

PATIENT INFORMATION

Bowel Control

Exercises and Strategies

Introduction

Many women and men suffer with bowel symptoms, such as leakage of faeces, liquid stool or wind. Some people also experience urgency to get to the toilet in time or have difficulty wiping clean after opening their bowels, or staying clean. This can understandably be very embarrassing and challenging to manage. It is also difficult to discuss and talk about.

What causes bowel control problems (anal incontinence)?

There can be a number of reasons why anal incontinence occurs. It could be related to:

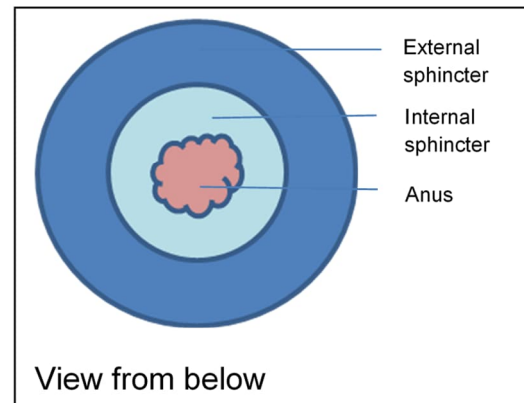
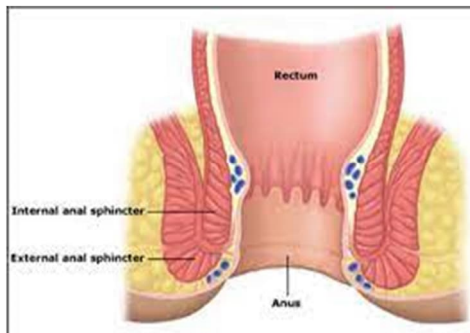
- Childbirth (particularly births involving instruments or a tear)
- Lower bowel or gynaecology surgery
- Ageing (general wear and tear and decrease in muscle bulk)
- Severe long-lasting diarrhoea, constipation and/or piles
- Being overweight
- Conditions which affect nerve function (e.g. diabetes, stroke, spina bifida, multiple sclerosis)
- Radiotherapy to the pelvis
- Irritable bowel syndrome or inflammatory bowel disease

What can help?

Exercises for your pelvic floor, or specifically your anal sphincter, can help improve symptoms. These muscles are made up of several layers and components which all do a slightly different job. This leaflet is focusing on your anal sphincter muscles. These muscles will help you to resist the urge to have a bowel movement and help prevent leakage from your bottom. With daily exercises you should see an improvement within the first three months, missing days and not being consistent will delay your improvements.

What are the anal sphincter muscles?

The back passage, or anus, has two rings of muscles around it. The inner ring is the internal anal sphincter, this is an “involuntary” muscle, meaning we have no control over it. The internal anal sphincter should remain closed at all times, only relaxing and opening when you open your bowels, this happens without us thinking about it. The external anal sphincter is a “voluntary” muscle, this means that we can control it. We can choose to tighten up this muscle to help us get to the toilet on time or to hold wind when we don’t want to let it out. We can improve the strength of this muscle and how it works by a series of exercises.



Why do I get a sudden urge to have a bowel movement?

Some people suffer with faecal urgency when they get a sudden and very strong desire to open their bowel. Faecal urge incontinence can occur when they leak stool before they can get to the toilet.

This can sometimes happen because your gastrointestinal (digestive) system works quicker than normal and so food and stool is moved through your system very quickly. This means that your rectum, which is a little like your storage tank, fills up rapidly, often with softer stool, and gives you a sudden desire to pass stool. Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD) can make you more prone to faecal urgency.

If your sphincter muscles are weak then your ability to “put off” and suppress the urge to open your bowels is reduced. If it is particularly weak you may experience leakage. It is also important to train your muscles, rectum and bowel to not get into a habit of going at the earliest of sensations, this increases the sensitivity and gets into a cycle of making symptoms worse.

Why do I find it difficult to wipe clean after a bowel movement and stay clean?

If the sphincter muscles are weak they do not close tightly or quickly enough after having a bowel movement. This can make it difficult to wipe clean. You might find that you leak stool after you have finished, this may be a small or large amount or might be more like mucous. This may only happen for a few minutes after you have opened your bowels but often the leakage can continue for several hours after.

