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# Improving your anorectal function – physiotherapy management

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**GI Unit**

**Patient Information**



**NHS**



## Introduction

The anus and rectum ensure continence of the stool and correct evacuation; this is known as anorectal function. There are many reasons why you may develop anorectal dysfunction. Whatever the reason, having a problem controlling your bowels can be upsetting. This leaflet describes ways to help you regain control.

## How defaecation (opening your bowels) works

There are two rings of muscle wrapped around the anus. These are called sphincters (internal and external anal sphincters). When stool enters the rectum, the internal sphincter involuntarily relaxes and opens up the top of the anal canal. Sensitive nerves in the anal canal can tell you if it is gas or stool waiting to come out. Most people just know what is in the rectum without really having to think about it.

Around the internal sphincter is the external anal sphincter. This is the muscle around the anus that you can squeeze at will. If a stool is sensed but it is not convenient to find a toilet, bowel emptying is delayed by squeezing this muscle. This squeezing action pushes stool back up out of the anal canal and into the rectum. For most people this is not a deliberate action – but this is actually what you do, without really thinking about it.

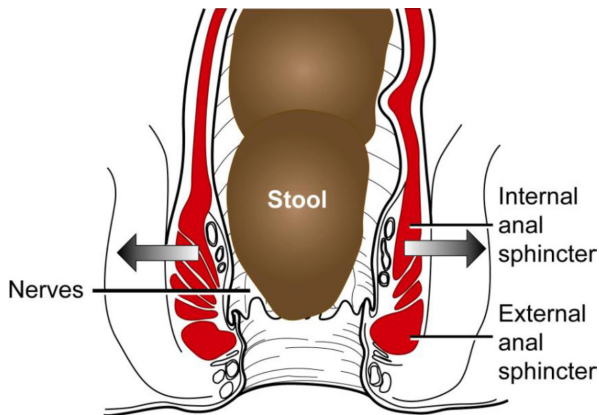


Image courtesy of St. Marks Hospital

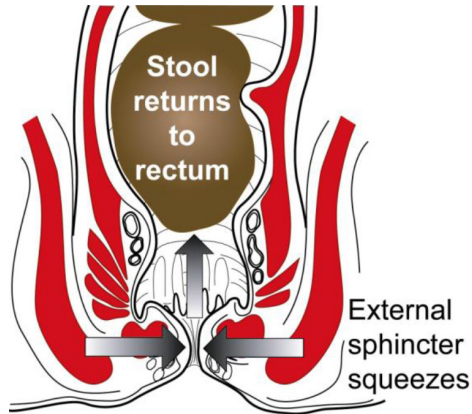


Image courtesy of St. Marks Hospital

For most people, an urge to empty the bowel is felt. If it is inconvenient, it is possible to delay bowel emptying, and the feeling of needing to go wears off very soon. It is possible to delay bowel opening for a while, and some can put off bowel emptying almost indefinitely, but may get reminders that the bowel is full at intervals until it is emptied. Once you reach the toilet, the contraction of the abdominal muscles and relaxation of the external and internal sphincter happen, and stool is able to pass out.

This is a delicate system and there are many reasons for the deterioration of its function.

## Anorectal emptying disorders

The following types of disorders are seen:

**Faecal/anal incontinence** is the leakage of gas, liquid, soft or solid content from the anus due to the reduced ability to control the anal muscles. Leakage can range from stains on your underwear to loss of a full bowel motion.

**Faecal urge/urgency** happens when you are not able to get to a toilet quickly enough when you get the feeling of needing to go.

**Passive faecal incontinence** is when you are unaware of the leakage from your anus.

**Faecal urgencies and leakage may occur if you have:**

- History of pelvic radiotherapy treatment
- Weak muscles at the anus
- Reduced sensation
- Poor nerve control
- An inappropriately sensitive rectum
- Conditions such as diabetes, multiple sclerosis, stroke or spina bifida.

## **What are the symptoms of faecal urgencies, leakage and incontinence?**

Symptoms may vary, but can include:

- Difficulty holding wind and/or stool
- Rushing to the toilet when needing to pass stool
- Soiling of underwear.

## **Physiotherapy management**

The GI/physiotherapy team will assess you and tailor a physiotherapy programme for your individual needs. This is known as physiotherapy management and can include the following:

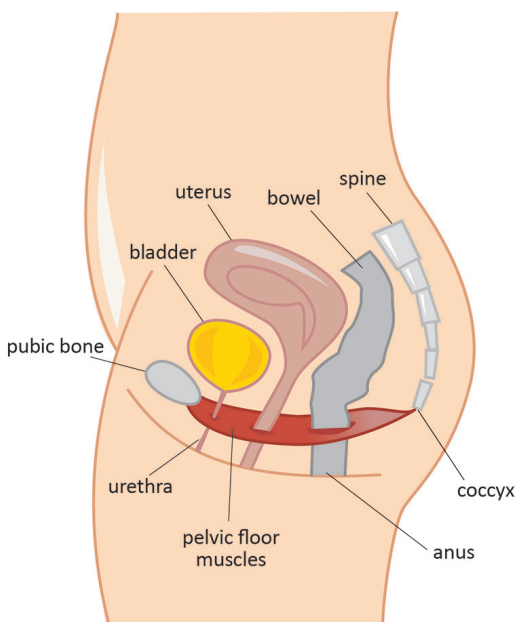
**Advice and education:** We will provide support and education on how to manage your symptoms.

