



Looking after your bowel



Continenace
Health
Australia

Note: This resource is to support you with clear, helpful information. A health professional can provide care that's right for your needs.

© Continence Health Australia 2026

RESENG277



**Continence
Health
Australia**



Contents

Looking after your bowel	5
Why bowel health matters	5
How the bowel works	5
What healthy bowel function looks like	8
Daily habits that support bowel health	10
Common bowel changes to notice and act on	12
Addressing factors that influence your bowel health	18
Steps to improving bowel function	21
For more information	23
Appendix A: Food charts	24
Appendix B: Improving bowel control after bowel surgery	27



Looking after your bowel

This guide is for people who want to understand and improve bowel function, particularly if you've noticed changes such as constipation, difficulty emptying, urgency or leakage, or have had bowel surgery.

Learning strategies to improve bowel health can help you feel more confident and able to enjoy daily activities. Many bowel control concerns can improve with practical steps, and support is available if you need it.

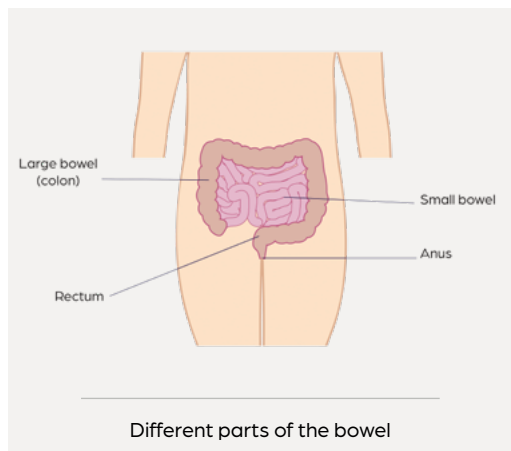
Why bowel health matters

A healthy bowel is important for:

- good digestion to supply the body with all it needs
- preventing constipation or bowel control issues
- general health and preventing disease
- mental health and wellbeing.

How the bowel works

The bowel is part of the digestive system. It breaks food down into nutrients that the body then uses for energy, growth and repair, and removes waste from the body. Waste is commonly called faeces, poo, stool or bowel motions.



Functions of the bowel

Digestion

- **Stomach.** After you eat, food travels from the mouth down the oesophagus (the muscular tube that carries food and drink from the mouth to the stomach). The stomach mixes food with digestive juices, breaking it down. This mixture is slowly released into the small intestine.
- **Small intestine (small bowel).** The small intestine continues digestion. Its walls absorb nutrients and water into the bloodstream so the body can use them. What's left moves into the colon (large bowel).

Managing waste

- **Colon (large bowel).** The colon absorbs water from waste and forms solid faeces (poo). It moves faeces towards the anus so they can be passed out of the body.
 - If waste moves too slowly, the faeces (poo) become hard and dry, which can lead to constipation.
 - If waste moves too quickly, it stays watery, which can cause diarrhoea and wind, and make it harder to hold on.

Waste control and removal

- **Rectum.** The rectum sits just inside the bottom and stores faeces (poo) until you're ready to go to the toilet. It stretches as it fills to create an urge. Eating is a strong trigger for the rectum to fill, which is why many people feel the urge to go after meals.
- **Pelvic floor muscles.** The pelvic floor muscles help support the rectum and control the bowel. They work with the anal muscles and must relax to allow faeces (poo) to pass.
 - Muscles that are too tight or have trouble relaxing can make it hard to empty the bowel, contributing to constipation.
 - Muscles that are too weak may not provide enough control, leading to leakage (incontinence).

- **Anal sphincter muscles.** The anus is the opening at the end of the bowel. The anal sphincter is a ring of muscles that stays closed to prevent leakage and opens when you want to pass faeces or wind.
 - **Anal muscles that don't relax properly can make it hard to empty the bowel**
 - **Weak muscles may make it harder to hold on.**

The gut–brain connection

The gut and brain are closely connected through a network of nerves, especially the vagus nerve. They constantly send messages to each other to help:

- digest food
- move waste through the bowel
- absorb nutrients.

For example, eating signals the bowel to keep waste moving. Emptying the rectum sends signals that there is space for more waste.

Stress, illness, some medicines and certain foods can disrupt these signals and may cause:

- reduced urge to pass faeces (poo)
- constipation, diarrhoea, bloating, pain or nausea.

