History
Ask the client about changes to their bowels over their life time. What are the recent changes and can they suggest why they have these changes? Blood and/or changes can indicate bowel cancer so a colonoscopy may be required to see what is happening. Colonoscopy will also diagnose other bowel disorders such as Irritable Bowel Syndrome and Crohns.

Constipation with overflow
This can present as diarrhoea. This is when impacted faeces in the bowel blocks the bowel to an extent that only faecal fluid can pass the impaction. The client feels this is diarrhoea when in fact they have constipation. Accurate history taking will assist with diagnosing this.
This can occur in older people who have cognitive and mobility issues and who do not go to the toilet when they get the urge to go. This can also occur in neurological conditions where anal sensation is impaired.
See also:
- Constipation and bladder and bowel control fact sheet
- Constipation poster
- Constipation with overflow poster

Sphincter damage
This can occur after radiotherapy, child birth or as a result of chronic constipation.
Clients who have pain in the anal area will withhold going to the toilet which may cause constipation.

Bowel chart
Ask the client to use the Bristol Stool Chart to determine the type of stool passed.
Chart 1–2 weeks if possible.
See also:
- Bristol Stool Chart tear-away pad
- Bowel diary

Gastro colic reflex
This is the wave like action that pushes food through the intestines after food is eaten including into the rectum and anal canal. Clients can be encourage to sit on the toilet 10–20 minutes after food to take advantage of this reflex which often produces the urge to go to the toilet.

Fibre: 20–30gms a day
Fibre intake can be increased with fruit and vegetables, psyllium, and fibre products from the supermarket or pharmacy. If fibre is increased to bulk the stool ensure that the client is drinking 1500mls of fluid a day.

Medications
These can cause constipation and diarrhoea.
These can be used to treat constipation and diarrhoea.

See also: Urinary Incontinence Flow Chart

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
- The Jean Hailes Foundation for women’s health website: jeanhail.org.au.

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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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**Nurse responsibility**

- Collect history
  - Change in stool
  - Leakage frequency and amount
  - Straining, bloating, bleeding, mucus
  - Pain – withholding the natural urge
  - Sexual dysfunction
  - Diet – fibre and fluids
  - Gynaecological/surgical
  - Mobility and cognition
  - Toilet location and sitting position
  - Carer availability
  - Medications
- Bowel diary 1–2 weeks

**Investigations and examination**

- Anal – tone, fissure, haemorrhoid
- Bowel prolapse
- Bowel chart 1–2 weeks

**Useful aids for discussion**

- Dehydration chart
- Correct toilet seat position
- Natural softeners and/or laxatives
- Bristol Stool Chart (check fibre intake)
- Pictures of fruit and vegetables
- Bowel chart 2 weeks

**Increase healthy bowel habits**

- Pear juice, pears, kiwi fruit
- Increase fibre 20–30g daily
- Increase fluids – water is best
- Increase exercise
- Toilet position
- Use gastro colic reflex
- Return bowel chart and assess
- Laxatives if required
- Diarrhoea – add bulk or use medication

**Doctor responsibility**

**Physical assessment**

- Inspection – scars, fistula, fissure, anal tone, constipation
- Abdominal palpation
- Check for prolapse
- Neurological assessment

**Investigate**

- Review medications
- Stool culture and sensitivity
- Abdominal x-ray
- Gastrointestinal investigation
- Consider pelvic ultrasound
- Consider colonoscopy for bowel disease
- Referral – colorectal specialist, dietitian, continence nurse or continence physiotherapist