

Bowel Problems

- what to do if
things go wrong



*In*contact

www.incontact.org



About Incontact

Incontact is the UK organisation for people affected by bladder and bowel control problems, and their carers. We provide information and support, and work to ensure that this taboo subject is not ignored.

Our support network helps to break-down isolation, promotes emotional well being and encourages self-help. We help set up local groups and we can put you in touch with groups in your area. We also campaign for better services.

Incontact produces a magazine three times a year, product information factsheets and a range of user-friendly booklets – see inside back page for more details.

If you would like more information or would like the telephone number of your nearest continence advisor (nurse specialist) please contact us at the address on the back page. We look forward to hearing from you.

Contents

Introduction	page 2	Skincare	page 15
How the bowel works	page 3	Managing your problem	page 16
What can go wrong with the bowel?	page 5	Travelling with confidence	page 19
What can be done about bowel problems?	page 8	Glossary	page 21
Tests	page 9	Other information from Incontact	page 22
Treatments	page 10	Who can I contact for more information?	Back page

Bowel Problems

Many people have bowel problems: young and old, men and women. You are not alone.

Bowel problems often cause embarrassment, fear and anxiety - this can sometimes lead to people being reluctant to seek help and advice. But there are many ways these problems can be managed and treated, sometimes the problems can be cured.

This booklet aims to inform you about various bowel problems, the common causes, and what can be done to help.

Start by talking to a health professional:

- Doctor
- Practice nurse
- Continence advisor/continence nurse specialist
- Specialist physiotherapist

Incontact can give you the number of your nearest continence specialist – see the back page for our details. There is also a list of organisations on the back cover which can provide further advice and support.

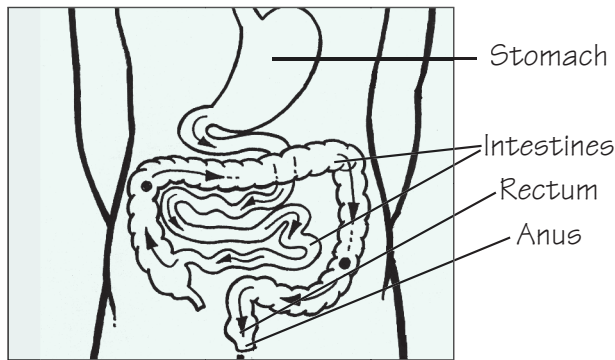


People's reaction to my problem is horrible. But I suffer from a medical condition like many others...except it affects my bowels.



How the bowel works

The **bowel** is a long tube that carries food from the stomach to the back passage or **anus**. As the food travels along the bowel, it is digested. The first part of the bowel is known as the small intestine which absorbs useful nutrients from the food. The large intestine, also known as the colon, then absorbs fluid. The waste which is left is called **faeces, stool or motion and travels** on to the rectum and then leaves the body through the rectum or **back passage**.



Different people have different bowel habits. Most people who have a bowel movement more than 3 times a week and pass good textured faeces (not too hard or too soft) can be said to have 'normal' bowel behaviour.

Bowel signs and symptoms to look out for

Changes in your normal bowel habit can happen sometimes due to changes in diet or even our emotional state but these are signs that may require investigation: If you have any of these symptoms, speak to your health professional as soon as possible.

Symptoms

First - the really comforting news. Most of us have bowel problems at some time in our lives but most symptoms do

not turn out to be cancer. Lots of people have common conditions like Irritable Bowel Syndrome (IBS) and piles- 1-20 of us has bleeding from the bottom (rectal bleeding) especially younger people but most people with rectal bleeding do not have cancer.

The commonest symptoms are **CHANGE OF BOWEL HABIT** and **RECTAL BLEEDING** - it's important to know the **higher risk symptoms** and to see your Doctor if you think you might have them:

Higher risk symptoms:

Change of bowel habit - a recent persistent change which lasts for a few weeks without returning to normal

- going to the loo, or trying to go, several more times than is normal for you.
- looser, more diarrhoea-like motions
- especially important if accompanied by bleeding

Rectal bleeding - which persists without an obvious reason like straining, sore bottom, lumps and itching. Bleeding from the back passage persistently without any of these symptoms must be investigated.

Unexplained anaemia - men with anaemia should usually be investigated for bowel cancer. Women who experience unexplained anaemia after the menopause should also be investigated.

Lumps in the tummy which can be felt by the doctor.

Severe colicky tummy pain which comes on suddenly and persists.

For more information contact Lynn's Bowel Cancer Campaign - see back page for details.

