

Constipation and bladder and bowel control



This fact sheet has information about both bowel (faeces) and bladder (urine) control. It explains what constipation is, the link between urinary incontinence and constipation, suggests some strategies for improvement, and where to get help.

If you have a bladder or bowel control problem you are not alone. It can be frustrating and embarrassing. Perhaps it is affecting your lifestyle - and getting worse: you might have cut back on paid or voluntary work, sport, healthy exercise and enjoyable social activities. Your friendships, family and sexual relationships may also be suffering. This health condition is an important quality of life issue for people with incontinence as well as for many at-home carers.

Managing your bowel well is very individual and can be complex. We are all unique physically and mentally and have differing health backgrounds and living situations. Seeking expert advice is recommended if you continue to have problems with your bladder or bowel function.

What is constipation?

This is when bowel actions ('poo' or faeces) are difficult to pass and less frequent. Bowel motions are hard and dry. You could be passing small amounts with some difficulty, having cramps,

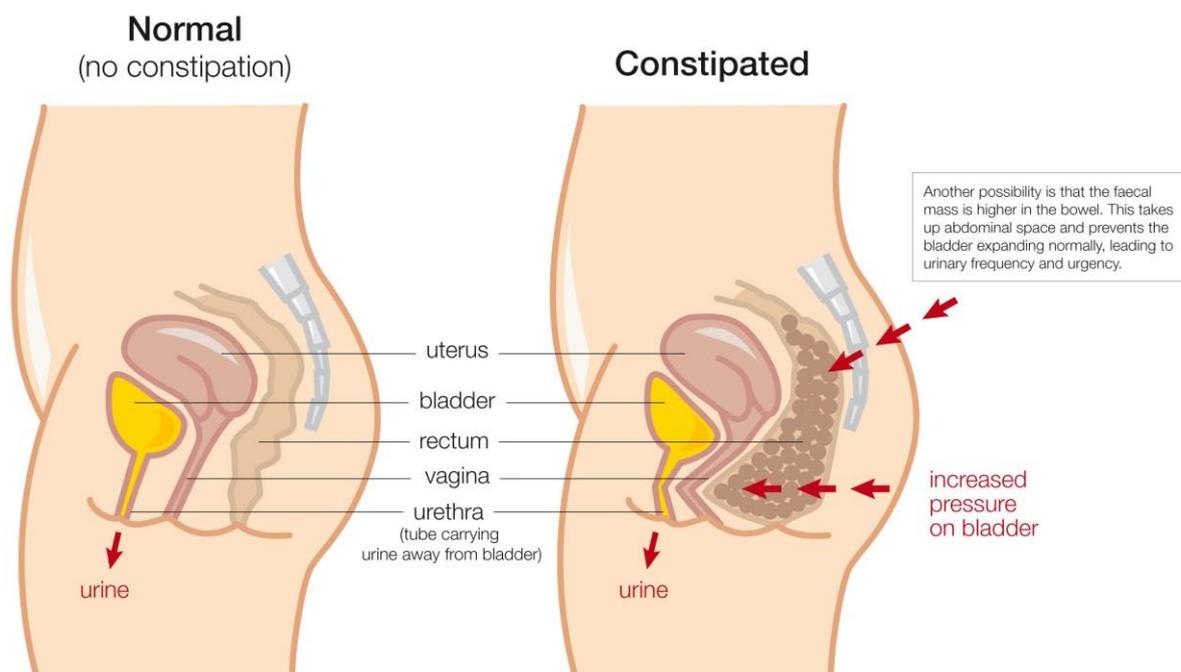
swelling, pain with straining, spending a long time in the toilet, or feeling as if you have not emptied completely.

Poor control of bladder or bowel (incontinence) can be caused or made worse by a number of things. It can be associated with other health conditions (such as diabetes, prostate and heart problems, or being overweight, for example). It can also be associated with medicines taken for other health problems. Key factors include not enough daily fluids, drinking the wrong types of fluid, having a poor diet lacking in fibre, or not enough daily exercise.

Pelvic floor muscle strength is important for both bladder and bowel control. These muscles stretch like a trampoline from the pubic bone at the front to the coccyx (tail-bone) at the back. They may have been weakened by straining due to constipation, or pregnancy and childbirth, or perhaps heavy lifting. Strong pelvic floor muscles are necessary for control - to "hold on".

What does being "regular" mean?

Going to the toilet anywhere from 3 times a day to 3 times a week is considered a normal bowel habit. What is "regular" can vary from person to person.



A hard mass of faeces (blockage) can push the bladder and vagina out of their normal position.

This makes the bladder unstable and reduces its volume.

Straining in the toilet with constipation can further weaken pelvic floor muscles.

What can cause or worsen constipation?

- Not enough fibre (roughage) in the diet
- Not enough fluid every day
- Too little exercise
- Long-term use of laxatives (see laxatives)
- Some medicines (prescription or over-the-counter) used for pain relief or health problems such as some chronic conditions.
- Pregnancy and childbirth
- Anxiety, depression and grief
- Bowel disorders or damage that needs further investigation
- Prolapse (sagging/collapsing of organs that interferes with bladder and bowel control)
- Being overweight
- Some surgical procedures: the information provided in this fact-sheet will be generally applicable, but further clinical investigation is recommended if constipation persists. Check with your doctor if in doubt.

