

## If products are needed

Sometimes disposable products are needed to contain leakage from the bowel. Depending on the severity of the leakage and the individual circumstances, a range of products are available to maintain dignity. No product will absorb faeces and once faeces have been passed into a product, it should be changed as soon as possible and any soiling gently removed from the skin, to reduce the risk of skin irritation. If you do experience skin problems seek advice from your nurse or doctor.

## Product availability

Following assessment of your symptoms, your nurse may recommend that you wear a disposable product. Contact your Continence Service, District Nurse or GP for advice.

If you require further information or advice on purchasing products, please contact HARTMANN at the address on the back of this leaflet, or visit [www.hartmanndirect.co.uk](http://www.hartmanndirect.co.uk)

## References

1. Heaton, K.W., Radvan, J., Cripps, H., Mountford, R.A., Braddon, F.E.M. and Hughes, A.O. (1992) Defaecation frequency and timing, and stool form in the general population: a prospective study. *Gut* 33, 818-824.
2. Connell, A.M., Hilton, C., Irvine, G., Lennard-Jones, J.E. and Misiewicz, J.J. (1965) Variation in bowel habit in two population samples. *British Medical Journal* ii, 1095-1099.
3. NICE (2007) The management of faecal incontinence in adults (full guideline): available from [www.nice.org.uk/Guidance/CG49](http://www.nice.org.uk/Guidance/CG49)
4. Cancer Research UK [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

## Further help and advice

### Further help and advice is available from:

- Your GP, who may also refer you to other Specialists for advice
- The Practice Nurse, District Nurse or Health Visitor
- Your Pharmacist

A Continence Specialist or Advisor is an experienced Specialist Nurse, Physiotherapist or other Health Care Professional. There may be such a specialist in your area. A Specialist Bowel Nurse or Doctor may also be available in your area.

Details of existing services where you live, are available from your Health Trust, Clinic or Health Centre, or GP Practice.

### Organisations which can offer help, support and information include:

RADAR - The Disability Network for the National Key Scheme, at [www.radar.org.uk](http://www.radar.org.uk) and follow the RADAR Shop link, or contact RADAR, 12 City Forum, 250 City Road, London, EC1V 8AF. Tel: 020 7250 3222

A website for patients and healthcare professionals in the management and treatment of Crohn's disease and other Inflammatory Bowel Diseases, at [www.crohns.org.uk](http://www.crohns.org.uk)

Bladder & Bowel Foundation helpline telephone number is 0845 345 0165 or email [info@bladderandbowelfoundation.org](mailto:info@bladderandbowelfoundation.org)

NHS Direct - offers health and medical information 24 hours a day, 365 days a year. Call NHS Direct on 0845 4647 or visit [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## Bowel cancer

Bowel cancer is the third most common cancer in the UK. If detected early, more than 8 out of 10 cases can be successfully treated. Warning signs to look out for are bleeding from the bottom without any obvious reason; changes in bowel habit which lasts three weeks or more, such as looser stools or diarrhoea; and unexplained weight loss. If any of these occur, it is best to see your GP<sup>4</sup>.

**PAUL HARTMANN Limited**  
Heywood Distribution Park  
Pilsworth Road  
Heywood  
OL10 2TT  
Tel: 01706 363200  
Fax: 01706 363201  
[www.hartmanndirect.co.uk](http://www.hartmanndirect.co.uk)



Going further  
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This leaflet has been produced by Paul HARTMANN Ltd  
This leaflet was updated April 2015



Going further  
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Continence  
Management

# Promoting a healthy bowel

Promoting bowel health to avoid  
bowel problems and faecal  
incontinence in adults

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## Normal bowel function / habit

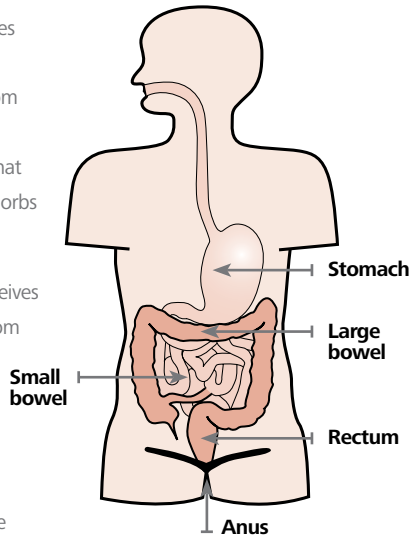
The digestive system is a series of hollow organs, joined in a continuous, twisting tube from the mouth to the anus. The upper gut digests the food that is eaten and extracts and absorbs nutrients.

The large bowel or colon receives a soft, semi-liquid mixture from the small intestine and gradually re-absorbs fluid, resulting in a formed stool.