The gut and brain also share chemicals (serotonin and dopamine) that affect both digestion and mood. This is why stress can upset the gut, and long-term bowel problems can affect emotional wellbeing.

Eating well, staying active, using healthy toileting habits and calming the nervous system can all support better bowel function and gut–brain communication.

What healthy bowel function looks like

A healthy bowel lets you hold on when needed and empty when you choose, without pain or difficulty. Signs your bowel is working well include:

- a regular pattern, usually ranging from 3 times a day to 3 times a week
- easy emptying – faeces (poo) passing soon after sitting and relaxing on the toilet, without straining, pushing or holding your breath
- you feel your bowel has fully emptied
- comfort and control – no pain, bulging or lumps around the anus or vagina, and no fear of leakage.



See your doctor if you notice blood in your faeces (poo), on the toilet paper or in the toilet bowl.

What faeces (poo) should look like

The Bristol Stool Chart shows 7 types of faeces (poo), based on how long waste spends in the bowel:

- Types 1–2: may suggest constipation
- Types 3–4: ideal – easy to pass, especially Type 4
- Types 5–7: may suggest diarrhoea or urgency

Checking faeces types can help you understand how well your bowel is working and when changes may need attention.

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, mushy stool
Type 7		Watery, no solid pieces. ENTIRELY LIQUID

Bristol Stool Chart - Distributed with the kind permission of Dr K. W. Heaton, formerly Reader in Medicine at the University of Bristol. Reproduced as a service to the medical profession by Norgine Ltd. ©2017 Norgine group of companies. Reference: Heaton, K W & Lewis, S J 1997, 'Stool form scale as a useful guide to intestinal transit time'. Scandinavian Journal of Gastroenterology, vol.32, no.9, pp.920 - 924.

Daily habits that support bowel health

Healthy bowel habits include regular routines, healthy eating and drinking, movement, correct toilet position and emptying without straining.

Build a daily routine

- **Eat regularly** – especially in the morning. Eating triggers the bowel to move waste along (the gastrocolic reflex), helping keep you regular.
- **Respond to the urge** – the need to open your bowels should be felt low down near the bottom, not in the belly. Sitting for more than 10 minutes usually means the urge wasn't strong enough yet. Talk to your GP if you don't feel a strong urge to go to the toilet or go less than 3 times a week.
- **Allow time, don't rush** – the best time is often within an hour of eating. If nothing happens after about 5 minutes, leave and return later when the urge is stronger.
- **Prevent infection** – always wipe from front to back. Wash hands well after using the toilet.

Eat well and keep moving

- **Choose highfibre foods** – fibre helps faeces (poo) absorb water to stay soft, bulky and easier to pass. The 2 main types of fibre are:
 - **Insoluble fibre (doesn't dissolve in water)** – helps move faeces (poo) through the bowel and can help ease constipation (eg wholegrains, cereals, vegetables such as carrots and celery, skins of fruits and vegetables)
 - **Soluble fibre** – helps firm soft faeces and improve control (eg oats, barley, legumes, peeled fruits and vegetables). This can help prevent bowel leakage related to soft faeces (poo).

- **Drink water regularly** – more in hot weather or with exercise, unless otherwise advised by your doctor.
- **Keep your body moving** – regular movement helps keep the bowel moving. Aim to move most days.

The food charts in Appendix A are a helpful starting point, and a dietitian can provide tailored advice.

Correct toilet position

The correct toilet position helps the bowel to empty fully:

Correct toilet position

- Sit with a comfortably straight back.
- Lean forward slightly with elbows on your knees
- Have your knees slightly wider and higher than your hips, with feet supported on the floor or a small stool
- Relax and breathe slowly.



If you've had hip surgery, keep your knees below hip level and follow your doctor's advice.



Correct toilet position

Empty without straining

Straining can worsen bowel and pelvic floor problems. If emptying is difficult, seek support from a doctor, nurse continence specialist or pelvic health physiotherapist.

Belly (diaphragmatic) breathing can help reduce straining:

- breathe in through your nose, letting the belly expand
- relax the anus and pelvic floor as you breathe in
- think '*breathe in to relax and open*'.

This breathing technique supports easier bowel emptying, digestion and relaxation.