Some common bowel problems

Faecal impaction – This is when constipation causes faeces to pack the intestine (digestive tract) so tightly that your normal pushing action in the toilet is not strong enough to push the faeces out. **Faecal incontinence** (sometimes called “soiling”) is accidental loss of liquid or solid faeces. This can be due to a bowel (which stores the faeces) being too full, but this may be only one of the causes. Uncontrolled flatus (“wind”) is often considered evidence of faecal incontinence.

Haemorrhoids (or piles) can be the result of straining to have a bowel movement. This strain (similar to heavy lifting) can damage the rectum’s veins (carrying blood). This can cause bleeding, soreness and itching.

Rectal prolapse occurs when long-term straining causes a small amount of bowel lining to push out from the anus (back passage) which is a ring of muscle that opens and closes when we pass a bowel motion.

Why can constipation affect bladder control?

It is important to be aware that constipation can affect urinary incontinence. You may be having trouble with bladder leakage or having to be always near a toilet (frequency). This is sometimes called an overactive bladder and it could be that constipation is involved.

An over-full bowel can press on the bladder, reducing its capacity or making it unstable (toilet urgency and/or frequency). Concentrated urine (not enough fluid in your diet) can have a similar result. This is also a risk factor for UTI’s (Urinary Tract Infections).

What should your “poo” look like?

Constipation usually happens because the colon (part of the digestive system) absorbs too much water from your food. If the food moves through the digestive system too slowly, too much water may be absorbed. The faeces (at the end of the digestive process) are then too dry and hard.

The Bristol Stool Chart is a medical aid designed to classify faeces. There are 7 types:

Type 1: Separate hard lumps, like nuts (hard to pass)

Type 2: Sausage-shaped, but lumpy

Type 3: Like a sausage but with cracks on its surface

Type 4: Like a sausage or snake, smooth and soft

Type 5: Soft blobs, clear cut edges (passed easily)

Type 6: Fluffy pieces with ragged edges, a mushy stool

Type 7: Entirely liquid

The form of the stool depends on the time it spends in the colon. Types 1 and 2 indicate constipation, and 3 and 4 are ideal, especially Type 4, as they are the easiest to pass. Types 5–7 are tending towards diarrhoea or urgency.

(The Bristol Stool Chart can be viewed on the website of the Continence Foundation of Australia continence.org.au)

Continence Assessment

Difficulty with bowel (or bladder) control can be prevented, treated, better managed or cured. If left untreated, the incontinence may get worse or can cause other problems.

The first step to improving control is to have a full **continence assessment** carried out by a health professional. This assessment will take into account your medical history and present circumstances, including diet and fluid intake, exercise levels and mobility, all the medicines you are currently taking, and any other factors that could affect bowel function.

A bowel regime (an individual management program) will be worked out for you to solve problems such as constipation, diarrhoea or faecal incontinence (leakage from the bowel).

If your constipation problem does not improve, your doctor may organise more tests or refer you to one or more specialists in this area of health.

What you can do about constipation

Have a good diet – a general guide is lots of fruit and vegetables, plus low fat and low sugar levels. A dietitian can help you get the right balance of fibre and fluid in your diet. If you increase the fibre in your diet make sure you increase your fluid too. Too little fluid can result in making “cement” in your digestive tract, further clogging up your system!

Drink plenty of water – for adults, around 1.5 to 2 litres of fluids every day. Be aware that foods such as soups, jellies and custards also count as “fluid”. As well as preventing bladder irritation due to concentrated urine, increased fluids can also

improve bowel function. Be aware that recommended fluid intake varies with hotter weather, more exercise and other health conditions. Check with your doctor.

Avoid bladder irritants – these are drinks that make you need to go to the toilet more often such as coffee, tea, chocolate drinks, cola drinks, alcoholic drinks and high sugar/high caffeine ‘sports’ drinks. Water is the best choice.

Exercise as much as you can. Take a daily walk. Even if you are confined to home or bed or have little mobility, a physiotherapist can help you with an exercise program that suits your needs and capabilities.

Set up your toilet and/or bathroom so you can get to it quickly and find it easily in the dark. Use non-slip mats. You may need a rail to hold on to, or a raised seat that goes over the toilet.

Correct toileting position



Knees higher than hips. Lean forward and put elbows on your knees. Bulge out your abdomen. Straighten your spine.

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Toileting habits - Use good habits like going to the toilet as soon as you need to go. Empty your bowel fully. Relax. Check your toileting position: your knees should be raised slightly above the level of your hips. A small footstool could be needed to get you into the best position. (Refer Diagram above)

Clothing – if mobility or manual dexterity are problems for you, choose clothes that are easy to get undone quickly. Replace buttons with velcro™ fasteners or wear pants with elastic waistbands.

