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Understanding constipation caused by dyssynergia

Pelvic Floor Service

Information for Patients

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Introduction

This leaflet is about a type of constipation. It can be called different things - pelvic floor dyssynergia, anismus, dyssynergic defaecation. This leaflet explains what it is, how it is diagnosed and how it can be treated.

When the muscles in your tummy, back passage and pelvic floor do not work together, it is called dyssnergia. It means that you find it difficult to poo.

If you do have uncoordinated muscles when you are examined you will be offered appointments with our specialist physiotherapist. Developing good toilet habits and relaxation techniques in the mean time can try to help your symptoms.

What is dyssynergic defaecation?

It is a type of constipation. The muscles that are involved in emptying your bowel do not work together (co-ordinate) properly. This causes a blockage (obstruction).

Normally, when you poo the muscles around your bottom (anus) need to relax and stretch. The tummy muscles contract at the same time to push the poo out. It is a co-ordinated process. With dyssynergia, the muscles do not work together properly. It can take different forms:

- The tummy muscles might be working whilst the bottom muscles are still tense. It's a bit like trying to squeeze toothpaste out with the lid still on.
- The tummy muscles do not create enough force (or propulsion) to push the poo out (not squeezing the toothpaste hard enough).
- A combination of both.

It is a learned behaviour of the muscles, but with help the normal pattern can be relearned again.

What causes it?

It may be due to:

- Poor toileting habits, for example, delaying the “call to poo”, or regular straining.
- Current or previous painful pooing for example, after childbirth or a tear or open sore that develops in the lining at the opening to the back passage (anal fissure).
- Back pain.
- Psychological distress such as previous sexual or physical abuse.
- Eating disorders.
- Neurological disorders such as Parkinson’s disease.

How common is it?

It is thought that up to a half of all people with constipation have dyssynergic defaecation. This may be in combination with other gut issues such as irritable bowel syndrome (IBS) or a sluggish bowel (slow transit constipation).

How is it diagnosed?

It is linked with certain symptoms such as:

- feeling there is a blockage when trying to empty the bowel.
- the need to use a finger in the back passage to help remove the poo.

It cannot be diagnosed by symptoms alone. A clinician has to do a physical examination of the back passage. This examination will give them more information about how the muscles are working. They will put a finger into your bottom while you lie on your side, and check the activity of the back passage and tummy muscles as you push (bear) down.

If dyssynergia is suspected you may be referred for further tests to confirm this.

The tests used:

- Anorectal manometry: This monitors pressures in the back passage using a pressure device as you bear down. It looks at the way the nerves and muscles of the bottom (rectum and anus) are working.
- Balloon expulsion test: A small catheter attached to a balloon is put into the back passage. It is slowly filled with air to represent a stool in the lower bowel (rectum). You will then have to try and push out the balloon as if you were expelling a stool.
- Proctogram: A jelly is inserted into the rectum, and MRI images are taken at rest and when you bear down. These show the shape of the rectum and how it empties, in relation to the pelvic floor and surrounding organs.

Your doctor may suggest a combination of these tests for a more accurate picture.

How is it treated?

There are a number of treatment options available:

- **Standard constipation treatment:** if there is a combination of constipation types such as IBS along with dyssynergia then we look at how your diet, fluids and laxatives may help to get a soft, formed stool.

- **Biofeedback:** this is the main treatment for dyssynergic defaecation. It uses various techniques to help the muscles relearn how to co-ordinate again. It usually involves ways to help identify and increase awareness of the pelvic floor and anal muscles. This may be through education, stretches, exercises and using equipment to provide visual or sound cues relating to muscle activity.

  About 7 out of 10 of people have a major improvement and the problem is often completely resolved with biofeedback treatment.

- **Timed toilet training:** this involves trying to time toilet trips around meals and waking. This helps to promote a regular bowel pattern. 30 minutes after breakfast is usually best, when you wake up and eat/drink you will stimulate the gut to work. Then you are more likely to be able to poo.

- **Toileting position - technique to reduce straining:** the position that we sit on the toilet can affect how our muscles work. Try to adopt the seated squat position as shown on p4. This naturally straightens the angle of the back passage, and makes it harder for these muscles to tighten.

- **'Brace and pump' technique:** this is a technique to help improve the co-ordination of the muscles in your tummy and around the bottom, which helps reduce straining on the toilet.