Common bowel changes to notice and act on

Bowel changes are common and often improve with early support and healthy habits. They usually fall into two groups:

- **Finding it hard to empty the bowel** (often called constipation)
- **Finding it hard to control the bowel** (bowel leakage or incontinence).

Some people experience both. Working out what helps can take time, and the bowel may need time to adjust. The checklist below can help you identify habits or symptoms that may benefit from extra support and guide when to seek advice.

Bowel checklist – signs to notice

If you recognise any of these signs, the strategies in this guide can help support healthier bowel habits:

- ☐ push or strain to pass faeces (poo)
- ☐ sit on the toilet for more than 5 minutes before passing faeces (poo)
- ☐ pass faeces less than 3 times a week or more than 3 times a day
- ☐ feel your bowel has not fully emptied after passing faeces
- ☐ find it hard to control wind
- ☐ have a sudden, overwhelming urge to go
- ☐ have loose or runny faeces
- ☐ try to pass faeces without feeling a clear urge

It's important to see your doctor if you notice any of the following:

- ☐ itchiness, soreness or pain in or around the anus
- ☐ finding it hard to hold on for 10 minutes after feeling the urge
- ☐ needing to use fingers to help empty the bowel
- ☐ leakage of faeces (poo) or ongoing soiling (marks in underwear)
- ☐ pain when passing faeces
- ☐ black faeces, blood in faeces or blood on toilet paper or in the toilet bowl
- ☐ bowel leakage or urgent need to go during the night
- ☐ a new lump or bulge from the anus or vagina
- ☐ a recent or ongoing change in your usual bowel pattern

If any of these symptoms are new, getting worse or concerning you, see your doctor. Bringing this checklist can help explain symptoms clearly.

Finding it hard to empty the bowel

You may notice:

- little or no urge to open your bowels, or only with laxatives
- passing faeces (poo) less than 3 times per week
- needing to push, strain, change position or use a hand to help
- hard, sticky, pasty, very small or thin faeces (poo)
- spending more than 10 minutes on the toilet or needing multiple attempts
- a feeling of incomplete emptying or needing excessive wiping
- pain, bleeding or bulging at the vagina or anus
- abdominal (tummy) bloating, pain or swelling.

Possible causes

- constipation
- faeces (poo) that is too soft, sticky or pasty
- pelvic floor or anal muscles not relaxing properly
- weak anal muscles after emptying
- prolapse (women*)
- stress or worry causing muscles to tighten
- medical conditions, bowel surgery or spinal cord injury.

See Appendix B for information about recovering from bowel surgery.

Understanding constipation

Constipation is when faeces (poo) are hard, dry and infrequent or hard to pass. It may cause discomfort, bloating or a feeling of incomplete emptying.

- **Acute constipation** is short-term and often linked to illness, routine changes or new medicines. It usually improves with changes to diet, fluid increase or short-term treatment with over-the-counter medicine.
- **Chronic constipation** lasts for more than 3 months and is more often linked to medical conditions or bowel changes. It's important to talk to your doctor to treat this.

Common causes include:

- low fibre or fluid intake
- not enough movement or exercise
- some medicines
- ignoring the urge to go to the toilet
- pregnancy or childbirth (women*)
- anxiety, stress, depression or grief
- increased body weight
- long term use of laxatives
- bowel conditions
- prolapse (women*)
- surgery
- changes to routine eg shift work or travel
- changes to diet or environment.

Constipation and other health conditions

Constipation can contribute to:

- prolapse (women*) – pelvic organs slipping from their normal positions due to weakened pelvic floor muscles and tissues
- haemorrhoids (swollen blood vessels in the anal passage) or fissures (tears in the skin around the anus) – from repeated straining, causing pain or bleeding
- urine (wee) leakage (urinary incontinence) – a full bowel can press on the bladder leading to an urgent or frequent need to go to the toilet
- abdominal, pelvic, bladder or anal pain
- bowel (poo) leakage (bowel incontinence) – this can be due to the bowel being too full of faeces (poo) or may be related to other causes. Uncontrolled flatus (wind) may also be a sign of bowel incontinence
- faecal (poo) impaction – severe build-up of faeces requiring medical treatment.

Finding it hard to control the bowel

You may notice:

- urgent need to reach the toilet
- passing faeces (poo) more than 3 times a day
- leakage of faeces or wind
- very soft or loose faeces.