What can go wrong with the bowel?

Constipation

People who have bowel movements less than 3 times a week may be constipated. Faeces can become hard inside the bowel leading to difficulty and straining to empty the bowel:

Constipation can be caused by:

- Not eating enough fibre or roughage
- Not drinking enough
- Lack of exercise
- Ignoring the feeling that you want to go to the toilet
- Some medicines e.g. some painkillers
- Following stress or illness
- Some neurological diseases, such as Parkinson's Disease

If you find it hard to have a bowel movement, do not try to push harder. Straining can cause other problems like haemorrhoids (piles). Straining can also weaken the pelvic floor and result in other bladder and bowel problems.

Diarrhoea

Many people suffer from diarrhoea. This is when faeces are loose and watery. Diarrhoea can cause some people to have frequent and urgent desires to go to the toilet. Sometimes they cannot reach a toilet in time and they may be incontinent.

There are many causes of diarrhoea including:

- Food poisoning
- Infection in the bowel
- Some medicines e.g. antibiotics
- Eating too much fibre
- Using too many laxatives
- Anxiety and stress

Diarrhoea can also be a symptoms associated with other bowel problems such as:

- Irritable bowel syndrome
- If you have persistent diarrhoea you should always seek medical advice

Irritable bowel syndrome (IBS)

The main symptoms of IBS are pain in the abdomen and an upset of normal bowel habit. There may be other signs like feeling bloated, passing runny mucus (a clear jelly like substance) instead of faeces, constipation, or pain when going to the toilet. Stress and anxiety is not thought to cause IBS but can make problems worse

The symptoms can sometimes be helped if you eat plenty of food high in fibre – fruit and vegetables, wholemeal bread and brown rice. Peppermint tea is also thought to help.

The IBS Network can provide more information about this condition – their address is on the back page.

Diverticular Disease

This condition affects the colon. Small pockets from the lining of the bowel poke through the muscle of the colon. These pockets are more common in people with a low fibre diet and increase with age. They rarely cause a problem but on occasions can become inflamed, a condition known as diverticulitis. Abdominal pain, diarrhoea and constipation often occur when this happens. A high fibre diet and avoiding constipation can help people with diverticular disease and help avoid episodes of diverticulitis.

Crohn's Disease

Crohn's Disease can affect any part of the digestive system. The symptoms vary depending on what part of the system is affected. The main symptoms of Crohn's are diarrhoea, weight loss and abdominal pain. There is no known cure for this disease, but medication can keep it under control.

Ulcerative Colitis

Ulcerative Colitis is an inflammation of the colon. The major symptoms of Colitis are diarrhoea containing blood and mucus, and the constant urge to go to the toilet even though nothing comes out. People with Colitis may also suffer from abdominal pain. Anti-inflammatory medication or steroids can help.

Ulcerative Colitis can be cured by surgery to remove the colon. This is a large operation which usually requires an ileostomy on a temporary or permanent basis, but most people can have the disease controlled by medication and diet. For more information contact the National Association for Colitis and Crohn's Disease (NACC) – see their details on the back page.

Damage to the Sphincter Muscles

The anus is surrounded by two rings of muscle, one external and one internal, that make up the **anal sphincter**. The sphincter normally keeps the anus closed so no faeces leak out. You do not have to think about controlling the internal ring of muscle. The external ring of muscle, however, can be used as a 'back-up' that you control if you need to hold on. You can feel this muscle working if you squeeze, as though you are trying to hold in wind. If you damage your external sphincter muscle, it may not be possible to hold on until you get to a toilet. This is **faecal urge incontinence**.

If you damage your internal sphincter muscle, faeces may leak out after you empty the bowels or if you sneeze, cough, or lift something heavy. In more severe cases, faeces can leak out all the time.

The most common cause of sphincter muscle damage is childbirth. The muscles around the anus can stretch or tear. This is more likely to occur if the baby is very large or if forceps are used.

Some operations, like surgery to remove haemorrhoids (piles), can damage the sphincter muscles. A **rectal prolapse** (where the rectum drops down and out of the anus) can also weaken the sphincter muscles.

Nerve Damage

If there is damage to the nerves which make the bowel work, faecal leakage can occur. Conditions like Multiple Sclerosis or Parkinson's Disease, or a spinal injury, can cause bowel problems by damaging nerves - you no longer feel the sensation of needing a bowel movement.

What can be done about bowel problems?

Most people with bowel problems can be helped. Some can be completely cured.