Let your family know you are having problems as they may be able to help you when needed. It can be difficult talking about bowel problems. But is important that you share the problem and get all the help you can.

Be patient – you’ve started to tackle the problem, so ‘Well Done!’ You should now notice some improvements. However the problem may not be fixed quickly: your digestive system, bladder, bowel and muscles will take some time to readjust, heal and react in a new way. So keep up the good work – every day.

Laxatives

Laxatives are medicines that will help loosen the bowel to prevent blockages and straining. Talk to your doctor or continence advisor about using these.

Generally, laxatives should only be taken for short periods of time. However, for people with other health issues such as neurological (nerve-related) conditions like MS or Parkinson’s, laxatives could be part of their total bowel management program.

There are three types of laxatives:

Bulking agents - These increase the bulk of the stool (faeces). Drinking at least 6-8 glasses of fluid daily is essential.

Lubricant laxatives - These soften the faeces and make them easier to pass.

Stimulant/irritant laxatives - These make the bowel more active by stimulating the lining of the bowel.

If constipation is severe or continuing, a **suppository** might be advised. This is a small capsule put into the bowel via the anus. The body’s warmth makes the suppository melt and it stimulates the bowel to work.

In extreme cases of constipation, repeated suppositories or an enema may be needed. An enema is a procedure where a tube containing liquid is pushed gently into the rectum and colon via the anus to stimulate and clean out the bowel.

Constipation in children

The information provided in this fact-sheet is applicable to adults and generally for children 4-16 years old. However chronic constipation in children needs professional assessment and management, either by a GP, a paediatrician or a paediatric continence clinic.

Skin Care

Those of us dealing with leakage of urine or faeces need good skin care. Healing is difficult if leakage is happening often, especially within skin folds where heat and moisture are worse. There’s a greater risk of painful irritation or infection when skin starts out raw, sore or itchy.

Skin should be cleaned and dried immediately after every leakage, particularly diahorrea. Be gentle. Wash with a mild cleanser and water, rinse well and pat dry.

Harsh soaps, some moisturisers and products containing alcohol are not suitable. Good foaming cleansers, sprays and wet-wipes, skin sealants and moisturisers are available. There are also medicated antifungal powders to treat yeast infections on skin that’s constantly moist and warm.

Avoid the use of talcum powder – it can irritate the skin and also upset the absorbency of continence pads.

If you are using a skin sealant or barrier cream, use it very sparingly and apply it gently. Make sure the skin is completely

clean and dry before applying.

Continence products

There are special products available to help you stay secure and comfortable. These include disposable or re-usable pads, pants, liners, absorbent underwear, mattress protectors, doona covers and bed sheets. You can buy some of these products at your local supermarket, chemist or specialist retailer.

There is a wide range available. Advice from your continence health professional will help you choose a product (or mix of products) suitable for you.

Funding assistance for purchasing continence products

You may be eligible for the **Continence Aids Payment Scheme (CAPS)** or a state funding scheme. These are programs that helps people who have permanent and severe problems with bladder or bowel control meet some of the costs of buying aids.

You may need to visit or phone a medical supply company about products. You can call the **National Continence Helpline (1800 33 00 66)** to find out where your nearest medical supply company is. This Helpline can also tell you about your eligibility for funding scheme assistance.

Talk about it!

For some people, incontinence can be a difficult topic to raise. It's a sensitive and personal issue but it's important you get past this and seek the best help you can - sooner rather than later.

Perhaps even more so than bladder leakage, it is understandable that bowel difficulties are a more difficult and embarrassing health problem to talk about.

You may have been dealing with a problem for some time and feel it is too late to address. However, at any stage, it is never too late to improve and treat constipation - or any bladder or bowel problem.

Who can help?

There's a range of health professionals who can help you deal with constipation -

Your GP - or a specialist your doctor may refer you to.

Continence Nurse Advisor – helps you get into good habits, provides strategies to help, recommends products, toileting aids, and equipment.

Dietitian – recommends foods and the correct amount of fluids to help with bowel (and bladder) function.

Continence Physiotherapist – helps with your general exercise levels and special exercises to strengthen the pelvic floor muscles (used when 'holding on').

For more information

- Visit a doctor or phone the National Continence Helpline on 1800 33 00 66 for details of a local continence service.
- Phone the National Continence Helpline (1800 33 00 66) and speak with a continence nurse advisor. This free service is managed by the Continence Foundation of Australia on behalf of the Australian Government.
- Go to the Continence Foundation of Australia website: continence.org.au
- Go to the Australian Government website for Continence Aids Payment Scheme information: bladderbowel.gov.au
- Dieticians Association of Australia Constipation and bladder and bowel control daa.asn.au
- National Public Toilet Map on toiletmap.gov.au. Phone the National Continence Helpline if you cannot access the toilet map website - they will mail you maps with toilet locations along your travel route.

Continence Foundation of Australia

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The Continence Foundation is the Australian peak body for awareness, education and advocacy for those with incontinence and their carers.

Note: The information in this fact sheet is based on general health guidelines for incontinence. If you are concerned about any aspect of your health or lifestyle, speak to your doctor.

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