Urgency may be linked to:

- diarrhoea (loose, runny faeces)
- foods that irritate the bowel eg caffeine or fatty foods
- stress or anxiety
- some medicines
- pelvic floor or anal sphincter muscle weakness.

Urgency is common with conditions such as Crohn's disease, ulcerative colitis, irritable bowel syndrome (IBS) and other gastrointestinal issues such as cancer.

Ongoing urgency should be discussed with your doctor.

Understanding leakage

Bowel leakage can involve solid faeces, liquid faeces or wind. It may range from minor soiling to full loss of control and can happen with urgency, diarrhoea or without warning. Overnight leakage should be checked by a doctor.

Factors that can increase leakage include:

- straining or incomplete emptying
- difficulty cleaning after passing faeces (poo)
- some medicines such as antibiotics, arthritis or diabetes medicines
- heavy lifting or physical strain
- diabetes
- neurological conditions such as stroke, multiple sclerosis, Parkinson's disease, spinal cord injury
- bowel conditions such as Crohn's disease, coeliac disease, ulcerative colitis, scleroderma

- bowel surgery
- childbirth with forceps deliveries or birthing larger babies (women*)
- prolapse (women*).

Tips for staying active when managing leakage

- Allow time after meals before exercising
- Aim for regular movement each day – about 30 minutes where possible
- Notice which activities increase pressure or leakage – heavy lifting, squatting, gardening and some housework can place extra pressure on the pelvic floor
- Spread heavier tasks across the week – to help reduce strain
- Plan your day around your energy levels – do heavier tasks earlier in the day when pelvic floor muscles feel stronger or less tired

Understanding diarrhoea

Diarrhoea is frequent, loose and watery faeces (poo) and may be caused by:

- infections
- food allergies or intolerances such as lactose intolerance
- alcohol, caffeine or artificial sweeteners
- overuse of stimulant laxatives
- bowel conditions such as diverticulitis, Crohn's disease, ulcerative colitis or irritable bowel syndrome (IBS)
- some medicines such as antibiotics
- long term constipation
- bowel surgery, radiotherapy or gall bladder surgery.

Ongoing or severe diarrhoea should be assessed by a doctor, especially in babies, young children and older adults.

Addressing factors that influence your bowel health

Bowel health is shaped by many factors, and everyone's body responds differently. Understanding what affects your bowel control can help you make informed choices and work with your healthcare team to manage symptoms confidently.

Medicines

Some prescription and over-the-counter medicines make faeces (poo) firmer and cause constipation, while others can lead to soft faeces (poo) or diarrhoea. Talk with your doctor, nurse continence specialist, pelvic health physiotherapist or pharmacist to identify possible side effects. Always seek advice before changing or stopping any medicines.

Food, diet and fluids

What and when you eat and drink can affect the consistency of faeces (poo), making them firmer or softer. Fluids include soups, jellies and custards. The food charts in Appendix A can help guide choices.

It may take time to work out what suits you – try not to restrict foods as variety supports gut and bowel health. A dietitian can provide personalised advice.

Fibre supplements

Fibre supplements can help regulate bowel habits for some people, whether faeces (poo) are too hard or too loose. Different bodies respond differently, so you may need to try different types. A nurse continence specialist, pelvic health physiotherapist, dietitian or pharmacist can help you choose an option that suits you.

TIP

Increase fibre slowly and drink more water to reduce bloating and prevent constipation.

Laxatives

Laxatives may help when diet and lifestyle changes aren't enough. They work by:

- **Osmotic laxatives** – drawing water into the bowel to soften faeces (poo)
- **Stimulant laxatives** – increasing bowel movement.

A health professional can advise if laxatives are appropriate and which type to use. Long-term use should only occur if advised by a health professional.

Rectal therapies

For severe or ongoing constipation, rectal treatments may help.

- **Suppositories** are inserted into the rectum and usually work within 30 minutes
 - **Glycerol suppositories gently soften faeces (poo)**
 - **Bisacodyl suppositories are stronger and stimulate bowel emptying**
- **Enemas** bring water into the rectum to soften faeces (poo) and trigger emptying. Stronger options are available if needed.

Your healthcare team can give you advice on correct use.

Anti-diarrhoea medicine

If diarrhoea is an issue, medicine may help. Your doctor can advise on the right option and dose. Starting low and increasing slowly reduces the risk of constipation.

