SYMPTOM

Tenesmus

Tenesmus is the persistent feeling that you need to pass stool even when little or nothing comes out.

WHAT IT FEELS LIKE
Needing to poo even after nothing more comes out

WHERE IT IS FELT
In and around the rectum and anus

MOST COMMON CAUSES
Constipation, bowel infection, rectal inflammation

WHEN IT IS URGENT
Heavy bleeding, fainting, severe belly pain, or repeated vomiting

USUALLY LASTS
Until constipation or rectal irritation settles or is treated

SEE A DOCTOR IF
Persists several days, returns, or comes with blood or mucus

Overview

Tenesmus is a repeated or ongoing feeling that you need to pass stool, even when your bowel may be empty. You might strain but pass only a small amount of stool, mucus, or nothing at all.

The sensation usually comes from the rectum, the final part of the large bowel. Irritation, inflammation, pressure, or problems with the muscles used for bowel movements can create the feeling that something is still there.

Tenesmus is a symptom, not a disease. It can happen with constipation, a short-term bowel infection, or inflammation near the rectum. Less often, it is linked to another condition that needs investigation.

This article focuses on rectal tenesmus. A similar term may sometimes be used for a constant urge to urinate.

What it may feel or look like

Tenesmus can feel like an urgent need to have a bowel movement that does not go away after

using the toilet. The urge may return within minutes.

You may notice:

Other symptoms can help point toward the cause. Constipation may involve hard stools and fewer bowel movements than usual. An infection or inflammation may cause diarrhea, mucus, blood, fever, or pain. Problems coordinating the pelvic floor muscles may make it difficult to relax while trying to pass stool.

- Pressure, fullness, cramping, or discomfort low in the rectum
- Repeated trips to the toilet with little stool passed
- Straining or a feeling that stool is stuck
- Mucus, loose stool, or small hard stools
- Rectal soreness from wiping or straining

Common causes

Constipation can leave hard stool in the rectum or create a sensation of incomplete emptying. This may follow changes in diet, fluid intake, activity, routine, or certain medicines.

Short-term bowel infections can inflame the lining of the rectum and colon. Diarrhea, cramps, nausea, fever, blood, or mucus may occur alongside tenesmus.

Proctitis means inflammation of the rectum. It can result from inflammatory bowel disease, an infection, radiation treatment to the pelvis, or reduced blood flow. Some sexually transmitted infections can cause proctitis after anal sexual contact.

Inflammatory bowel disease , including ulcerative colitis and Crohn's disease, can cause ongoing inflammation. Tenesmus is especially likely when inflammation affects the rectum. Other possible symptoms include diarrhea, bleeding, tiredness, and weight loss.

Irritable bowel syndrome can cause constipation, diarrhea, cramping, urgency, and a feeling of incomplete emptying. Unlike inflammatory bowel disease, it does not cause visible inflammation or damage to the bowel.

Less common causes include pelvic floor muscle problems, rectal prolapse, scar tissue, or a narrowing in the bowel. A growth in or near the rectum can also create pressure or change bowel habits. Cancer is not the most common explanation, but persistent symptoms or rectal bleeding should be assessed.

An abscess, severe inflammation, or a blocked bowel can cause rectal pressure with significant pain or illness. These require prompt medical attention.

When to seek medical care

Seek emergency care if tenesmus occurs with:

Arrange same-day medical care if you have fever with rectal pain, pus-like discharge, bloody diarrhea, or signs of dehydration such as very little urine and marked dizziness. Severe pain or swelling around the anus also needs prompt assessment because it may be an abscess.

Book a routine appointment if the feeling lasts more than several days, keeps returning, or interferes with sleep or daily activities. You should also arrange an assessment for ongoing blood or mucus, an unexplained change in bowel habits, weight loss, or symptoms that began after pelvic radiation.

Tell the clinician if symptoms followed anal sexual contact or if a sexually transmitted infection is possible. This information helps them choose the right tests and can be discussed confidentially.