How to do it

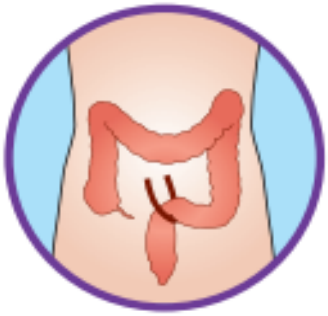
- Breathe in to your belly and allow the belly to soften and drop down. Do not force the breath. Repeat this a few times to help to relax the pelvic floor muscles.
- Next widen the waist out to the sides as you breathe out ("Mmmm" sound). Breathe in again, whilst keeping the waist wide.
- Next push your tummy forwards on the next breath out ("Oooohh" sound), giving the tummy a barrel shape. Repeat this process 4-5 times, then rest and repeat. You can spend up to 10 minutes on the toilet to allow the bowel to empty.

Or try making a "sshh" sound as you breathe out rather than "moo" to see if this works better for you.

See this video for help: Natural constipation relief in 3 easy steps ("MOO to POO")
https://www.youtube.com/watch?v=QDk93cvZAuk

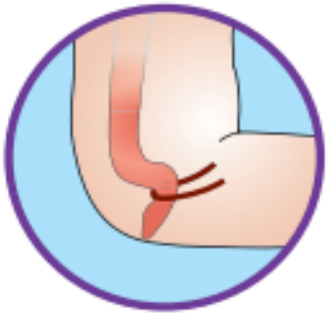
Toileting Position to Empty Bowels Fully

Benefits: Can prevent: Constipation, Incomplete Bowel Emptying, Faecal Smearing, Faecal Incontinence, Reduces Frequent Toileting to Empty Bowels.



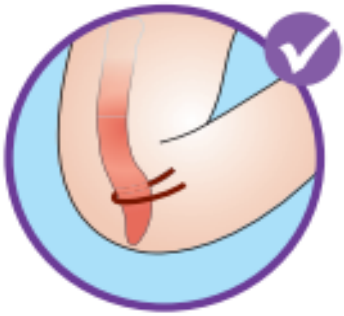
Standing Position

When standing our colon is at 180 degrees. The puborectalis muscle clinches the colon shut keeping waste in.



Sitting Position

When sitting our colon is at 90 degrees. Sitting partially relaxes the puborectalis muscle, causing bloating, straining, hemorrhoids and constipation.



Squatting Position

When squatting our colon is at 35 degrees. When we use a footstool to elevate our feet for a 35 degree angle, the puborectalis muscle fully opens allowing for easier bowel opening.

The Continence Team

- **Pelvic floor lengthening exercise:** the deep pelvic floor muscles act like a gate in the lower bowel, either to control the passage of poo or to let it out. The muscles need to lengthen (and the gate to open) to allow you to poo.

  Imagine a lift in a multi-storey building. Squeeze and pull in the muscles gently first as if lifting to the first floor. Then let it drop back down to ground floor again. Try to keep going down to the basement and then the cellar, stretching and lengthening the muscles as you go. Keep the muscles lengthened like this while you do the “brace and pump” technique.

- **Balloon retraining:** sometimes a small balloon attached to a catheter is inserted into the back passage. This simulates the process of pooing as it gives the feeling of needing to go to the toilet. You can practice pushing the balloon out using the newly learned techniques.
- **EMG biofeedback:** a small computer is attached to a small probe and inserted in the back passage. This turns the muscle activity into a graph or picture and can help give you visual cues. This can help with relearning what the muscles should be doing by having visual feedback.
- **Botox injections:** If biofeedback does not improve symptoms, then Botox injections in the anal or pelvic floor muscles may be considered. This tends to be short lasting (1 to 3 months). If Botox helps improve your symptoms, repeated treatments may be needed.
- For more guidance watch our video on anismus on our webpage: Pelvic Floor Service (leicestershospitals.nhs.uk) (www.leicestershospitals.nhs.uk/aboutus/departments-services/colorectal-surgery/pelvic-floor-service) or scan the QR code

Contact details

Pelvic Floor Colorectal Conservative Management Clinic - 0116 258 3775 (messages can be left and will be picked up in working hours).

For any urgent advice please speak to your GP or call the NHS helpline on 111.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
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