Movement and exercise

Regular exercise is important for bowel health, but heavy or repetitive exercise can strain pelvic floor muscles and make emptying harder. A pelvic health physiotherapist can help tailor an exercise routine that supports bowel control.

Emotional wellbeing

Stress and anxiety can affect bowel habits, leading to constipation, diarrhoea, pain or bloating. Strategies such as mindfulness, counselling or stress-reduction techniques may help. Your doctor or psychologist can provide advice.

Neurodiversity

Many neurodivergent people experience bowel symptoms due to differences in sensing urges, relaxing muscles or managing toilet environments. Predictable routines, sensory-friendly toileting, and neurodiversity-informed healthcare support can make bowel care easier.

Pregnancy, childbirth and menopause

Hormonal changes and pelvic floor stress can affect bowel function during pregnancy, after childbirth and during menopause. Symptoms often improve over time, and pelvic health physiotherapy can help if support is needed.

Surgery or illness

Surgery, reduced mobility (movement), pain medicines and illness can temporarily change bowel habits. Your healthcare team can help manage symptoms and support recovery.

Look after your skin

Healthy skin helps protect against irritation and infection. Cleanse the skin gently after contact with urine (wee) or faeces (poo) using warm water and a mild, pH-balanced product. Avoid harsh soaps, alcohol-based products or fragrant wipes. Pat dry to prevent damage. A pharmacist or nurse continence specialist can advise on the best products for you. Choose pads that fit well and that draw moisture away from the skin and allow airflow. Change pads promptly and check skin regularly so early redness or breakdown can be managed quickly.

Steps to improving bowel function

Everyone's bowel is different. If you're already experiencing bowel symptoms, these steps can help support better bowel control. Working with your healthcare team can help you find strategies that suit your body and lifestyle.

Build healthy bowel habits

Healthy bowel habits are the foundation of bowel care. For some people, extra supports such as fibre supplements, laxatives or rectal therapies may also help. A nurse continence specialist, pelvic health physiotherapist, pharmacist or dietitian can guide you through these options and help tailor them to your needs and preferences.

Use a bowel diary

A bowel diary can help you understand your bowel pattern, including how foods, routines or medicines affect faeces (poo). Bringing your diary to appointments can help your healthcare team tailor your care plan.

To download a bowel diary, visit <https://www.continence.org.au/about-incontinence/bowel-incontinence/about-the-bowel/>

Strengthen and relax your muscles

Pelvic floor and anal sphincter muscles are important for both emptying the bowel and maintaining control. A pelvic health physiotherapist can assess how your muscles are working and guide you to:

- learn full muscle relaxation if muscles are tight or not relaxing
- strengthen muscles if weakness is affecting control
- avoid straining to protect muscles and reduce discomfort.

Use continence products if needed

If you experience bowel leakage or difficulty with control, continence products can help you stay comfortable, confident and active. A continence health professional can recommend suitable disposable or reusable products.

When to seek further support

If symptoms haven't improved after a few weeks, see your doctor for a continence assessment. Further options may include bowel retraining or referral to:

- a gastroenterologist
- a nurse continence specialist or pelvic health physiotherapist
- a gut-focused psychologist
- a dietitian.

You can also contact the **National Continence Helpline** on **1800 33 00 66** for free, confidential advice.

Bowel retraining program

Bowel retraining can help with chronic constipation, incomplete emptying or bowel incontinence by developing a predictable routine for bowel emptying. Programs usually run for 6–12 months and are guided by a continence specialist, using strategies such as pelvic floor exercises, behavioural techniques and tailored use of fibre supplements, laxatives or rectal therapies.

When specialist support is helpful

Specialised support may be useful when bowel challenges are linked to:

- bowel surgery – see Appendix B
- spinal cord injury
- recent surgery or illness including cancer treatment
- other health conditions such as inflammatory bowel disease, neurological conditions, diabetes or scleroderma.

For more information

Call the National Continence Helpline on 1800 33 00 66

(free call) Monday to Friday 8am–8pm (AEST[#]) to speak with a nurse continence specialist for free confidential advice, support and information. They can help with:

- information about bladder and bowel control and incontinence
- finding local continence health professionals or services
- choosing the right continence products
- finding financial support to pay for continence products
- questions to ask your health professional.

