

Patient information

Sussex Pelvic floor Service Obstructive Defaecation Syndrome

Obstructed defecation is a disorder resulting in difficulty evacuating stool from the rectum. It is characterised by frequent visits to the toilet, the sensation of incomplete emptying of the bowel, often with straining to defecate. During a normal bowel movement, all the muscles inside your pelvis, including the anal sphincter, should relax in order to allow passage of faeces out of the body. Sometimes, these muscles fail to relax; or they can even squeeze (contract) instead of relaxing, this is known as Obstructive Defaecation Syndrome. This condition may increase the risk of vaginal or rectal prolapse.

Obstructive Defaecation Syndrome symptoms:

- Unsuccessful or incomplete attempts to evacuate stool
- Repeated trips to the toilet to pass small motions
- Anal pain
- Straining to defecate
- The use of a finger to help get the stool out.

The management of obstructive defecation syndrome (ODS) is mainly conservative, and it is offered to treat or manage symptoms. Conservative management includes lifestyle advice and biofeedback techniques that are taught in clinic by your nurse specialist.

A small number of individuals may require surgery if the conservative treatment fails which need to be discussed with your surgeon.

What tests might I have?

Your specialist may advise that you have certain tests to get a clear diagnostic. These may include any or all of the following:

- Blood tests
- Ano-rectal physiology (manometry)- is a way of measuring how well the muscles of your lower part of the bowels are working.
- Endoanal ultrasound- This scan will look at your anal sphincter (back passage muscle) to check if there are any defects.
- Defaecating Proctogram - It is an examination of the lower bowel and rectum using x-rays. It shows how your rectum functions during the emptying of your bowels.
- Flexible sigmoidoscopy / Colonoscopy / CT Colonoscopy

What can I do to help myself?

- 1) Improve stool consistence (diet/fluids, medication)
- 2) Exercise (physical exercise and pelvic floor relaxation exercises)
- 3) Bowel emptying techniques

1) Improving Stool consistency

Bristol Stool Chart

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 with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

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Managing the bowel consistency can improve ease of bowel emptying and avoid straining. Ideally the consistency of the stool on the Bristol stool chart should be type 3-4. If the stools are hard and lumpy it is more likely to increase straining, and when the stools are too soft and liquid it is more difficult to control.

A change in diet and medications can help to bulk the stool, decrease transit time or stimulate a bowel movement.

Diet

It is important to eat a balanced diet. Aim for 3 meals a day and include foods from different groups. Fibre and fluid intake at every meal will increase the water content of stools making them softer and easier to pass. The recommended daily intake of fibre is 18-30g.

Fibre increases the size of your stool and acts like a sponge absorbing water to make the stool softer and easier to pass. The body needs fluid to help fibres pass through the bowels and keep stools soft. Try to include at least eight glasses (1.5 to 2 litres) of non-caffeinated, water-based fluids each day. This could include water, sugar-free squash and herbal or fruit teas. Hot drinks can help to stimulate the gastrocolic reflex that helps to stimulate bowel movements.

One of the most common methods to increasing our daily intake of fibre is to eat fibre rich foods such as fruit, vegetables, oats, nuts, seeds and wholemeal bread, pasta and rice. Adding an oat based breakfast to your diet is an excellent way to start the day with a high fibre option. This could include porridge, muesli, Oatibix, Oatflakes or any other oat based option.

You can add high fibre supplements to your diet by adding one to two tablespoons per day of golden linseeds or flaxseeds to breakfast cereals, yoghurt, soup, or on salad. Try to have an extra small glass of fluid for each tablespoon of linseeds you add.

It is important to increase the amount of fibre in your diet slowly as any sudden increase can give you stomach pains and wind. If you have been troubled by bloating or wind, try limiting beans, broccoli, cabbage, sprouts and cauliflower as this may help.

There is some evidence that using probiotics (that contain either Bifidobacteria or Lactobacilli) can help to improve the symptoms of constipation. There are a wide variety of probiotics on the market and you may wish to trial these to see if they improve your symptoms. Probiotics can also initially lead to more bloating but this usually settles within a week or so. If after taking one variety for four weeks in accordance with the manufactures instructions there is no improvement, then you might want to try a different variety. It is important to note that there is currently a lack of evidence of the long term effects of taking probiotics

Eating a high fibre diet but not drinking enough fluid can be counterproductive and lead to further constipation. This is because the lack of fluid makes the stools dry out and become harder to pass. If stools stay in the bowels for longer they will become drier as any water is continually reabsorbed by the body in the large intestines. This will make constipation worse.