You may also experience leakage with exercise, lifting or physical activity. Some people also find that a small amount of stool escapes when passing wind.

The Basic Exercise

Sit comfortably on a firm chair or lie on your back in bed.

Imagine that you are trying to stop yourself from passing wind. You should feel the back passage drawing in. try to feel the movement of your anus as a lift upwards and forwards. Visualise the technique as a plane taking off towards your belly button or zipping up from our tail bone to the front of your pelvis. The lift upwards and forwards works on both your sphincter and pelvic floor muscle.

You should not hold your breath when you tighten the muscles. You should also not squeeze your buttocks or your glutes, you shouldn't see yourself rise and fall onto the seat.

Your Home Exercise Programme

The aim of exercising these muscles is to improve the performance, tone, strength, speed, endurance and coordination of the sphincter and pelvic floor muscles. To achieve this your exercise programme will include a combination of different types of contractions. If you have seen a physiotherapist and been assessed they will be able to advise you on your individualised programme.

Complete the following regime 3-5 times a day. It is also ideal to complete a set after a bowel movement and before leaving the toilet.

1. STRENGTH – hold a **maximum** strength squeeze. Aim for at least 5seconds (relax 5seconds) x5 repetitions
2. ENDURANCE – hold **half** a maximum squeeze. Aim to hold as long as you can (initially this may only be a few seconds but keep in mind that 20seconds is needed to control urgency). Relax for 5seconds x2 repetitions
3. SPEED – squeeze **quickly** and tightly and let go (approx. 1sec hold). Aim for at least 10 repetitions

5 STRONG

2 LONG

10 QUICK

'Holding on' programme

The 'holding on' programme can help to control urgency. The aim is to practice holding on for a few extra seconds when needing to open your bowels. Initially only practice this when you are in an environment that you feel confident in. Gradually increase the amount of time you are able to hold on and slowly increase the distance from the toilet when doing this. To help you 'hold on' tighten your sphincter and pelvic floor muscles. But remember that you cannot hold your tightest squeeze for very long, so you are better to use a gentle squeeze that you can hold for longer.

Strategies to improve rectal emptying

When sitting on the toilet ensure your legs are slightly apart (knees approximately in line with shoulders), with your feet up on a small stool or step so that your knees are slightly higher than your hips. Rest your forearms or hands on your knees and relax your shoulders and release tension in your jaw.



Image courtesy of Elaine Miller, Physiotherapist. Creative Commons Attribution-No Derivatives 4.0 International Public License. <https://www.evidentlycochrane.net/feet-up-constipation/>

When you are opening your bowels ensure you are relaxing your pelvic floor and sphincter and not inadvertently tightening it. Gently bulge your tummy forward and breathe out with pursed lips (some people find making a ‘shhhhhh’ sound helpful).

A number of people find that applying pressure to the perineum (or in females; any bulging area of the vaginal walls) with their fingers/thumb/hand can help to initiate and/or empty the bowels more effectively.

Improving your stool type

Softer, looser stools are more difficult for the rectum and anus to control. It might be necessary to review your diet to ensure you have an optimal fibre intake. There are also some food types that could be increasing urgency and loose stool (e.g. sorbitol, caffeine, spicy foods). There are also several medications that can bulk the stool, decrease the speed of gut transit or stimulate the bowel movement. Speak to your GP or pharmacist for further advice or seek dietician support.

Other management strategies

- Skin barrier creams, emollients, moisturisers can make a big difference, providing comfort and protection to the delicate skin around your anus.
- There are other products available, for example; anal plugs/inserts, biofeedback, neuromuscular electrical stimulation, balloon sensory retraining, or rectal irrigation. These are advised based on your individual symptoms.
- Keys to access disabled toilets are available from local councils
- Anal incontinence often coincides with constipation and therefore important to discuss both with your GP, specialist or physiotherapist

Personal Exercise Programme: Repeattimes a day in

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| STRENGTH/STRONG | ENDURANCE/LONG | SPEED/QUICK |
|---------------------|----------------------|-----------------------------|
| Maximum squeeze | Half maximum squeeze | Quick and tight and release |
| Hold forsecs | Hold forsecs | Repeattimes |
| Relax forsecs | Relax forsecs | Relax for secs |
| Repeattimes | Repeattimes | between each squeeze |

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.