



# International Foundation for Functional Gastrointestinal Disorders

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## Strategies for Establishing Bowel Control

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Bowel training refers to behavioral programs designed to help people with bowel disorders establish or reestablish control. Individuals with symptoms of inability to control bowel movements, incomplete emptying, or chronic constipation may benefit from these programs. Bowel retraining works by teaching new skills or strategies to develop a routine and predictable schedule for evacuation. This prevents constipation and decreases unpredictable elimination.

There are a variety of health care professionals that are skilled in evaluating and treating bowel disorders. These include physicians who specialize in gastroenterology, colorectal disorders or physical medicine and rehabilitation. Nurses who specialize in gastroenterology, rehabilitation or enterostomal therapy are also proficient in this area.

An evaluation prior to beginning a bowel training program should include a comprehensive bowel history which looks at past and present bowel elimination patterns, medical history, diet, and medication. It should take into consideration the effect the disorder is having on your life, as well as your goals for bowel management. A symptom diary is a helpful tool in devising an individualized treatment program. This involves recording times of voluntary and involuntary bowel movements and other symptoms related to the disorder. A food diary may be kept simultaneous to the bowel diary; the type of food you eat and fluid you drink determines the consistency of the stool. A physical exam may include special tests to assess the various factors involved in bowel control.

Bowel training programs generally take these three basic principles into account: 1) Improve consistency of stool. 2) Establish a regular time for elimination. 3) Stimulate emptying on a routine basis. Prior to initiation of a program it is important to rule out any fecal impaction. This needs to be remedied or attempts to train the bowel will be met with frustration.

**Normalize Stool Consistency** – Optimal goal for stool consistency is a formed, soft stool. Hard stools are difficult to evacuate and leakage is less likely if stools are not liquidy. This is obtained by eating well-balanced, regularly timed meals which are high in fiber. Dietary fiber refers to the parts of the food that humans are unable to digest. This includes: whole grains, legumes, fresh

fruits, and vegetables. Fiber adds bulk to the stool, eliminates excess fluids, and promotes more frequent and regular movements. When you increase your fiber it is also important for you to drink enough fluids. If fluid intake is inadequate the stool becomes hard because of the amount of water that is absorbed by the large intestine. The amount of fiber and fluids necessary for bowel regulation varies for each individual. Identifying food intolerance is also helpful in reducing symptoms. Dietitians are experts in evaluating and adjusting diets.

**Establish a Regular Time for Elimination** – A bowel training program needs to be done at the same time each day. Your goal is to establish a routine and predictable time for elimination. When choosing an appropriate time you should consider your past pattern of bowel elimination and your present lifestyle. The time should be convenient so you are not rushed. Planning your program to be done after meals allows you to take advantage of the gastrocolic reflex (wave-like movements which propel the fecal material through the colon to the rectum) which occurs 20 - 30 minutes after a meal.

**Stimulate Emptying on a Regular Basis** – Usually a stimulus of some kind may be needed to help you empty your rectum. The stimulus will vary from individual to individual. The stimulus works by creating peristalsis or wave-like movements of the colon. As mentioned previously, a meal or hot drink may be an effective stimulus for one person. Others may need to use suppositories, enemas or laxatives (use only under the advice of your physician) or a combination of the above. The least stimulus that is effective in promoting evacuation is recommended.

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