PROCEDURE

Bowel retraining

Bowel retraining is a scheduled program that helps you develop more regular, controlled bowel movements.

PURPOSE
Improve bowel regularity, emptying, and control

PROCEDURE TYPE
Therapeutic - bedside behavioral training

WHERE IT IS DONE
Outpatient clinic and home

ANAESTHESIA
None

HOW LONG IT TAKES
10-15-minute sessions daily for several weeks

PREPARATION
Keep a diary; follow facility instructions on diet and medicines

RECOVERY
No downtime; driving and usual activities can continue

MAIN RISKS
Discomfort, skin irritation, constipation, or loose stools

RESULTS
Several weeks, assessed through diary and symptom changes

Overview

Bowel retraining is a structured treatment program that helps you establish a more predictable pattern for passing stool. It may be used for constipation, accidental leakage of stool, or difficulty sensing when you need to go.

This is not surgery or an internal examination. It usually involves sitting on the toilet at planned times, improving your position, and tracking what happens. Changes to food, fluids, medicines, or pelvic floor muscle function may also be part of the program.

Some people complete bowel retraining independently after receiving instructions. Others work with a nurse, physiotherapist, occupational therapist, or bowel specialist. If you have a spinal cord or neurological condition, you may need a more detailed bowel program that includes medicines or assisted emptying.

Improvement is usually gradual. The goal is a routine that is effective, manageable, and suited to your daily life.

Why the procedure is performed

Your healthcare team may recommend bowel retraining if your bowel habits are difficult to control or predict. It can help you use the body's natural reflexes, including the increased bowel activity that often occurs after eating.

Reasons for offering it include:

Bowel retraining may be one part of treatment rather than the only treatment. For example, pelvic floor therapy may be added if the muscles around the anus do not relax or tighten effectively.

- Ongoing constipation or incomplete emptying
- Accidental leakage of solid or liquid stool
- Reduced awareness of the need to pass stool
- Irregular bowel habits after illness, surgery, or reduced mobility
- Bowel problems related to a spinal cord, brain, or nerve condition
- A need for a planned bowel routine when independent toileting is difficult

Who should and should not have it

Bowel retraining may be suitable if you have recurring constipation or bowel leakage and can follow a regular schedule. The program can be adapted if you need help with mobility, memory, hand function, communication, or toileting.

It should not replace an assessment when bowel symptoms are new, unexplained, or changing. The program may need to be delayed while your healthcare team checks for problems such as severe constipation with impacted stool, bowel blockage, inflammation, infection, or another medical cause.

Tell your healthcare team before starting if you have:

Do not begin suppositories, enemas, rectal stimulation, or manual stool removal unless these have been recommended and explained to you. These methods are not needed in every bowel retraining program.

- New rectal bleeding or black, tar-like stool
- Severe or increasing abdominal pain
- Ongoing vomiting or marked abdominal swelling
- Unexplained weight loss
- A recent operation involving the bowel, rectum, or anus
- Painful anal tears, severe haemorrhoids, or rectal prolapse
- A spinal cord injury, especially if bowel care has caused sweating, flushing, headache, or blood pressure changes

How to prepare

The treating facility's own instructions take priority over general information in this article.

Bowel retraining usually does not require fasting, bowel-cleansing preparation, anaesthesia, or time away from work. Do not stop prescribed medicines unless your healthcare team tells you to.

You may be asked to keep a bowel diary before starting. Record when you eat, when you sit on the toilet, whether you pass stool, its consistency, any leakage, and any medicines or rectal treatments used. This helps the team design a realistic schedule.

Choose a regular time when you will not feel rushed. Many programs use a time after breakfast or another meal because eating naturally stimulates bowel movement.

Wear clothing that is easy to remove. If your feet do not rest firmly on the floor, a footstool may improve your position. Ask about safe bathroom supports if balance or transfers are difficult.

What happens during the procedure

You sit on the toilet at the planned time, even if the urge to pass stool is mild. Your feet should be supported, with your knees slightly higher than your hips if this is comfortable. Leaning forward may help straighten the passage through which stool leaves the body.

Try to relax your abdominal and pelvic floor muscles. Avoid repeatedly holding your breath or straining hard. Your clinician may teach gentle breathing or abdominal techniques to help stool move.

A session commonly lasts about 10 to 15 minutes. Sitting much longer may increase

discomfort without improving emptying. You repeat the routine consistently, often at the same time each day or on selected days.

Your individual program may also include:

Biofeedback uses sensors to show how your pelvic floor muscles are working. It may be helpful when difficulty coordinating these muscles contributes to constipation or leakage.