[#] Times may vary by state or territory. Closed on national public holidays.

Continence Health Australia | continence.org.au

National Public Toilet Map | toiletmap.gov.au
lists over 25,000 public toilets across Australia

The Master Locksmiths Access Key (MLAK)
<https://masterlocksmiths.com.au/mlak/>
provides 24/7 access to public toilets

*Continence Health Australia recognises that the words we use can impact how people feel seen and heard and, in turn, how they engage in conversations about health. References to 'women' or 'girls' or 'men' or 'boys' include all people with similar health needs – those assigned female or male at birth and anyone who identifies as a woman or man, regardless of sex at birth.

Appendix A: Food charts

Use the chart that best matches your current concern.

Try changes for a short time and notice how your body responds.

Everyone is different.

Chart 1: Foods that may increase flatus (wind or gas)

Try reducing these for a short time if wind or bloating is a problem:

Vegetables and plant foods

- cabbage-family vegetables (cabbage, brussel sprouts, broccoli, cauliflower)
- large amounts of onions or garlic
- apples, pears and honey
- legumes (lentils, chickpeas, baked beans)

Grains, dairy and drinks

- large amounts of wheat (some people can tolerate sourdough)
- milk with lactose (try lactose free or lower-lactose dairy).
Visit <https://www.dairy.com.au/you-ask-we-answer/what-is-the-lactose-content-of-different-dairy-products> for more information
- eggs
- fizzy drinks
- beer
- sugar-free foods or drinks with artificial sweeteners (eg sorbitol, mannitol, xylitol)

If wind remains uncomfortable, a dietitian-guided FODMAP diet may help. Start with a short-term trial. Find a dietitian here:

<https://member.dietitiansaustralia.org.au/faapd>

Chart 2: Foods that may help firm faeces (poo)

These foods may help if faeces (poo) are loose or diarrhoea is an issue:

Fruits and grains

- bananas
- white rice (boiled or steamed)
- white pasta
- white bread (not high fibre)
- plain wheat or rice crackers or biscuits

Dairy and starchy foods

- tapioca, rice pudding
- smooth peanut butter
- starchy vegetables such as potato, pumpkin, sweet potato
- cheese

If faeces (poo) become too firm or constipation develops, swap some of these foods for higher-fibre choices (see Chart 3).

People with inflammatory bowel disease may need tailored advice: <https://www.gidream.org/patient-resources>

Chart 3: Foods that may help soften faeces (poo) and increase frequency

These foods may help with constipation:

Vegetables and legumes

- cabbage-family vegetables (cabbage, Brussels sprouts, broccoli, cauliflower)
- vegetables with rough skin (onions, spinach, corn, peas, cucumber, beans, capsicum)
- legumes (kidney beans, chickpeas)

Fruit, seeds and grains

- whole fruit with skin
- kiwi fruit
- nuts and seeds
- high fibre cereals and breads (multigrain, wholemeal, high fibre white)

Other

- fibre supplements
- fruit juice (especially prune, orange, apple, pear, grape)

Increase fibre gradually and drink water to reduce bloating or discomfort.

To find out more about healthy eating, visit
Australian Guide to Healthy Eating

<https://www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating>

Appendix B: Improving bowel control after bowel surgery

People have bowel surgery for many reasons including treatment for:

- bowel, anal or rectal cancer
- Crohn's disease
- diverticular disease
- ulcerative colitis
- haemorrhoids and fissures.

Cancer treatment may include chemotherapy and radiotherapy; radiotherapy in particular can affect how the bowel works.

Regardless of the reason for surgery, many people notice changes in bowel control. There are practical steps you can take to support your recovery and improve bowel control.