The first thing you should do is to talk to a health professional: a doctor, nurse, continence nurse specialist or specialist physiotherapist.

They may ask you:

- How often do you go to the toilet?
- How often do you have an accident or leak?
- Do you have to run to the toilet to avoid accidents?

- When do you leak or have accidents?
- What medicines do you take?
- When did it start?
- Have you had a change in bowel habits recently?
- Is there blood or mucus in your stool?
- What do you normally eat and drink and at what time?
- Is it painful or uncomfortable when you go to the toilet?

It may be of use to keep a 'bowel diary' to record how many times you go to the toilet, have an accident or have something to eat or drink. See below for the sort of chart you could use.

EXAMPLE OF A CHART TO RECORD BOWEL HABITS

TIME	COMMENT	FOOD & DRINKS
7am		Toast and cup of coffee
9.15am	Bowel movement - got to the toilet	
11.50am	Didn't make it to the toilet in time	Glass of water
2.45pm	Small leak	

Tests

Here are some tests that may be used to find out more about your bowel problems:

Colonoscopy. A flexible fiberoptic tube is passed through the back passage into the colon and the health professional performing the test can then look at the lining of the bowel and check if it is healthy. Laxatives maybe required to clean out the colon prior to a colonoscopy.

Barium Enema. A paste is inserted into the back passage and an x-ray is taken. The barium helps to show up any problems.

Before having a colonoscopy or barium enema you will be provided with laxatives to clear out the bowel. The hospital performing the tests will give more information about this.

There are further tests used in patients with faecal incontinence:

Anorectal Physiology Tests. These are a combination of tests which measure how the anal sphincter muscles work by assessing the muscles and nerves.

The tests include measuring the pressure inside the back passage using a narrow catheter or tube. Pressure is measured at rest and while you squeeze your sphincter muscles.

Anal Ultrasound. A probe is inserted into the anus which provides ultrasound pictures to check if there is any damage to the muscles.

Treatments

What goes in

What you eat has an effect on your bowel movements. The foods that affect some people may not affect others, so you might want to experiment with what you eat. Remember, it's not just your bowels that will benefit from a balanced diet.

It is also important to drink lots of water – you should aim for 6 glasses a day. Some people find that drinking a lot of caffeine can cause problems. If this is the case for you, try drinking less tea, coffee and fizzy drinks.

Medicines

There are a number of medicines available to treat bowel problems. Some of the different types of medicines are outlined below.

It is important to speak to your health professional about any change in your bowel habit before taking medications so you can ensure you take the correct type and avoid undesirable side effects.

Antimotility medicines. Act to help to slow down movement of the intestine. They can help control diarrhoea, although constipation is one of the possible side effects.

Antispasmodic medicines. Relax the intestinal muscles and help to slow down bowel movements to relieve diarrhoea.

Bulk-forming preparations. Bulk-up the faeces and improve the regularity of bowel movements. They are commonly used to treat constipation.

Laxatives. Soften the faeces and may also provide relief from constipation. But take care - taking too many could mean you rely on them to empty your bowel, and can cause diarrhoea too.

Suppositories. Suppositories are capsules inserted in the back passage. They are often used to help relieve the symptoms of haemorrhoids (piles) and they can also be used as a laxative.

Enemas. Enemas are fluids injected into the rectum. They can be used to clear out the bowel.

Natural Remedies

There are herbal remedies available that might help your bowel problem. Ginger and fennel are thought to help digestion.

Your local herbalist or health food shop can provide more information about natural remedies.

Exercises

People with faecal incontinence or leakage of faeces can be helped by undertaking special exercises to strengthen the sphincter muscles.

With regular practice, the exercises could help to build up your muscles.

Check with your health professional to see if these exercises will help you.

To locate your sphincter muscles, pretend that you are trying to hold in a bowel movement, or prevent yourself from passing wind. You should feel the muscles around your anus tighten.

You should sit, stand, or lie, in a comfortable position with your legs slightly apart. Now try and squeeze the muscles for as long as you can. Relax in between each squeeze. Try and do this 5 times.

Next, squeeze the muscles as hard as you can, then relax. Repeat this 5 times.



I got up the courage to telephone my continence advisor. It was easy to talk to her and she was a big help.



Finally, squeeze the muscles quickly, then let go, then squeeze them again, then let go, and so on, 5 times.

You should try and do each of these sets of exercises 6 times a day. If you find the exercises are too difficult, try fewer repetitions at first and build them up. Similarly, if they get too easy, try doing more repetitions.