- Gradual changes to fibre and fluid intake
- A prescribed laxative or stool-softening medicine
- Pelvic floor exercises or biofeedback training
- Suppositories, small enemas, or rectal stimulation
- Skin protection if leakage is occurring

Recovery and what to expect afterward

Pain: Bowel retraining should not cause significant pain. Mild cramping, rectal pressure, or temporary soreness can occur, particularly if stool is hard or rectal treatments are used. Report repeated pain rather than pushing through it.

Eating: You can eat normally unless your healthcare team has recommended dietary changes. Increasing fibre too quickly can cause bloating or gas, so changes are often made gradually. Some medical conditions require limits on fluid or fibre.

Activity: You can continue your usual activities immediately. Regular movement may support bowel function if it is safe for you.

Driving: Bowel retraining itself does not affect your ability to drive. If a medicine causes urgency, dizziness, or unpredictable leakage, wait until you know how it affects you.

Work: Most people can continue working. At first, you may need reliable bathroom access and enough time to follow the planned routine.

Risks and possible complications

Bowel retraining is non-invasive and generally has few risks. Problems are more likely when diet, medicines, or rectal methods are not well matched to your needs.

Possible complications include:

People with some spinal cord injuries can develop autonomic dysreflexia during bowel care. This is a sudden nervous-system reaction that may cause a pounding headache, sweating,

flushing, goosebumps, or a rapid rise in blood pressure. It requires immediate attention.

- Bloating, gas, or cramping after dietary changes
- Loose stool or urgency from too much laxative treatment
- Hard stool or worsening constipation if treatment is insufficient
- Skin irritation from leakage or frequent wiping
- Anal soreness or minor bleeding after rectal treatments
- Dizziness or faintness from prolonged straining

Results and follow up

Your bowel diary may show early changes within days, but establishing a dependable routine often takes several weeks. Results are judged by how often you pass stool, how easily you empty, stool consistency, leakage episodes, and how manageable the routine feels.

Routine follow-up may involve reviewing your diary and adjusting the timing, diet, medicines, or toileting technique. A plan that produces diarrhoea, repeated pain, or excessive time on the toilet needs adjustment.

If progress is limited, your healthcare team may assess pelvic floor function, review your medicines, or arrange tests to look for another reason for your bowel difficulty.

Alternatives

Alternatives depend on whether the main problem is constipation, leakage, or both.

Diet, fluid, activity, and toilet-position changes may be tried without a formal schedule. This is simpler, but it may be less effective when your bowel pattern is unpredictable or nerve function is reduced.

Medicines can soften stool, stimulate the bowel, or reduce diarrhoea. They may improve stool consistency, but they do not always improve toilet timing, sensation, or pelvic floor coordination.

Pelvic floor physiotherapy and biofeedback provide more focused muscle training. They require appointments and active participation but may help when the muscles do not coordinate properly.

Transanal irrigation uses water introduced through the anus to empty the lower bowel. It may provide more dependable emptying than basic retraining, but it needs equipment, training,

time, and medical assessment.

Nerve stimulation or surgery may be considered for severe bowel leakage or constipation that has not improved with less invasive care. These options may offer better control for selected people but involve procedures, recovery, and greater potential risk.

Absorbent products, skin protection, and planned bathroom access can reduce the practical effects of leakage. They help manage symptoms but do not retrain bowel function.

When to call your healthcare team

Contact your healthcare team during routine hours if you have repeated pain, worsening constipation, frequent diarrhoea, new leakage, skin breakdown, or no improvement after following the plan consistently. Also call if the routine is too complicated or takes too long to manage.

Seek urgent medical care for:

If you have a spinal cord injury, a sudden pounding headache, sweating, flushing, or marked blood pressure rise during bowel care may be an emergency. Stop the bowel care and follow your emergency plan or seek immediate help.

- New or substantial rectal bleeding
- Severe or worsening abdominal or rectal pain
- Vomiting with abdominal swelling or inability to pass stool or gas
- Fainting, severe weakness, or signs of dehydration

Common questions

Will I be asleep?

No. Bowel retraining does not require sedation or anaesthesia. You are awake and usually carry out most sessions yourself.

Can I drive home?

Yes. The program itself does not restrict driving. Use caution if a new bowel medicine causes dizziness or sudden urgency.

How painful is it?

It should not be painful. Mild pressure or cramping can happen, but persistent or severe pain needs medical review.

When will I know if it is working?

Your diary may show changes within days. A reliable pattern often takes several weeks of consistent practice.

Do I have to do it every day?

Some programs are daily, while others use selected days. The schedule is based on your bowel pattern, condition, medicines, and personal goals.

Will I need laxatives or enemas?

Not necessarily. Some programs use them, while others rely on timing, positioning, diet, and muscle training. Use rectal treatments only as instructed.

Sources

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