

## Bowel Pathway Toolkit

**IMPORTANT** Has there been a recent change in bowel habit or bleeding from the front or back passage?  
Has the person been passing black stool or mucus?  
If the answer to any of the above questions is **YES**, they need to see their GP.

Question	Bowel Symptoms	Pathway Guidance		
1	Do you have pain or difficulty passing stool?	Constipation / Anal Prolapse	➔	Key Message 1
2	Do you have to wait more than 3 days before you have another bowel movement?	Bloating / Abdominal Pain	➔	Key Message 2
3	When pushing at the toilet do you feel that your anus comes out or bulges?	Constipation	➔	Key Message 1
4	Do you have bloating or pain in your abdomen?	Bloating / Abdominal Pain	➔	Key Message 2
5	Do you have difficulty controlling flatus (gas)?	Difficulty Controlling Gas	➔	Key Message 3
6	Do you feel that you are going to the toilet to relieve your bowels too often?	Faecal Frequency	➔	Key Message 4
7	Do you have to run to the toilet as soon as you feel the urge to pass stool?	Faecal Urgency	➔	Key Message 5
8	Do you have faecal accidents?	Faecal Accidents	➔	Key Message 6

## Bowel Key Message 1

**If YES to Question 1, 2 or 3**

**This is Constipation / Anal Prolapse**

The range of normal bowel emptying can range from going 2-3 times per day to every third day.

This can be because

- The person may not be drinking enough
- The person is dehydrated due to other causes, air conditioning, sweating during exercise, breast feeding.
- The person's diet needs to be reviewed. Is there enough fibre?
- Are they eating enough fruit and vegetables?
- Is the person active enough?

What to do

- The most common cause of constipation is not drinking enough. A person in ordinary conditions should be drinking between 1800-2000 ml per day. If the person is eating well, do they drink enough when they are eating fibre, as this can get stuck without adequate hydration.
- Eating fibre and plenty of fruit and vegetables is essential.
- Keeping active is helpful. Even a 10 minute walk at lunch time can work wonders. People who sit all day will not be encouraging their bowel to be active. The best time to get the bowel to move is 20-30 minutes after a meal when the gastro-colonic reflex is most active.
- Stronger pelvic floor exercises help in the mechanism of defecation.

**Do not** sit and strain at the toilet.

You may need a laxative to help start things off.

See your GP, Physiotherapist or Continence Nurse to discuss this.

If the symptoms do not improve and you still feel blocked you must go back to your GP.

If you sit on the toilet too long straining and pushing, then this will cause prolapse of the vaginal wall or the rectum.

You would be better to get some medicine from the GP to soften the stool.

## Bowel Key Message 2

**If YES to Question 4**

**This is Bloating / Abdominal Pain**

Bloating or pain in the abdomen can be caused by slow bowel transit.

If food stays in the bowel too long it will start to ferment and produce gas.

This can be helped by having a good diet and drinking adequately. **See Bowel Key Message 1**

Some people tend to produce gas more than others and there are certain food types that will be more likely to produce gas such as pulses, onions, cucumber, potato skins, leeks, etc.

Fizzy drinks would not help either

### Bowel Key Message 3

#### If YES to Question 5

#### This is Difficulty in Controlling gas

This can be because

- There has been damage to the anal sphincter and/or decreased strength of the pelvic floor muscles.

What to do

- Strengthening of the anus and the pelvic floor with pelvic floor exercises.

It would be necessary to increase the anal squeeze pressure.

If additional help is required please refer to the Continence Nurse or Physiotherapist

### Bowel Key Message 4

#### If YES to question 6

#### This is Faecal Frequency

Average frequency of bowel emptying ranges between 2-3 times per day to every third day.

This can be caused by

- Certain foods may not agree with you
- You could have an irritation in your gut

What to do

- If you are going more often than that you think is normal it would be helpful to keep a food diary. There may be some foods that your body doesn't like and it tends to get rid of those quite quickly.

Note what these are but don't cut out food types until you have spoken to your GP or a dietician.

- Sometimes you can have an irritation of your bowel and you should seek help from your GP if this continues.

**REMEMBER - any recent change in bowel habit must be investigated. If you pass blood you must see your GP.**

- If you have seen your GP and the change in bowel habit have been investigated you may find that talking to a Physiotherapist or a Continence Nurse may be helpful to manage the symptoms that you are experiencing.

## Bowel Key Message 5

### If YES to Question 7

### This is Faecal Urgency

This can be because

- The stool is too soft
- The pelvic floor muscles are too weak
- There has been damage to the internal anal sphincter which is part of the closure mechanism of the anus.
- The person has developed a learned behaviour.

What to do

- If the stool is too soft it can be bulked up and made firmer. This is done by the use of medication and therefore advice should be sought from GP, Continence Nurse or Physiotherapist.
- Pelvic floor exercises can be taught by Continence Nurses and Physiotherapists. Information can be found online or in NHS Grampian leaflets.
- If the person thinks that they have damage to their internal anal sphincter then they should see their GP. This can happen during child birth or in severe cases of constipation. Often if it has happened after childbirth the person may be told that they have had a 3rd or 4th degree tear.
- Learned behaviour is triggered by the sight of the toilet or the sight of the front door. It may be triggered by fear. These sorts of things need to be referred on to the GP, Continence Nurse or Physiotherapist.

## Bowel Key Message 6

### If YES to Question 8

### This is Faecal Accident

If you have faecal accidents there are a number of things to think about.

- Is the stool consistency too soft?
- Is there damage to or weakness of the pelvic floor or anal sphincter?
- Do you suffer from constipation?
- There may be a posterior vaginal prolapse

What to do

- If the stool consistency is too soft, talk to your Practice Nurse, GP, Continence Nurse or Physiotherapist.
- If there has been damage or weakness of the pelvic floor and/or anal sphincter do pelvic floor exercises and talk to the Practice Nurse, GP, Continence Nurse, or Physiotherapist
- If someone is generally constipated they may be getting by-pass or follow through diarrhoea. They should talk to the Practice Nurse, GP, Continence Nurse, or Physiotherapist.
- If vaginal prolapse is suspected, the person will complain of a bulge in the vagina which gets bigger when they need to pass stool.

If this gets too big then the person may not realise that the rectum is filled until it is at capacity and then it is very difficult to hold on and the person may have a faecal accident.

If this is suspected the person should be referred to their GP, Continence Nurse, or Physiotherapist.