You can do the exercises without anyone knowing about them, so they should be easy to fit into your daily routine.

Biofeedback training

Faeces incontinence can be helped by biofeedback training.

You will be asked to squeeze your sphincter muscle and the pressure will be measured by sensors. The results will be shown on a computer screen.

The screen will help you squeeze in the right way. With practice, you should get to know when to squeeze your sphincter muscle to prevent leaks.

Hold it

Worrying about getting to the toilet in time can make the situation worse. This is worse in people with more frequent and liquid bowel movements. Anxiety also increases the number of times the bowels move, making it more likely that you will have an accident. Bowel retraining can help.

Start by getting to a toilet when you feel the urge – then wait for a minute or so before you open your bowels. Gradually increase the amount of time you wait before having a bowel movement. You should soon find it easier to hold on, even when you are not sitting on the toilet.

Surgery

Surgery is usually considered only as a final option, when all other avenues have been explored. No surgical procedure is guaranteed to be 100% effective – some can make the problems worse. The operations your healthcare professional might suggest include:

Sphincter repair. If damaged external sphincter muscles are the cause of your bowel problems this operation may help. The broken ring of muscles is joined to form a complete ring.

Rectal prolapse repair. This is an operation to repair a prolapsed rectum. This can be done through an abdominal incision or from the rectum or vagina and puts the rectum back in the correct position and is held there by stitches or a sling.

Stoma surgery either colostomy or ileostomy
– Stoma is the Greek word for ‘mouth’ or ‘opening’

Colostomy. If your rectum or anal canal is damaged, you may need to have a colostomy. This is where the end of the colon is brought up to the surface of the abdomen (tummy). A disposable collecting bag is placed over the colostomy to collect the faeces.

Ileostomy. If there is severe damage to the colon, it may need to be removed. The end of the ileum is then brought to the surface of the abdomen (tummy). A disposable collecting bag is placed over the ileostomy to collect the faeces.

Preventing smells and stains

Good hygiene is essential to prevent odour and to maintain healthy skin. After an accident, you should get to a toilet, change your pads or clothing and wash the area as thoroughly as you can. Any solid matter should be flushed down the toilet. Soiled pads or clothing should be put into an airtight container or sealed bag until they can be washed or disposed of.

Skincare

Some people with faecal incontinence experience sore skin around the anus. Loose Faeces contains digestive fluids that can cause severe soreness to the skin. It is easier to prevent this happening rather than trying to heal the skin when it is sore. It can be difficult to thoroughly clean the area around the anus.

Constant wiping can also cause irritation. The area will often itch and the skin may also be broken.

It is important that you look after the skin to limit the amount of soreness and damage. Wash well each day and, if possible, each time you change or have an accident. Use a mild soap and rinse well. You could use a small mirror to check that you have cleaned the area thoroughly. Avoid scented washing products as these could irritate the skin even more. Pat dry with a soft towel and avoid rubbing the skin. A small hairdryer is a good way to dry yourself particularly when at home.

Try not to wear tight fitting clothes. If they are tight, they may rub and cause more soreness. Loose fitting clothes will also help with air circulation and help to prevent sweating.

When out and about, you can use moist alcohol-free tissues or baby wipes. You may also like to use a barrier cream to help protect the skin.

Ask for advice from your health professional if you need further advice on prevention of soreness or if the skin becomes broken.

Managing your problem

There are aids and appliances that can help manage bowel problems.

If you cannot get to the toilet in time

If you find it hard to get to the toilet in time, modern commodes and bedpans can help. It is also worth thinking about trousers or skirts that are easy to undo – perhaps using an elasticated waist or Velcro instead of buttons. For more information about products that can help, contact your health care professional or PromoCon – their address is on the back page.

RADAR has information about keys for disabled toilet facilities. *Incontact* can also provide you with an urgency card – a card that explains that you need to use a toilet quickly. You can use it if there is a long queue for the toilet, or you need to use a shop's facilities, for example. Mild deodorising sprays, pot-pourri and scented candles can be useful around the house and in the toilet if you are worried about odours.

If you are concerned about flatulence (wind), try experimenting with different sorts of food, as some can produce more gas than others. Try avoiding beans, cabbage, nuts and spicy foods. Tea, coffee and fizzy drinks can also give you wind. Also, try not to talk while you are eating as this sometimes means you swallow air, which may cause more wind.

Pads and pants

Pads and pants come in a variety of sizes and styles. There are disposable and washable varieties. Pads and pants can be purchased privately, but some people can get free supplies through their local health authority. Incontact can give you more information about the products available.