**Lifestyle:** We will advise you on ways to adjust your lifestyle to help to manage your anorectal function. This may include advice on: alcohol intake, exercise and anxiety management eg mindfulness or Cognitive Behavioural Therapy.

**Diet:** This is a key component in helping to improve bowel management, whatever your symptoms. It can be difficult to work out which food types affect your bowels. It is important to remember that each individual varies enormously in their response to diet, and what works for you may not work for someone else, even if they suffer from the same symptoms. We may ask you to complete a food and fluid diary to record what you eat and drink, alongside your bowel activity. You will need to complete this every day for at least a week. This will then provide valuable information for your physiotherapist. They may suggest some changes to your diet and fluid intake which may help relieve your symptoms.

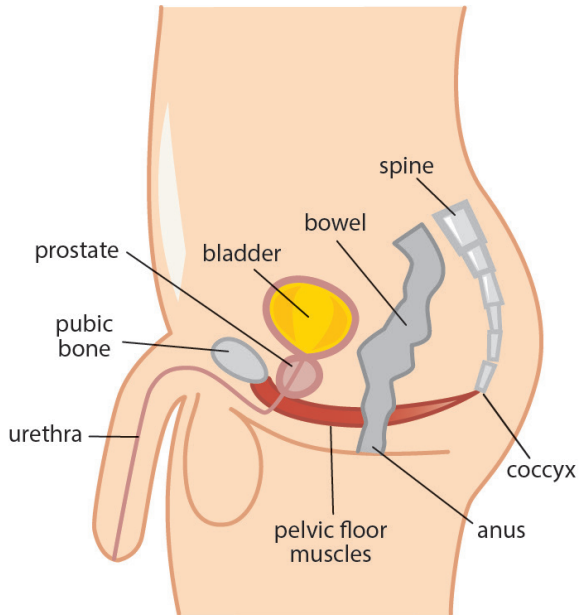
If appropriate, we may refer you to a Nutrition and Dietetic specialist.

### **Pelvic floor muscle exercises**



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The pelvic floor muscles act like a hammock to support the pelvic organs. Pelvic floor muscle exercises will strengthen the anal sphincter muscles and help you to hold both gas and stool. These exercises will improve pelvic organ support, continence and sexual function. Remember, strengthening these muscles can take at least three months, so do not expect immediate results.

To contract the muscles, try to squeeze the muscles of the anus together. This is done by imagining you are trying to stop yourself from passing wind. Squeeze in an upward and forward manner (think of the shape of a banana). Start these exercises in either lying or sitting first.

You need to exercise the muscles in two ways:

- **Long squeezes** – try to hold the squeeze gently for a few seconds and repeat this 10 times
- **Short squeezes** – try to perform a strong squeeze and relax quickly 10 times.

You should aim to do these exercises 3–5 times a day. Some other techniques you can try are listed below:

### **The knack**

Draw up and tighten your pelvic floor muscles before any activity which increases the intra-abdominal pressure, such as coughing or lifting, to help the pelvic floor resist the downward movement of pelvic organs.

It is important that you do your pelvic floor muscles exercises correctly. If you are having difficulty, please ask to be referred to a specialist physiotherapist for further assessment and advice.

### **Holding on programme**

This technique teaches you to increasingly resist the urge to open your bowels in a safe environment, in an effort to overcome faecal urgency. Start by using your pelvic floor muscles and try to hold on for an extra few seconds before you need to empty your bowels. Try to see if this can allow you then to walk calmly to the toilet and not feel rushed. Gradually try to increase how long you can hold on and, in turn, regain greater control of the sphincter muscles. It can also help relieve faecal incontinence by teaching you to hold on for longer and more successfully.

### **Biofeedback**

Biofeedback is the process of relearning bodily functions that were previously performed at a subconscious level. This can be discussed with your physiotherapist, if appropriate for you.



## Contact details

If you have any questions or concerns about the information in this leaflet, please contact:

Pelvic health physiotherapist .....

GIANTs team (GI and Nutrition Team service) .....

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Your Clinical Nurse Specialist .....

Alternatively, please call:

**The Royal Marsden Macmillan Hotline: 020 8915 6899**

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

## Notes and questions

## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre  
Freephone: 0800 783 7176  
Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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