Understanding your surgery and its effects

Different types of bowel surgery change the bowel in different ways. Understanding the surgery you've had can help explain your symptoms. Common surgeries include:

Left or right hemicolectomy – removal of the left or right side of the colon (large bowel)

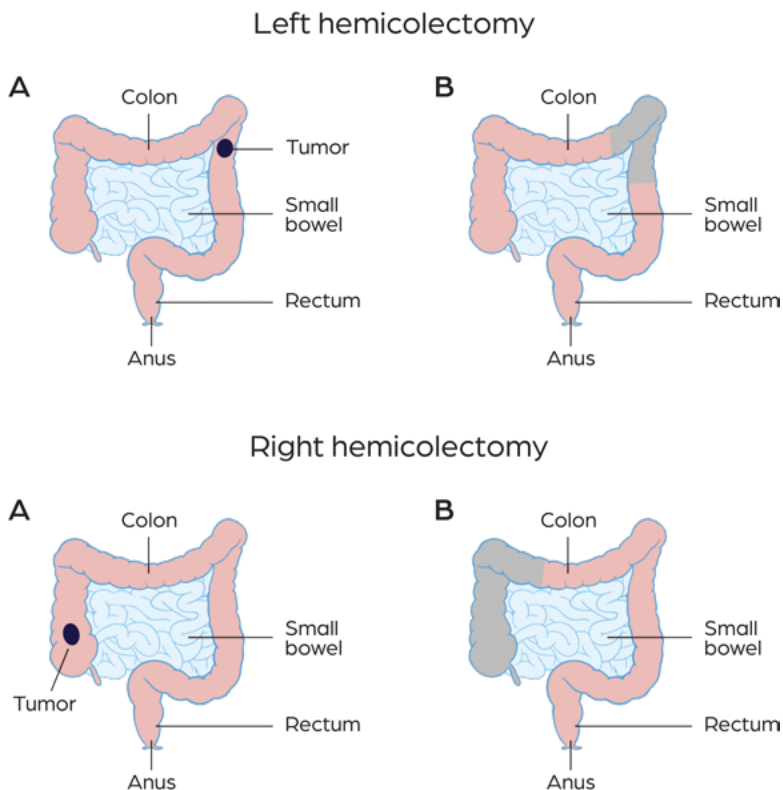
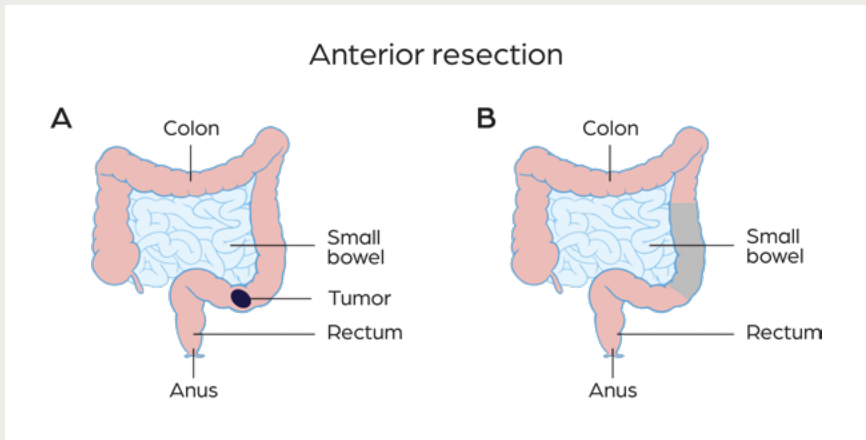


Diagram A shows a tumour (cancer).

Diagram B shows the dark shaded area as the part of the bowel removed during surgery. Similar procedures are used to remove parts of the bowel for other bowel conditions.

Anterior resection – removal of the left colon and upper part of the rectum (lower bowel)