Anal plugs

An anal plug is inserted into the back passage, where it expands to prevent leakage. It can be kept in place for up to 12 hours, and is removed before you have a bowel movement. Contact your health care professional if you feel an anal plug may be helpful to you – they are available on prescription.

Anal irrigation

For those who have bowel problems anal irrigation can make it easier to empty your bowels effectively and securely. If used on a regular basis, anal irrigation can help prevent constipation and faecal incontinence.

An anal irrigation system, such as Peristeen (from Coloplast Ltd) is a complete system, which contains everything you need to irrigate your bowels. It consists of a control unit with a pump, a water bag and a rectal catheter. The control unit is easy to handle and its self-explanatory symbols guide the user through the procedure. The rectal catheter is smooth, small and discreet which makes insertion into the rectum very easy. The soft balloon ensures that the rectal catheter is fixed inside the bowel so that both hands are free during the irrigation.

Your health care professional will let you know if this form of bowel management is suitable for you. If you wish to know more about the Peristeen anal irrigation system, please contact the Coloplast Product Manager on 01733 392000.

Below are the thoughts of an anal irrigation system user.

Michael Cogswell, Team GBR Paralympic Class Sailor T5 complete paraplegic since March 1999



I've always enjoyed a good challenge, maybe that's why fate decided to set me a massive one. When I woke up in intensive care a complete paraplegic following a skiing accident, I quickly realised the size of the challenge I was now to face. In the seven years that have followed I have done my best to get myself fit and healthy. Everything was to change, life would be different but not worse, and in some ways its become better.

I am now a full time international athlete representing Britain at regattas across the world. This last year I competed in the UK, Germany, France, Denmark and Italy and as I write I am preparing to go to Perth Australia. In doing all this I have driven across Europe twice and have taken over 20 flights.

Key to my ability to travel and compete is the need for me to have a bowel regime that I can have complete confidence in and this is why I decided to use an anal irrigation system. The improvements to my lifestyle have been massive - before I had to take large amounts of laxatives and spend a great deal on time on the toilet, bowel control was a little "hit and miss" and resulted in a number unwated accidents. Now I really can take

control of my bowel management so that I can travel when I need to and spend the day out in my boat racing without worrying about accidents. The system is easy to use and I now do not need to use laxatives so my body feels much healthier. There is no doubt that this control has really helped me to have confidence whether I am out shopping, seeing friends, going out to dinner or travelling to events. The anal irrigation system has allowed me to forget about the challenge of my body and to get on with the challenge of sailing for Britain and concentrate on selection for Beijing in 2008.

Michael Cogswell - www.paralympic-sailor.com

Travelling with confidence

Your bowel problems need not stop you from going out, visiting friends or going on holiday. Follow these tips on how to stay in control even when you are away from home.

What to take with you

Take a supply of all the products you use – pads or pants, anal plugs, a small mirror, wipes and flannels. If you need bed protection, check that a mattress cover can be supplied where you are staying. If this is not possible, check the size of the mattress in advance and take the right size of cover or sheet – take a larger cover if you are in doubt.

Find out about disposal arrangements and take your own plastic bags. If you will not have your own washing facilities, check how often and at what times baths and showers are available.

Find out what the laundry arrangements are – sometimes an extra charge is made for this service. If you intend to do your own laundry, find out where you can wash and dry items in privacy if necessary. A folding coat hanger, a portable washing line and a few pegs can help.

The journey

If you are unlikely to have access to a toilet, you could use a larger pad like an all-in-one diaper style for the trip, an anal plug, or both. A chair pad could give you extra confidence and comfort when sitting for long periods. If you are flying, remember to take a small supply of the things you are likely to need in your hand luggage. If you have difficulty getting to the toilet in time, arrange in advance to have an aisle seat near the toilet. You should drink plenty of fluids to avoid dehydration as this can lead to constipation.

Whilst away

Changes in the food you eat can lead to constipation or diarrhoea. Take care when choosing what you eat and remember to drink plenty of fluids. If you are concerned about the quality of tap water, it is always advisable to drink bottled water. Also remember to peel any fruit, as it may have been washed with tap water.

Checklist

- Plan ahead – check what facilities are available
- Take enough supplies with you – have some extra just in case
- Plan how you will do your laundry and dispose of used items
- Have a small bag of essentials that you can carry around with you
- Take tissues, toilet roll, moist wipes, small mirror and a hand towel

Glossary

Anal plug: A device that you insert into your anus to help prevent leaks.

