve at least one portion of fruit or vegetables at each mealtime

The following advice is general and depending on your gut health you may need more individualised diet changes. This should be discussed with your healthcare professional.

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- avoid dehydration by drinking plenty of water; you should aim to drink 1.5 to 2 litres of fluid a day
 - exercise regularly – for example, by going for a daily walk or run
 - once you have felt the urge, do not put off going to the toilet as your strongest reflex to empty the bowel and best stool type will be with the first urge, usually 20 mins after breakfast

Fibre Content of Some Common Foods

	Fibre in grams (g)
Breakfast Cereals	
All-Bran® - one medium-sized bowl (40 g)	9.8 g
Shredded Wheat® - two pieces (44 g)	4.3 g
Weetabix® - two pieces (37.5 g)	3.6 g
Muesli (no added sugar) - one medium-sized bowl (45 g)	3.4 g
Fruit 'n' Fibre® - one medium-sized bowl (40 g)	2.8 g
Porridge - one medium-sized bowl (250 g)	2.3 g
Comflakes® - one medium-sized bowl (30 g)	0.3 g
Pasta and Rice	
Pasta (plain, fresh) - one medium portion (200 g)	3.8 g
Brown rice (boiled) - one medium portion (200 g)	1.6 g
White rice (boiled) - one medium portion (200 g)	0.2 g
Breads	
Wholemeal bread - two slices (70 g)	3.5 g
Brown bread - two slices (70 g)	2.5 g
Granary bread - two slices (70 g)	2.3 g
White bread - two slices (70 g)	1.3 g
Vegetables / Fruit / Nuts	
Baked beans (in tomato sauce) - half can (200 g)	7.4 g
Red kidney beans (boiled) - three tablespoons (80 g)	5.4 g
Peas (boiled) - three heaped tablespoons (80 g)	3.6 g
French beans (boiled) - four heaped tablespoons (80 g)	3.3 g
Brussel sprouts (boiled) - eight sprouts (80 g)	2.5 g
Potatoes (old, boiled) - one medium size (200 g)	2.4 g
Carrots (boiled) - three heaped tablespoons (80 g)	2.0 g
Broccoli (boiled) - two spears (80 g)	1.8 g
Apricots (semi-dried) - three whole (80 g)	5.0 g
Prunes (semi-dried) - three whole (80 g)	4.6 g
Pear (with skin) - one medium (170 g)	3.7 g
Orange - one medium (160 g)	2.7 g
Apple (with skin) - one medium (112 g)	2.0 g
Raspberries - two handfuls (80 g)	2.0 g
Banana - one medium (150 g)	1.7 g
Strawberries - seven strawberries (80 g)	0.9 g
Grapes - one handful (80 g)	0.6 g
Almonds - 20 nuts (33 g)	2.4 g
Peanuts (plain) - one tablespoon (25 g)	1.6 g
Brazil nuts - 10 nuts (33 g)	1.4 g

Medication – laxatives

There are different types of medications that may help. You must take the medication as advised and prescribed.

Bulk-forming laxatives

Your GP will usually start you on a bulk-forming laxative. These work by encouraging the contractions of the gut (peristalsis) to move the stool along by providing more bulk to your stool to stimulate the gut. Bulk-forming laxatives also make your stools softer, which means they should be easier to pass.

Commonly prescribed bulk-forming laxatives include ispaghula husk (Fybogel), methylcellulose and sterculia. When taking this type of laxative, you must drink plenty of fluids, and don't take them before going to bed. It will usually be two to three days before you feel the effects of a bulk-forming laxative.

Osmotic laxatives

If your stools remain hard after you've taken a bulk-forming laxative, your GP may prescribe an osmotic laxative instead. Osmotic laxatives increase the amount of fluid in your bowels. This softens your stools and stimulates your body to pass them.

Commonly prescribed osmotic laxatives include lactulose and macrogols (movicol, laxido). As with bulk-forming laxatives, make sure you drink enough fluids. It will usually be two to three days before you feel the effect of the laxative. They should be taken regularly as prescribed.

Stimulant laxatives

If your stools are soft, but you still have difficulty passing them, your GP may prescribe a stimulant laxative. This type of laxative stimulates the muscles that line your digestive tract, helping them to move stools and waste products along your large intestine to your anus. The most commonly prescribed stimulant laxatives are senna, bisacodyl (ducolax) and sodium picosulphate. These laxatives are usually only used on a short-term basis, and they start to work within 6 to 12 hours.

Advice to help empty your bowel

Daily defecation (toileting) routine

It is important that each day you eat regularly throughout the day. To have good, regular output from the digestive system, it needs good, regular input.

Start with a good breakfast and ideally a hot drink. Eating breakfast wakes up the bowels, which sleep when you sleep. When you chew your breakfast, you trigger the hormones in your gut muscles to start the bowel movement and begin to push the stool around the bowel.

Usually, 20-30 minutes after you have eaten breakfast is the most effective time of day to empty the bowel. To establish a routine, you should go to the toilet to practice your defecation exercises at this time. This will help your bowel to develop a healthy routine.

