Learn the terms

**Constipation:** Having a bowel movement fewer than three times a week, along with straining to produce a hard bowel movement, is called constipation.

**Pelvic floor disorders (PFDs):** Conditions that affect the muscles of the bottom of the pelvis, including pelvic organ prolapse (POP), urinary incontinence, and bowel control difficulties.

**Pelvic organ prolapse (POP):** Dropping of the pelvic organs, such as the bladder, uterus and rectum, caused by a loss of vaginal support.

**Perineum:** The space between the vagina and the anus.

**Rectum:** Portion of the bowel near the outlet (anus) that stores bowel movements before they are evacuated.

**Rectocele (posterior vaginal wall prolapse):** Rectum bulges upward into the vagina because of a weakened vaginal wall and perineum.

**Rectal prolapse:** Rectal tissue protrudes from the anal opening.

**Accidental bowel leakage:** Leakage of stool (fecal incontinence) or leakage of stool and gas (anal incontinence).
Constipation

Diagnosis
It is normal to feel embarrassed to discuss bowel problems with your medical provider. Consider talking about bowel problems with your primary medical doctor or your urogyn specialist. This includes constipation and trouble controlling the stools (accidental bowel leakage). Your provider may ask you to describe your bowel movements, by using a bowel diary or with the Bristol Stool Scale (see image on first page).

A pelvic exam can assess if the pelvic floor is among the causes for your irregularity. You may need to see a specialist, such as a gastroenterologist (GI) or colorectal surgeon. If you have red blood in your stools, you should have a colonoscopy. This is a procedure in which the bowels are examined with a small camera to look for polyps, cancer and hemorrhoids, among other things.

Treatment
Lifestyle changes include increasing dietary fiber, fluid intake, and activity level. For example, eating whole grains, legumes, fruits, and vegetables helps you get enough fiber. Your goal should be 25 to 38 grams of fiber a day. This may require a supplement. Gradually increase fiber to keep bloating at a low level. As you increase fiber, you also need to increase your water intake. Also, get out there and get moving! Even just a short walk can help your bowels move better.

Changing your position when you sit on a toilet can make a difference. Put your feet on a small stool at the base of the toilet. This position helps to relax the pelvic floor muscles and make it easier for a bowel movement to pass from the body.

Ask your provider if pelvic floor physical therapy would help. Physical therapists can teach you how to relax your muscles using massage techniques that help release bowel movements. Some women find it helpful to press on the perineum or inside the vagina to help get all the stool out.

You may require a constipation medicine called a laxative. These drugs soften stool and stimulate bowel movements. There are many different types. Ask which one is best for you.

Three Takeaways
1. Constipation means straining to pass hard, lumpy stools less than 3 times a week.
2. Simple changes can help. Eat high-fiber foods, drink plenty of water, and get moving. Ask your provider about medicines that might be part of the problem.
3. Talk to your provider about your symptoms and ask about medicines or tests that might help.

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