

Normalising Your Stool Type

If you have looser stools, faecal urgency, and faecal incontinence, then consider whether something is irritating your bowel. For example, caffeine stimulates their bowel, contributing to faecal urgency and leakage on the way to the toilet. Other people find that artificial sweeteners (especially sorbitol) can cause faecal urgency, bloating and flatulence.

People trying to follow a healthy diet may also find that having lots of raw fruit and vegetables causes faecal urgency, bloating and flatulence. Reducing your fibre intake can reduce these symptoms. This doesn't mean your diet has to be unhealthy. For example, cooked vegetables in a soup might be easier to digest than raw salad.

Constipation

If you tend towards constipation then try to drink adequate fluids (2 litres or 6-8 glasses a day). It is also important to have a healthy balanced diet rich in fibre (e.g. fruit and vegetables). Try to have regular meals as this keeps the bowel stimulated. Regular input encourages regular output. This is often challenging for people who work erratic hours but try to be as regular with your input as you can.

Some people may find that despite any dietary changes they make, they still are constipated. This may be because waste is moving slowly through the colon. This slow passage makes stools dry and hard and more difficult to pass. One way to help this is by taking regular exercise. Exercise stimulates the muscles that move waste through your colon efficiently. It is also worth considering whether you regularly "put off" going to the toilet. Each time you put off going to the toilet, the stools get harder, drier, and more difficult to pass. *If your bowel is telling you it is time to empty, then it is better to empty it at that time.*

Obstructed Defecation

If you tend towards obstructed defecation then changing your stool type can also be helpful. If your stool is very soft then a prolapse (bulge in the rectal wall, a bit like a pocket) will be filled easily. Imagine toothpaste squeezing out of the tube – it will ooze into all areas, getting trapped. If you can make your stool type firmer then it is less likely to get trapped and will easily pass out all in one go. At the other extreme, if your stool type is like small pebbles then these can easily become trapped in a prolapse, leading to a feeling of incomplete emptying and a lingering feeling of pressure in the area.