Sit in the position below, relax your tummy muscles. This is the best angle for opening our bowels as it relaxes the appropriate muscles and positions your anatomy.



If the physiotherapist wants you to improve the position of your anatomy, they may advise that you splint the perineum or vagina (if you have one). This is done by using your hand to apply pressure under the perineum to help reduce movement of it when you open your bowels. You can also try using your thumb to push inside the vagina against the back wall, also to reduce movement whilst opening the bowels.

Daily defecation exercises

Step 1: Breathe into the stomach, widen the belly and lower rib cage, make sure your tummy goes out. When you breathe deeply into your stomach, the diaphragm pushes against your bowels

Step 2: As you breathe out try to create propulsion downwards by widening the stomach and allowing the muscles at the back passage to relax.

Step 3: To create the propulsion downwards on the breath out, try making one of the following sounds with good effort:

- imagining you are blowing out birthday candles
- imagine you are telling someone to sssssshhhhhh
- make a moo-ing sound

Pelvic floor training and biofeedback:

These will be explored and advised to you by your physiotherapist.

This may be performed in a variety of ways, including digital examination, using ultrasound or electromyography. This aims to improve the mobility and co-ordination of your pelvic floor muscles and your physiotherapist will inform you if this is needed following an assessment. They may teach your pelvic floor exercises or how to relax the pelvic floor, depending on your assessment.

Suppositories

If you are struggling to empty your bowel, or feel there is stool left in your back passage, suppositories can be used to help you to complete emptying or stimulate emptying. Glycerine suppositories can be purchased in pharmacies or health shops (boots, Superdrug etc) and are also available on prescription. The suppository is inserted into the back passage and draws water into the bowels to soften the stool and mildly stimulates the bowel. Once inserted you should keep the suppository within the back passage for 15-20 minutes before developing the urge to empty your bowel and going back to the toilet. Please follow the instructions on the packet and advice from healthcare professionals. You may need to wet the tip of the suppository prior to inserting it into the back passage and may also need to lie on your side to maintain the suppository within the back passage for this length of time.

Trans-anal irrigation

This is a device that helps to put water into the bowel and wash out the stool, this is completed with the [daily defecation routine and exercises](#). The aim is to do this regularly to help ensure the rectum is empty after defecation or to assist defecation. Over time this will help to prevent constipation and maintain a normal stool type. Trans-anal irrigation can use small amounts or larger amounts of water depending on your condition. Your therapist will discuss with you if this is required and how much water you require.

Advice to help improve the time taken for the stool to move around your bowel

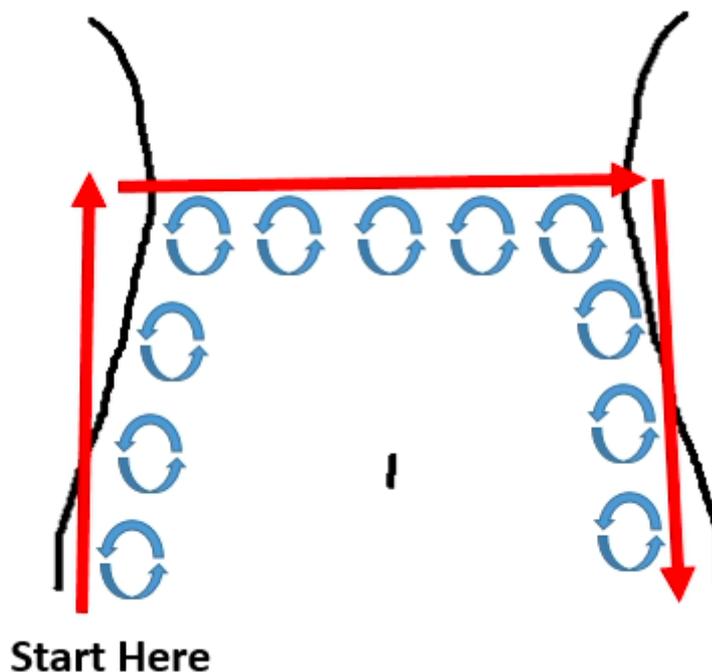
Abdominal massage

Massaging your abdomen, along the direction of the bowel, may help the movement of the stool around your bowel.

How to complete:

- use a moisturiser or oil such as olive oil, to avoid pulling your skin
- use a firm pressure throughout

Start at the bottom right side of your abdomen, sweeping in an upwards movement to below the right of your ribs, then sweep across to the bottom of your left ribs and move downwards to above your left hip. You can also follow the same path above and make small circles as shown below. Your therapist will demonstrate to you how to complete this



In order to have the best results with abdominal massage, complete 15-20 minutes per session, 4-8 times per week, with the ideal time to complete the massage being 30-60 minutes after a meal.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at **imperial.pals@nhs.net** The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in **writing** to:

Complaints department
Fourth floor
Salton House
St Mary's Hospital
Praed Street
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.

Wi-fi

We have a free wi-fi service for basic filtered browsing and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK_FREE or WiFiSPARK_PREMIUM

