

Scottish Muscle Network

Patient Information Leaflet

Continence care: Bowel

Introduction

The bowel is part of your digestive system, and its role is to break down what you eat and drink and expel waste products that are not required by the body. Bowel problems (e.g. constipation) are a common symptom in people with neuromuscular disorders.

There are several reasons why the bowel may be affected. If you have ongoing problems with constipation, it is important to address this as long-term chronic constipation can be difficult to manage, can cause back pain, discomfort, and affect your quality of life. This leaflet discusses some of the reasons you may have constipation and gives some practical advice on how to manage it.

What is constipation?

Constipation is the term used to describe problems associated with emptying the bowel. This can include:

- frequently straining to pass a stool
- frequently passing very hard stools
- not managing to fully empty the bowel
- going to the toilet less than three times per week or
- feeling as though there is a blockage when you try to go to the toilet.

In the first two items on this list, the Bristol stool chart can give a useful guide on what we would consider optimal stool consistency. Even if you are still going to the toilet regularly, your stool may be hard, and this can still be in the category of constipation and should be addressed.

<https://nhsforthvalley.com/wp-content/uploads/2020/10/Bristol-Stool-Chart.pdf>

Sometimes people may notice that they are soiling, or they have diarrhoea and may not associate this with constipation. In some cases of constipation, the bowel is blocked but some liquids manage to leak past the blockage, and this can sometimes be mistaken for diarrhoea.

When the lower bowel (rectum) becomes over stretched, it is unable to push the faeces out properly and sometimes you can lose the sensation of knowing when you need to go even if the rectum is full. In cases like this, the person may pass small amounts of faeces or some watery faeces, but the overall problem is still that of constipation.

The stretch receptors in the bowel start to get used to being overfull so the urge to empty the bowel becomes harder to stimulate and you may start to feel bloated and uncomfortable, and this may put you off your food.

Chronic constipation

Chronic constipation is when you have had symptoms for six months or more. If you have constipation and weight loss or rectal bleeding, it is important you tell your doctor.

Why is constipation common in neuromuscular disorders?

If the neuromuscular disorder affects the muscles around the abdomen and trunk, then these muscles are weaker than normal. This means it is more difficult to tighten the muscle to increase the pressure inside the abdomen. These muscles usually tighten involuntarily when you go to the toilet, and this helps empty the bowel. If, however, you are unable to tighten these muscles effectively, or if they fatigue quickly, you can have problems emptying your bowel. If the bowel fails to empty on a regular basis, it will become enlarged and over-stretched. If the bowel is frequently overstretched, we believe the stretched bowel will eventually be unable to return to its resting size. This means that the bowel will be unable to contract and empty efficiently and this disrupts the bowel habits making it more difficult to empty the bowel on a regular basis.

Diet

Another reason that people may become constipated is when they change their diet. Your diet may change for several reasons:

- chewing may have become more tiring for your facial muscles so you may have decided to eat a softer diet with less fruit and fibre
- swallowing may be more challenging, and food and fluid are “going down the wrong way” so you are restricting your drinks
- preparing meals may have become more difficult so you are eating more ready (ultra-processed) meals

Any changes to your diet may have an effect on your bowel. A Dietician will be able to give you advice about your diet. When eating, the gastro-colic reflex is felt. This is when the stomach is full, the intestine starts to contract to move the waste products into the bowel.

If you are constipated, eating may stimulate this reflex and you may feel pain as the rectum continues to fill with faeces and this can put you off your food.

Addressing your eating can also help improve your bowel habits. You may be able to get help with this from a Dietitian. In general terms we would advocate a diet rich in fruit and veg with minimally processed foods. Looking for ways to increase your fluid and adding fibre such as a little psyllium husk or chia seeds in your yoghurt for example can help. You can further discuss this with your GP or healthcare professional. If you have any chewing and swallowing issues, further advice can be accessed via a speech and language therapist.

Medication

Some medication can have an adverse effect on your bowel and cause constipation especially pain medications. It is important that you don't just stop taking your medication and you discuss this with your GP. There are often alternative options that can be explored so it is important to discuss this with your doctor.

Exercise

Activity stimulates the bowel. The more active you are the easier it is for food to move through your stomach, gut and into your bowel. If you are unable to exercise on your own, you can get help from a carer, partner, or family member to help move your legs in towards your stomach.

Gentle rhythmic movements, moving your knees in towards your chest, can help increase intra-abdominal pressure helping faeces move through the bowel more naturally. Regularly stretching the abdominal muscles (stretching your hands above your head and pushing your feet away from you) when lying down is also helpful and you can discuss this further with your physiotherapist.

If your muscles are weak, replicating the abdominal muscle tone may also help, although there is little research in this area. You could try using a wide neoprene back support around your abdomen or even wearing a pair of cycling shorts every day may give you enough pressure to help simulate muscle tone. This alongside some exercise and stretches could help you.

Abdominal massage

Abdominal massage, starting in the right side of the abdomen and working around to the left side (like a rainbow across the abdomen) and down into lower abdomen can also help. Most people enjoy the feeling of abdominal massage. Your physiotherapist can show you how to do this.

Laxatives

Laxatives are medications to help move the passage of faeces through the bowel and relieve symptoms of constipation. There are a variety of laxatives available and they each work in different ways. Some will soften the stools; some will stimulate the passage of stools through the intestine (increase motility) and some will attract fluid into the bowel. You can discuss the different laxatives with your GP or continence care adviser.

Finding the laxative that's right for you can be a case of trial and error and just because one doesn't work doesn't mean they will all be unsuccessful.

Using laxatives in the short term may help the symptoms of constipation, however, we do not recommend you take them long term (i.e. over a year) without a regular review with your GP or hospital Consultant. If you have been using laxatives for a long time it would be worthwhile discussing your laxative and how often you take them with your GP.

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Toileting

You may have been able to transfer onto the toilet independently but more recently, you need some help. Sometimes if you are unable to get to the toilet as and when required, (i.e. you are depending on help from someone else, or you need the assistance of a hoist to transfer onto the toilet), this can disrupt your bowel habit.

Developing regular toilet habits is important and you may also need to sit on the toilet a bit longer. If you have carers make sure they understand that you might need to sit a bit longer than others. Make sure your carers are able to help you on and off the toilet efficiently. If they need further training, please discuss this with your care provider and social services.

The position you are in when sitting on the toilet is also important and an occupational therapist can give you advice. Generally, you will need to sit in an upright position with feet supported either on the footplates of a toilet chair or the floor. The toilet seat may need adjusting to make sure it is at the correct height. Having the knees slightly higher than the hips helps make the passage of stools easier.

Conclusion

There are several reasons you may experience symptoms of constipation and it is important you get medical advice to prevent these symptoms becoming chronic. Treating and managing these symptoms requires input from a variety of people.

Further information

If you would like more information, please contact:

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