Ultra-low anterior resection – removal of the left colon and all of the rectum

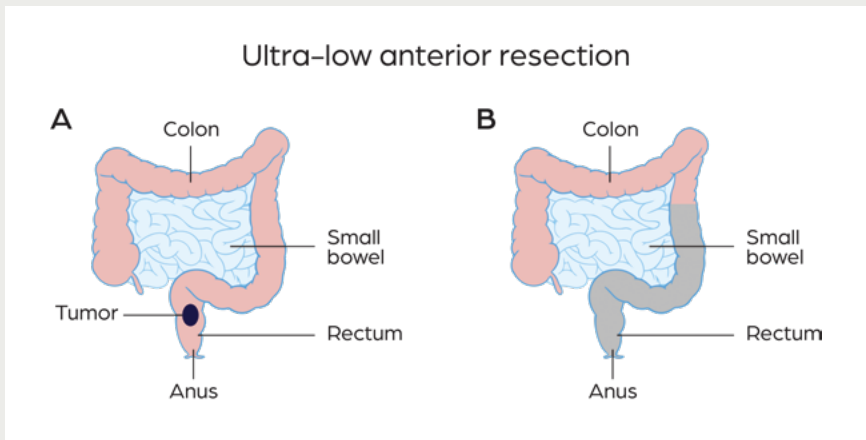
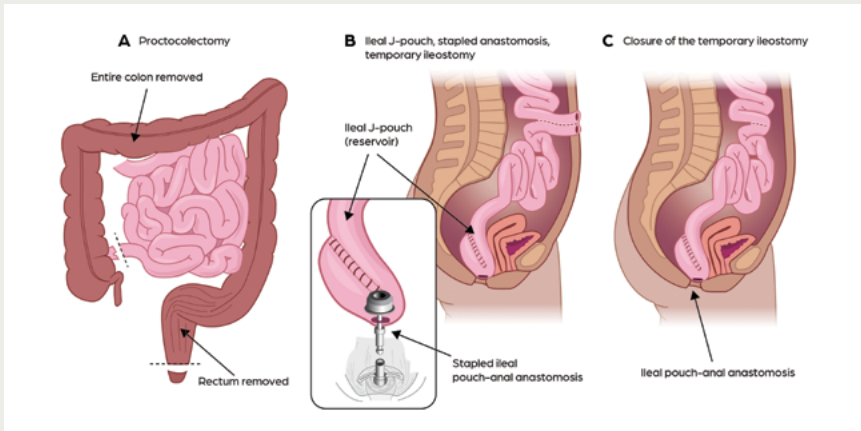


Diagram A shows a tumour (cancer).

Diagram B shows the dark shaded area as the part of the bowel removed during surgery. Similar procedures are used to remove parts of the bowel for other bowel conditions.

Proctocolectomy and ileoanal pouch or “J pouch” construction

– removal of the entire large bowel and rectum, with creation of a new rectum (pouch)



Any surgery that shortens or changes the bowel can change how quickly faeces (poo) moves through it. This may lead to 'faster colonic transit' (making digestion faster). This can affect urgency, frequency, control and how completely the bowel empties. Leakage, increased wind, bloating or constipation may occur.

What to expect after surgery

Bowel function is usually most unpredictable immediately after surgery. Although this can be frustrating, symptoms often improve over the first few months and may continue to improve for up to a year or longer. Even if surgery occurred some years ago, bowel function can still improve with the right strategies and support.

Ways to support bowel function after surgery

With guidance from your healthcare team, these strategies may help:

Slow down bowel activity

After surgery, food and waste may move through the bowel more quickly, making faeces (poo) looser or harder to control. You may

be able to slow things down by:

- using prescribed or recommended medicines
- choosing foods that help firm faeces (poo) – see Appendix A
- reducing foods that irritate your bowel
- managing stress, which can strongly affect gut health.

Empty your bowel more effectively

Soft, well-formed faeces (poo) are easier to pass and can reduce urgency and leakage. Good bowel habits such as taking your time on the toilet, using the right posture and keeping a regular routine can help.

Improve your ability to 'hold on'

The bowel can be gently trained over time to reduce urgency and frequency. You may be encouraged to:

- empty your bowel without straining, often shortly after meals
- gradually delay the urge to go when it's comfortable to do so
- aim for fewer toilet trips that disturb your sleep.

Strengthen your pelvic floor muscles

Strong pelvic floor muscles support bowel control and reduce leakage. Regular exercises can make a big difference over time. Avoiding straining, heavy lifting and high impact activity can help protect these muscles.

A daily 30-minute walk can also support bowel regularity.

For more on pelvic floor exercises, visit [continence.org.au](https://www.continence.org.au)

When to seek more support

If bowel symptoms continue to cause discomfort even after trying these strategies, your healthcare team may suggest lower-bowel irrigation. This involves gently flushing the lower bowel or pouch with warm water to help it empty more thoroughly. A stomal therapy nurse, pelvic health physiotherapist or nurse continence specialist can teach and support you to do this safely.

Changes after bowel surgery can feel challenging, but with the right strategies and support, most people see meaningful improvement over time.



**Continence
Health
Australia**

Continence Health Australia continence.org.au
National Continence Helpline **1800 33 00 66**
National Public Toilet Map toiletmap.gov.au



Australian Government

Department of Health, Disability and Ageing

The National Continence Program is funded by the Australian Government