Anal sphincter: The two rings of muscle (external and internal) around the anus.

Anus: Faeces leave the bowel through this opening. At the end of the rectum.

Back passage: The rectum.

Bowel: The intestines/colon.

Colon: The large intestines.

Constipation: Hard stool in the back passage, difficulty in passing.

Continence advisor/continence nurse specialist:

A nurse that specialises in all aspects of bladder and bowel management.

Diarrhoea: Faeces that are too runny.

Faeces: Waste matter that comes out of the anus when you empty your bowels. Also referred to as stools or motions.

Frequency: The number of times you empty your bowels.

Haemorrhoids: Also known as piles. These are swollen blood vessels around the anus. They can be caused by straining.

Ileum: Part of the small intestines. Nutrients from food are absorbed here.

Incontinence: Involuntary leakage of faeces from the bowel or bladder

Motions: See 'faeces'.

Piles: See 'haemorrhoids'.

Rectum: The last section of the bowels. Also referred to as the back passage.

Stools: See 'faeces'.

Urge incontinence: When you feel the need to get to a toilet quickly, but do not make it in time.

Other information from *Incontact*

Booklets

A Healthy Bladder – and what to do if things go wrong

Leaking Urine – all about stress urinary incontinence

Just Can't Wait – help for people who have to rush to the toilet

Troubled Nights – help for people who wet the bed

Travelling with Confidence – hints and tips to help when travelling.

Incontact magazine

The *Incontact* magazine comes out 3 times a year and contains news, readers' letters, pen-pals column and regular features. This is available through subscription.

Incontact is a registered charity and gratefully receives donations – these help us to do more to help the millions of people in the UK living with these conditions. Cheques can be made out to 'Incontact' – or get in touch with us to find out more about making a Gift Aid donation or leaving a legacy to help us continue our work.

Factsheets

- **Body-worn urinals**
- **Hand-held urinals**
- **Bed and chair protection**
- **Catheters for intermittent use**
- **Drainage bags**
- **Disposable pads & pants**
- **Washable pads & pants**
- **Waterproof pants**
- **Skin care and hygiene**
- **Indwelling catheter accessories**
- **Penile sheaths**
- **Medication for urinary incontinence**
- **Mail order services**
- **Catheter valves**
- **Penile clamps**
- **Suprapubic catheters**
- **Urodynamics**
- **Surgery for stress incontinence**
- **Surgery for urge incontinence**
- **Indwelling catheters**
- **Intermittent catheters**

Who can I contact for more information?

Incontact provides information and support for people affected by bladder and bowel problems. United House, North Road, London N7 9DP.
T: 0870 770 3246. E: info@incontact.org www.incontact.org
Scotland office: T: 0870 770 3248 E: cathy@incontact.org

IBS Network provides information and support for people with irritable bowel syndrome. Northern General Hospital, Sheffield S5 7AU.
T: 0114 272 3253. www.ibsnetwork.org.uk

National Association for Colitis and Crohn's Disease (NACC) provides support and information for people living with these conditions. 4 Beaumont House, Sutton Road, St Albans, Herts AL1 5HH.
T: 0845 130 2233. www.nacc.org.uk

PromoCon offers advice and information on products that can help manage bladder and bowel problems. Redbank House, St Chad's Street, Manchester M8 8QA. T: 0161 834 2001. www.promocon.co.uk

Lynn's Bowel Cancer Campaign offers information and support for people affected by bowel cancer. 5 St George's Road, Twickenham TW1 1QS. T: 020 8891 5937. www.bowelcancer.tv

RADAR has information about keys for disabled toilet facilities, and holiday accommodation for people with continence problems. 12 City Forum, 250 City Road, London EC1V 8AF.
T: 020 7250 3222. www.radar.org.uk

The Continence Foundation produces a range of leaflets on various topics. 307 Hatton Square, 16 Baldwins Gardens, London EC1N 7RJ.
Helpline: 0845 345 0165. www.continence-foundation.org.uk

Useful resources

'Bowel Control', by C Norton and M A Kamm, 1999, Beaconsfield Publishers Ltd, Buckinghamshire. See also www.bowelcontrol.org.uk
Editing and Clinical Review by: Dr Gillian Fowler and Professor Christine Norton.

Supported by



This booklet was produced with funding from the Big Lottery and an educational grant from Coloplast Ltd.
Published. Jan. 2006. Incontact is a registered charity, no. 1085095,
and a company limited by guarantee, no. 4125585.