

## Bowel Management Guide

(adapted from information on the Continence Foundation of Australia website: [www.continence.org.au](http://www.continence.org.au) )

### Bristol stool chart

There are seven types of stools (faeces) according to the Bristol Stool Chart. The Bristol Stool Chart or Bristol Stool Scale is a medical aid designed to classify faeces into seven groups.

#### What should stools look like?

The type of stool or faeces depends on the time it spends in the colon. After a participant passes faeces, what you see in the toilet bowl is basically the result of their diet, fluids, medications and lifestyle. You can use the Bristol Stool Chart to check what the stools are telling you.

The Bristol Stool Chart shows seven categories of stool. Every person will have different bowel habits, but the important thing is that stools are soft and easy to pass – like types 3 and 4 below.

- [Type 1–2 indicate constipation](#)
- [Type 3–4 are ideal stools](#) as they are easier to pass, and
- [Type 5–7 may indicate diarrhoea and urgency.](#)

### 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. <b>Entirely Liquid</b>

*Reproduced with kind permission of Dr KW Heaton, formerly Reader in Medicine at the University of Bristol. ©2000-2014, Norgine group of companies.*

## What are the signs of a healthy bowel?

Being 'regular' is a way of describing good bowel habits or normal bowel function. We often talk about our bowels being regular but this is often misunderstood as meaning that you go to the toilet to pass faeces every day. It's common for people to empty their bowel once a day, although it's still normal to be more or less often. Being regular really means that soft yet well-formed bowel motions are easily passed and that this happens anywhere from 1–3 times a day to 3 times a week.

The bowel usually wants to empty about 30 minutes after a meal (commonly breakfast), but this can vary from person to person.

## Good bowel function for adults

There's more to good bowel function than just being regular. For example, a person should be able to:

- hold on for a short time after they feel the first urge to go to the toilet - this allows time to get there and remove clothing without any accidental loss of faeces
- pass a bowel motion within about a minute of sitting down on the toilet
- pass a bowel motion easily and without pain - ideally, a person shouldn't be straining on the toilet or struggling to pass a bowel motion which is hard and dry, and
- completely empty their bowel when they pass a motion - they don't have to go back to the toilet soon after, to pass more.

People who pass bowel motions at the wrong time or in the wrong place may be experiencing poor bowel control, or [faecal incontinence](#). They may also pass wind when they don't want to.

## Quick tips

Make sure to speak with the participant's doctor if you think they have constipation (and are not on a prescribed bowel management plan) or diarrhoea and urgency. Some treatment options include:

- Using a laxative;
- A healthy diet containing plenty of different fibre rich foods;
- Drinking lots of fluids;
- Incorporating exercise to keep bowels healthy and regular.

## Constipation

Constipation is when bowel motions ('poo' or faeces) are less frequent and a person has trouble passing them as they are often hard and dry. They may only be able to pass small amounts at a time or have difficulty passing them. Other signs they may be constipated are pain, cramps or swelling in the abdominal area or perhaps they leave the toilet feeling their bowel is not completely empty.

## What causes constipation?

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

Many things can cause or worsen constipation including:

- not eating enough fibre (fruit and vegetables, wholemeal bread, high fibre cereals)
- not drinking enough - always drink more when you increase fibre in your diet
- not doing enough exercise
- anxiety, depression, grief
- delaying the urge to go to the toilet
- using laxatives for a long time
- the side effects of some medicines (even some common ones like pain killers or iron tablets)
- pregnancy
- being overweight
- not being able to go to the toilet because of poor mobility
- some nerve diseases
- some bowel problems like haemorrhoids, irritable bowel syndrome, or diverticulitis
- anorectal pain caused by haemorrhoids, fissures (tear in the skin of the anus) or birth trauma, or
- a slow transit bowel which means it takes longer for the faeces to travel all the way to the rectum, so more water is removed over time and constipation is much more likely. This occurs where there is nerve damage such as with stroke, Parkinson's, multiple sclerosis or trauma.

## What should we do?

If you think a participant has constipation (and they are not on a prescribed bowel management plan or they are but the constipation is getting worse), take the participant to their doctor. One way to treat constipation is by taking a type of medicine called a 'laxative'. There are various types of laxatives and they all work differently so it's important to talk to their doctor before taking laxatives. Types of laxatives include:

- bulking agents
- lubricants, and
- stimulating/irritant laxatives.

## How does constipation affect the bowel?

Severe constipation is the most common cause of faecal incontinence (or bowel leakage), especially in older people. This is because hard bowel motions are difficult to pass and may cause a partial blockage high up the bowel, resulting in watery bowel motions flowing around the constipated stool without warning. This is sometimes mistaken for diarrhoea.

## Notes for Support Workers

- **Ensure the participant sees their doctor if:**
  - **you think they may be constipated (and are not on a doctor prescribed bowel management plan)**
  - **they are on a bowel management plan but the constipation is not getting better**
- **Support workers are not permitted to assist in the administration of laxatives unless the participant has a doctor prescribed bowel management plan**
- **Support workers are not permitted to administer suppositories unless:**
  - **They have been trained in, and deemed competent in the administration of suppositories**
  - **The suppositories are prescribed for the participant by their doctor on a bowel management plan**