

Pelvic floor and bowel emptying problems

Difficulty emptying your bowel can be frustrating, even when the stool is soft. The aim of assessment is to find the cause and choose treatment that makes emptying easier, with less straining.

What can go wrong

The pelvic floor supports the organs in your pelvis. To pass a bowel motion, these muscles and the rings of muscle around the anus need to relax while your abdomen provides gentle pressure.

Sometimes the muscles do not relax or work together properly. This is called dyssynergic defaecation. It is different from muscle weakness. Hard stool, a slow-moving bowel and structural problems, such as a rectocele (a bulge towards the vagina) or rectal prolapse (when the rectum slips down), can also contribute. More than one problem may be present.

Common symptoms

- Straining, a blocked feeling or needing several visits to finish emptying.
- Feeling that stool is left behind, or needing to support the area around the vagina or anus to pass a motion.
- Sometimes discomfort, bloating or leakage after a bowel motion.

How the problem is assessed

Assessment starts with your bowel habits, medicines, previous childbirth or surgery, and an examination. Mention any bladder symptoms, pelvic pain or leakage. A short diary of stool consistency, straining and toilet visits can help.

Depending on your symptoms, Dr Trinder may offer:

- **Anal manometry.** A small flexible tube measures anal pressures and muscle coordination during squeezing and bearing down. A small balloon may also test sensation in the rectum. A balloon expulsion test checks how easily a small balloon can be passed.
- **Endoanal ultrasound.** A small probe takes pictures of the anal sphincter muscles to look for damage. This is mainly useful if leakage or a possible sphincter injury is also a concern.
- **Other selected tests.** Defaecography uses X-rays or MRI to show what happens during emptying. A bowel transit test may assess how quickly stool moves through the colon. Not everyone needs these tests or a colonoscopy.

Treatment and practical steps

Most treatment starts without an operation. The plan depends on stool consistency, how your muscles work and whether a structural problem is contributing.

Help the muscles work together

A pelvic health physiotherapist can assess whether you need relaxation, coordination training, strengthening or a combination. For a confirmed coordination problem, specialist biofeedback is usually the main treatment. Sensors provide feedback while you practise relaxing the outlet and using gentle abdominal pressure.

Repeated squeezing exercises are not the right starting point for everyone. If your muscles are already tight or do not relax properly, the focus is usually on release and coordination. Your therapist will guide a programme for you. Improvement takes practice and follow-up.

Keep stool comfortable to pass

Aim for soft, formed stool. Adjust fibre gradually and drink enough fluid, unless you have been advised to restrict it. Too much fibre may worsen bloating in some people. Your clinician may recommend a laxative or another bowel plan; softer stool alone may not correct a coordination problem.

Try a relaxed toilet routine

- Respond to the urge. Allow an unhurried opportunity after a meal, when the bowel is often more active.
- Sit with your feet supported and knees a little higher than your hips, using a stable footstool if helpful. Lean forward with your forearms on your thighs.
- Relax your abdomen and back passage, and breathe normally. Avoid holding your breath or repeatedly pushing hard. If nothing happens after a few minutes, get up and try later.

When an operation may help

Surgery is considered for selected structural problems after assessment and usually after non-surgical treatment. It does not reliably correct poor muscle coordination. Dr Trinder will discuss the likely benefits, limits and risks if an operation is relevant.

When to seek medical help

Arrange prompt review for rectal bleeding, unexplained weight loss or a persistent new change in bowel habit. Seek emergency care for heavy bleeding, black tarry stools or severe abdominal pain, especially with vomiting, swelling or inability to pass wind or stool. Go to an emergency department for new bowel or bladder control problems with back pain, leg weakness or numbness around the bottom or genitals.

Further information and support

[Healthdirect: constipation](#)

[Continence Health Australia: good toilet habits](#)

[National Continence Helpline: 1800 33 00 66](#)

General information to support your consultation. Your treatment will depend on your symptoms and assessment.