For more information regarding your diet access (<https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>)

Medication

Medications such as painkillers, anti-depressants, and Parkinson and iron tablets can cause constipation. It may be helpful to discuss this with your GP or pharmacist.

If you are taking laxatives discuss the use with a healthcare professional as too many laxatives can cause you to have loose stools.

2) Exercise

Physical exercise can help you to empty your bowels. Increasing activity will help you to improve your bowel function. Aim for 30 minutes of activity a day, for example, swimming, walking or gardening. As well as reducing your risk of becoming constipated, exercise will also leave you feeling healthier and improve your mood, energy levels and general wellbeing if you are unable to achieve this for medical reasons contact your GP for advice.

There are more specific exercises which can help stomach muscles contract and relax to effectively push stools through your bowels. You will get the most benefit if you exercise regularly, as part of your daily routine.

Pelvic floor relaxation

Belly breathing:

Belly breathing can help your pelvic floor to relax and allow easy bowel movements. Sit or lay in a comfortable position or you can practise on the toilet.

1. Put a hand on your chest and a hand on your stomach.
2. Breathe in through your nose.
3. Feel the air moving through your nostrils into your abdomen, expanding your stomach and sides of the waist. Your chest remains relatively still.
4. Purse your lips as if sipping through a straw. Exhale slowly through the lips for 4 seconds and feel the stomach gently contracting.
5. Repeat these steps several times for best results. Keep doing this for 3 to 5 minutes.

Pelvic floor relaxation breathing technique:

Lay or sit comfortably (or sit on the toilet) floor. Breathe in fully, hold your breath and consciously relax your abdomen outwards and downwards. Then sigh the breath out, imagining your pelvis getting wider as you do so. Repeat 5 times.

Try perineal massage:

Wash your hands and keep your nails short. Using a lotion or lubricant suitable for intimate areas, gently massage your perineum (the area between your scrotum and anus if you're a man, or your vagina and anus if you're a woman). This will help the muscles in that area to relax.

3) Bowel emptying technique

Avoiding straining is the key point and the brace technique when combined with the right stool consistency can help. Every day set aside approximately 10 minutes for this, so you are not rushed, preferably half an hour after breakfast. It is important that you are not interrupted.

- **CHECK YOUR SITTING POSITION ON THE TOILET.** Lean forward with your forearms resting on your thighs and your feet raised on a small step. Relax and lower your shoulders.
- **RELAX** Breathe slowly and gently. Try to let go with all of your muscles.
- **NOW TRY TO OPEN YOUR BOWELS** Remember NOT to hold your breath ie: do not take a big breath in first.
 - a) Slowly brace outwards (widen your waist). When fully braced push from your waist back and downwards into your back passage at an angle. **DO NOT STRAIN**
 - b) Relax for one second but only very slightly. You must maintain a level of pressure with your brace, whilst not pushing with it.
 - c) Brace outwards and push downwards again.
- **CLOSE OFF:** to ensure the anal canal is closed off properly, after you have passed stools, pull in your lower abdominal muscles and squeeze and lift your anal sphincter muscles for a few seconds.

Correct position for opening your bowels



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Do not spend endless time on the toilet straining. You may get a false message that you need to open your bowel because of the heavy feeling in the back passage. Repeated attempts to open the bowel may result in excessive straining that may weaken the pelvic floor muscle than can lead to faecal incontinence. There are strategies in order to break this cycle:

- Attempt to open the bowel a maximum of 3 times a day after meals, with the optimum being once a day.
- Avoid attempting to open bowels when passing urine.
- Do not spend more than 10 minutes on the toilet

Remember, this takes time and practice.

My Clinical Nurse Specialist Contact is:

esht.spelvicfloor@nhs.net

Sources of information

St Mark's Hospital NHS UK
Bladder and Bowel Community
NHS Information
POGP

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

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Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering

Other formats

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After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

East Sussex pelvic floor service

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Responsible clinician/author: (Marina Balola, Bowel Dysfunction Specialist Nurse)
(Mr El-Dhuwaib, Bowel Dysfunction Lead)
(Bryony Campion, Lead Advanced Gastroenterology Dietitian)

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