- Heavy or continuing rectal bleeding
- Fainting, confusion, severe weakness, or difficulty staying awake
- Severe or rapidly worsening abdominal pain
- A swollen abdomen with inability to pass stool or gas
- Repeated vomiting, especially with abdominal swelling

How the cause is found

A clinician will ask when the sensation began, what your stools are like, and whether you have pain, bleeding, mucus, fever, weight loss, or nighttime symptoms. They may ask about medicines, recent travel, food exposures, pelvic treatments, and sexual contact.

An abdominal examination may identify tenderness or swelling. A rectal examination can check for hard stool, bleeding, a tender area, or another change near the anus and rectum.

Depending on your symptoms, testing may include:

Not everyone needs all these tests. The examination and accompanying symptoms guide what is appropriate.

- Stool tests for infection, blood, or signs of inflammation
- Blood tests for anemia, infection, inflammation, or dehydration
- Rectal swabs or other tests for sexually transmitted infections

- Anoscopy or sigmoidoscopy to look inside the anus and lower bowel
- Colonoscopy to examine more of the large bowel and take tissue samples
- Imaging if blockage, an abscess, or another structural problem is suspected

Treatment and self-care

Treatment targets the cause rather than the sensation alone. Constipation may improve with changes to fluids, activity, and fiber, or with a suitable laxative. A clinician or pharmacist can help select an option if you have other health conditions or take regular medicines.

Increase fiber gradually because a sudden increase can worsen gas or discomfort. Fiber may not be suitable during severe inflammation or a possible bowel blockage. Avoid prolonged straining and repeated attempts to force a bowel movement.

Infections sometimes settle with supportive care, while certain bacterial, parasitic, or sexually transmitted infections require specific medicine. Inflammatory bowel disease and other forms of proctitis may need treatment to reduce inflammation. Pelvic floor problems can sometimes improve with specialist physiotherapy or bowel retraining.

Do not rely on repeated enemas or suppositories without advice, especially if you have bleeding or significant pain. Ask a clinician before taking medicine to stop diarrhea when diarrhea is bloody or accompanied by fever.

What to expect

How long tenesmus lasts depends on what is causing it. It may ease once constipation clears or a short-term infection settles. Symptoms related to ongoing inflammation or pelvic floor problems may continue or return until the underlying condition is treated.

Keep track of bowel frequency, stool appearance, bleeding, mucus, pain, fever, and possible triggers. This can make a medical assessment more useful.

Persistent tenesmus does not by itself show what the cause is. Follow-up is important if symptoms do not settle, even if they are mild.

Common questions

Is tenesmus the same as constipation?

No. Constipation can cause tenesmus, but the terms are not interchangeable. Tenesmus describes the sensation of still needing to pass stool. It can also occur with diarrhea or rectal inflammation.

Can hemorrhoids cause this feeling?

Swollen hemorrhoids may create pressure or a feeling of incomplete emptying. However, ongoing tenesmus should not automatically be blamed on hemorrhoids, particularly if there is mucus, diarrhea, fever, or a change in bowel habits.

Can stress cause tenesmus?

Stress can affect bowel movement and sensitivity, especially in irritable bowel syndrome. It should not be assumed to be the cause of new or persistent symptoms without considering physical explanations.

Does tenesmus mean cancer?

Usually not. Constipation, infection, and inflammation are more common explanations. Because a rectal growth can sometimes cause similar symptoms, persistent tenesmus, bleeding, weight loss, or a lasting bowel-habit change should be assessed.

Sources

- National Institute of Diabetes and Digestive and Kidney Diseases: Symptoms and Causes of Ulcerative Colitis
- National Institute of Diabetes and Digestive and Kidney Diseases: Diagnosis of Ulcerative Colitis
- Centers for Disease Control and Prevention: Proctitis, Proctocolitis, and Enteritis-STI Treatment Guidelines
- Merck Manual Consumer Version: Proctitis
- American Family Physician: Benign Anorectal Conditions-Evaluation and Management