The rectum is where faeces are stored until they leave the digestive system through the anus, as a bowel movement.

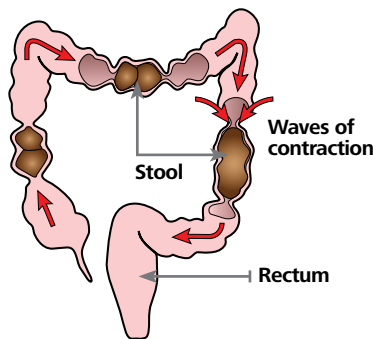
Faeces, motion and stool are all names which may be used to describe the body waste which is passed from the large bowel, and consists of 60-70% water, roughage or food that could not be digested, dead cells and dead bacteria. Normal faeces are brown in colour however, variation in the colour of faeces can occur as a result of eating certain foods. For example, beetroot can colour the faeces.

Opening the bowels each day is perceived as 'normal' however only 4 out of 10 people have a daily bowel movement<sup>1</sup>. The normal frequency of bowel movements



varies between individuals and between three times a day and three times a week can be considered normal<sup>2</sup>. Faeces continues to be produced even if no diet is taken.

The urge to open the bowel is usually at it's strongest following a meal, especially so after breakfast, when contractions of the bowel wall results in a mass movement of waste products towards the rectum.



## Common conditions

Some common conditions which can affect the bowel include:

- Constipation, which is the infrequent passage of hard stools and has many possible causes. A few examples of the causes might be: a diet low in fibre, reduced fluid intake, the side-effects of some medicines, a painful condition at the anus, illnesses affecting the nervous system, poor mobility, diverticulitis, irritable bowel syndrome or even simply a fear of using public toilets.
- Haemorrhoids or 'piles', which are swollen veins which bleed easily and can protrude from the anus.
- Pruritus ani (itching and irritation of the skin around the anus) is a common symptom usually due to slight soiling or a dermatological (skin) condition.



The National Key Scheme from RADAR offers independent access by disabled people to around 7,000 locked public toilets around the country. See the reverse page of this leaflet for details.

## Faecal incontinence

Faecal incontinence is the involuntary loss of solid or liquid stool and affects over half a million adults in the UK<sup>3</sup>.

Leakage can occur for many reasons. A few examples are: as a result of damage to muscles following childbirth or trauma, confusion, illnesses or other damage affecting the nervous system, mobility and environmental problems, loose stools and constipation.

This problem affects all ages, but the risk increases sharply with age when men and women are equally affected.

An assessment to find the cause will, in many cases, result in an improvement or cure of this embarrassing problem.

## Bowel management and prevention of faecal incontinence in adults

Healthy bowel function and the prevention of faecal incontinence should be the aim of individuals and carers. Some basic tips for maintaining a healthy bowel are given below. These are not a substitute for seeing a doctor or nurse, if you have any changes in your bowel habit that cause you concern you should consult your GP immediately.

- A healthy diet should contain fibre to ensure a healthy bowel. The Department of Health recommend a daily intake of 18-30g. Fibre rich foods include Porridge, Wholemeal Bread, Jacket Potatoes and wholemeal pasta.
- A healthy diet should include 5 portions a day of fruit and vegetables. To get the best health benefits, 5 a day portions should include a combination of a variety of fruit and vegetables.

Examples of a portion are:

- Apple - 1 medium
- Banana - 1 medium
- Grapefruit - half
- Grapes - 1 handful
- Orange - 1 medium
- Broccoli - 2 spears
- Carrots - 3 heaped tablespoons
- Sweetcorn (canned) - 3 heaped tablespoons
- Tomato (fresh) - 1 medium or 7 cherry

More 5 a day from [www.5aday.nhs.uk](http://www.5aday.nhs.uk)

- If the stools are hard, the aim should be to drink at least 1 1/2 litres (about 3 pints) of fluid in 24 hours, unless there is a medical reason not to do this. Plain water should be included in the fluid intake.
- Many individuals will be aware of a 'trigger' food which stimulates the bowel. Examples include: onions, prunes, oranges and hot drinks such as coffee or even hot water.
- Contractions in the bowel wall can be stimulated by regular exercise. Exercise within an individual's capabilities, will promote regular bowel movement.
- Mass movement of waste products in the colon is at it's strongest about 30 minutes after a meal. This is often the time when an urge to empty the bowel is felt, and should not be ignored. This is strongest after breakfast and that is why it is very important to eat breakfast.
- Exercising the muscle around the anus (back passage) can help to prevent involuntary leakage from the back passage. (see the HARTMANN leaflet about pelvic floor muscle exercises)
- The best posture for bowel opening is safely seated on the toilet with the feet supported (e.g., on a foot-rest), so the knees are higher than the hips.