

THE UNC CENTER FOR FUNCTIONAL GI & MOTILITY DISORDERS

For further information about IBS and other functional GI and motility disorders, please visit our website at www.med.unc.edu/ibs.

Our website also provides information regarding opportunities to participate in on-going research studies at UNC.



To make an appointment at our clinic, please contact 919-966-0141

www.med.unc.edu/ibs

BOWEL RETRAINING PROGRAM



You are being given this information because your doctor has identified that your symptoms of constipation may respond to a behavior modification program called bowel retraining. The purpose of this handout is to teach you ways to resume a more normal frequency and pattern of bowel movements, as you may have been doing before the constipation became so severe. The program has been found to be successful in helping patients with constipation become more regular.

STEPS IN BOWEL RETRAINING

- 1) Find a regular time each day where you would not be interrupted (doing this in the morning after breakfast is usually the best time).
- 2) Sit on the toilet for a fixed amount of time usually about 15 minutes. It's preferable to do this 10 to 20 minutes after a meal with coffee.
- 3) If you do not have a bowel movement in that amount of time just get up and go about your regular activities. Do not strain to have a bowel movement.
- 4) If you do not have a bowel movement after two or three days, take a Fleet's Enema. The purpose of this is to help condition your bowels to go at the same time each day.
- 5) Continue to take the daily medications prescribed. (This may include Amitiza, Miralax, FiberCon, or any other combination.)
- 6) It is important to not become frustrated if you do not have immediate success. This is merely a beginning, and you will need to communicate with your doctor if things are not successful in order complete other treatments methods.
- 7) Finally, be patient, and attempt to relax. Success occurs in small steps.

OTHER IMPORTANT INFORMATION ABOUT BOWEL MOVEMENTS

In most cases bowel movements are controlled with muscles under voluntary control – which means that you have to think about moving your bowels before you actually do. Just as you have to decide to walk or ride a bike, you have to make a decision to move your bowels. This decision is influenced by a number of factors, and is combined with tensing and relaxing muscles in your rectum to allow you to pass stool.

Having a bowel movement is a normal physiological process that can vary tremendously within an individual. When you encounter difficulty moving your bowels it can result in significant feelings of distress, which itself can increase tension and make the process of moving your bowels more difficult. People are often concerned that they are not moving their bowels frequently enough.

While attempting the bowel retraining program on the other side of this handout, here are a few additional things to do and discuss with your physician.

Things to **DO** as the bowel retraining program progresses...

- 1) **DO** attempt to relax around defecation and moving your bowels...

As noted earlier, when we experience problems with defecation, it can produce feelings of distress and worry that something may be wrong. Those worries are natural and related to the belief that you “should” move your bowels more regularly or less regularly than you are. This worry about the natural physical process causes increased tension and can complicate the process of tensing and relaxing rectal muscles. If you're having difficulty learning to relax, speak to your gastroenterologist or other healthcare professional who may be able to set you up with a professional to teach you strategies to help you relax.

- 2) **DO** think about what determines when you have to defecate...

Often patients with functional GI disorders misinterpret abdominal discomfort or pain in their abdomen as a need to defecate. However, bodily receptors of urgency for stool are located in the rectum and are activated when stool is in the rectum, not in the abdomen. If abdominal discomfort is what you are experiencing, this is not constipation. Notify your doctor about this since unnecessary tests or treatments may be ordered because of the doctor's misunderstanding of what you are interpreting as constipation. As you engage in the bowel retraining program, you may notice how and when you feel the urge to defecate in your rectum rather than your abdomen.

- 3) **DO** learn about the muscle groups used to defecate and your body...

Your gastroenterologist can teach you about the different muscle groups involved in defecation. Try to recognize the different muscle groups that allow the rectum to open and more naturally allow stool to come out. If you have difficulty with this (it's not easy), biofeedback procedures can assist you in learning and increasing your control over these symptoms.