

Physiotherapy and Bowel Behavioural Treatment

What is behavioural treatment?

This is a training programme designed by our experienced, pelvic floor physiotherapists Angela Khera and Isabella Lees-Trinca, to help you improve bowel function by changing behaviour - the way you do things and think about things so that the bowel can work better.

A typical training period is over 6 months. Learning new tasks takes time and practice. The majority (70%) of patients benefit.

“Biofeedback” is one of the terms commonly used for this treatment but biofeedback is just one part of a behavioural training programme.

Other important elements of a treatment programme may include:

- Assessment
- Education
- Bowel habit training
- Defaecation retraining
- Biofeedback
- Pelvic floor muscle retraining
- Relaxation
- Ceasing or reducing use of laxatives/enemas/suppositories

Each of these will be explained further.

Assessment

A thorough assessment is undertaken to understand exactly what problems are occurring and how best to manage them.

Education

Many people do not have an understanding of gut function and may have developed certain beliefs about it that are not based on fact eg:

“We should empty our bowels every day”

Normal bowel frequency varies from x 3 per day to x 3 per week

“Not producing enough waste”

This depends on many factors and is variable from person to person

Harder stools contain less water, not less waste

“Constipation causes toxins to build up”

There is no scientific evidence for this

“Food goes straight through”

Food normally takes anywhere from 24 to 72 hours to pass through the digestive system

Before commencing a bowel retraining programme it is important to have a good knowledge of normal bowel function and all the different things that can influence it for better or worse. It is also essential to have an understanding of the training programme and the importance of following it every day.

Bowel Habit Training

When bowel habits become erratic, symptoms can be harder to manage because they will be very unpredictable. Bowel habit training is a way of getting the bowel to empty at a predictable time of day - establishing a regular bowel pattern, suited to your bowel's own rhythm. The bowel is very trainable – like the bladder – the more you go, the more you feel you need to go – the less you go, the less you feel the need to go.

People may spend too long in the toilet or try too many times to go to the toilet. Sometimes people are so busy and distracted that they miss the signals their body gives them that it is time to go to the toilet.

The physiotherapist will work out an appropriate routine to stimulate bowel actions at a predictable and convenient time.

Defaecation Retraining

This involves learning how to use your body correctly for effective bowel emptying – without straining. The physiotherapist will assess general posture and toileting posture and make suggestions for change.

Other things to be assessed are the muscles of the diaphragm (breathing muscle), abdomen (stomach muscles – “abs”), pelvic floor and anal sphincter muscles (the opening and shutting muscles). All these muscles are involved in emptying the bowel. Various exercises are taught and practised at home. Biofeedback may be used to help in the learning process.

Biofeedback

Biofeedback is a method of learning a new action by getting information about how well that action is being performed. This information can be “fed back” to you by various methods such as:

Voice and hands

The physiotherapist can tell you immediately when you are doing an exercise correctly or incorrectly. The physiotherapist may be observing and/or feeling the muscle action. At home you might use your own hands or a mirror to check how well you are doing a particular exercise.

Rectal balloon training

This is a very specific method for learning about separate bowel functions.

A small balloon is placed into the back passage and inflated in the rectum with some air or water. This can be used for learning to:

- recognise rectal sensation, “ the feeling of needing to go” - as the balloon expands
- coordinate the muscles of bowel emptying, without straining, by practising passing the balloon in a controlled way
- squeeze the pelvic floor and anal sphincter muscles closed as soon as rectal sensation is felt
- squeeze the pelvic floor and anal sphincter muscles repeatedly until an urge passes – this helps build confidence in the ability to “hang on” – the balloon can be gradually inflated further to make the urge stronger and control more challenging.

Pelvic floor muscle training

The pelvic floor muscles are responsible for both bladder and bowel control. Many people have difficulty learning how to use these muscles well because they are inside and we can't see them working. This is one reason why biofeedback is used to assist learning.

Healthy pelvic floor muscles need to be able to contract strongly, hold for long periods of time but be able to relax completely for passing urine and emptying the bowel.

People may have pelvic floor muscles which are underworking (weak muscles) while others may have pelvic floor muscles which are overworking (tight and/or painful muscles). Either can contribute to disturbance in bowel or bladder function.

The physiotherapist will assess your muscles and devise an appropriate training programme for you.

Relaxation

People can become very anxious about their symptoms. When we become anxious, muscles tend to tighten up and our breathing pattern changes. The effect of these reactions may actually make the symptoms even worse.

For example if the problem is urgency, tensing up the whole body and "panicking" will increase pressure on the bowel and increase bowel activity, making urgency greater. If the problem is constipation or difficulty emptying, getting tense and anxious will make it harder for the abdominal, pelvic floor and anal sphincter muscles to work properly so that the bowels open. The feeling of wanting to go is there but it is very difficult to go.

The physiotherapist can teach you both general and specific relaxation techniques, relaxed breathing/diaphragmatic breathing and other "calming" strategies.

Ceasing/reducing laxatives, enemas, suppositories

When a person has come to rely on laxatives, enemas or suppositories to empty their bowels, an important aim of a bowel retraining programme is to help them cease or at least reduce the use of these. While these products may lead to bowel emptying they often do not relieve the symptoms of bloating or abdominal pain and in fact may make these symptoms worse.

Other pelvic floor problems

People with bowel problems often have other associated pelvic floor problems such as prolapse, bladder symptoms or sexual difficulties.

These problems will also be discussed by your physiotherapist – see additional handout "*Physiotherapy and Pelvic Floor Dysfunction*" link