

# Biofeedback Program



# Biofeedback Checklist

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- Bristol Stool Form Scale**
- Digestive process**
- 4F's – “Fibre, Fluid, Fitness, Feet”**
- Correct sitting position**
- Sphincter muscle exercises**
- Evacuation Programme aka “Brace and Pump Method”**
- Bowel Diary**
- Patient's Goals**

## Referral details

Referring Medical Officer \_\_\_\_\_ Contact number: \_\_\_\_\_

General Practitioner \_\_\_\_\_ Phone: \_\_\_\_\_

## Bristol Stool Scale

The Bristol Stool Scale is a medical tool designed to classify stools (faeces) into seven types. The appearance or type of stool passed depends on the amount of time it spends in the colon and factors like diet, fluid intake, medication and lifestyle.

**You can use the Bristol Stool Scale to check what your stools are telling you.**

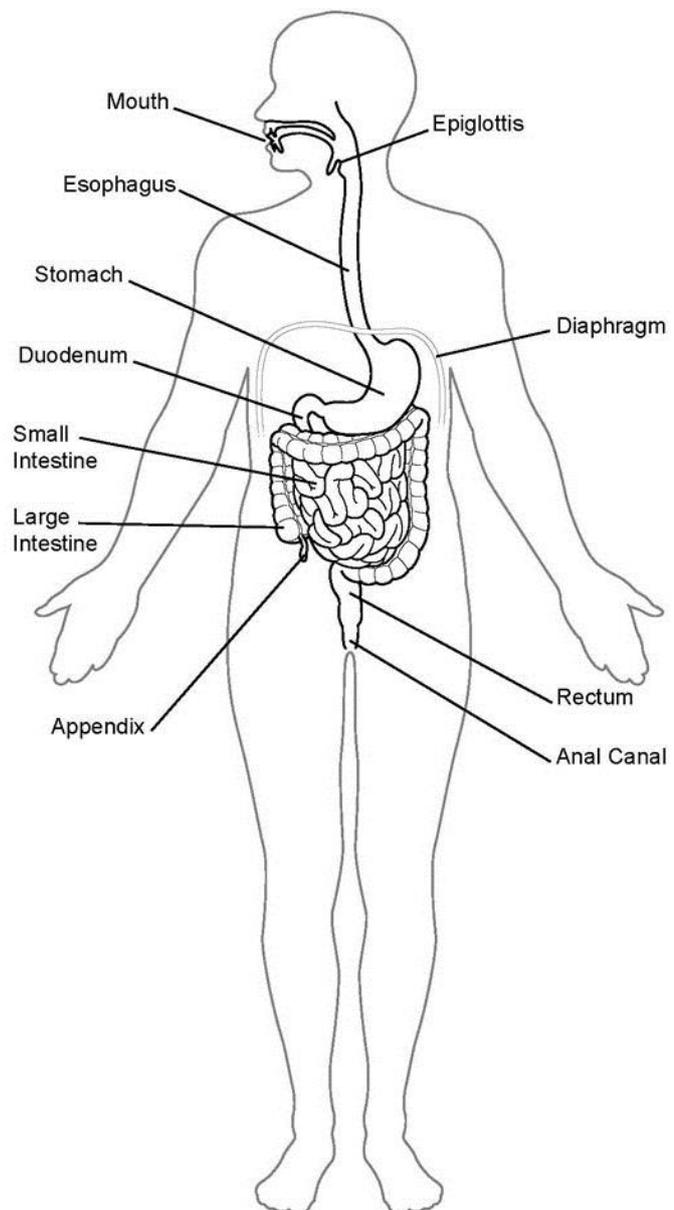
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

Every person will have different bowel habits, but the important thing is that your stools are soft and easy to pass – like types 3 and 4 below.

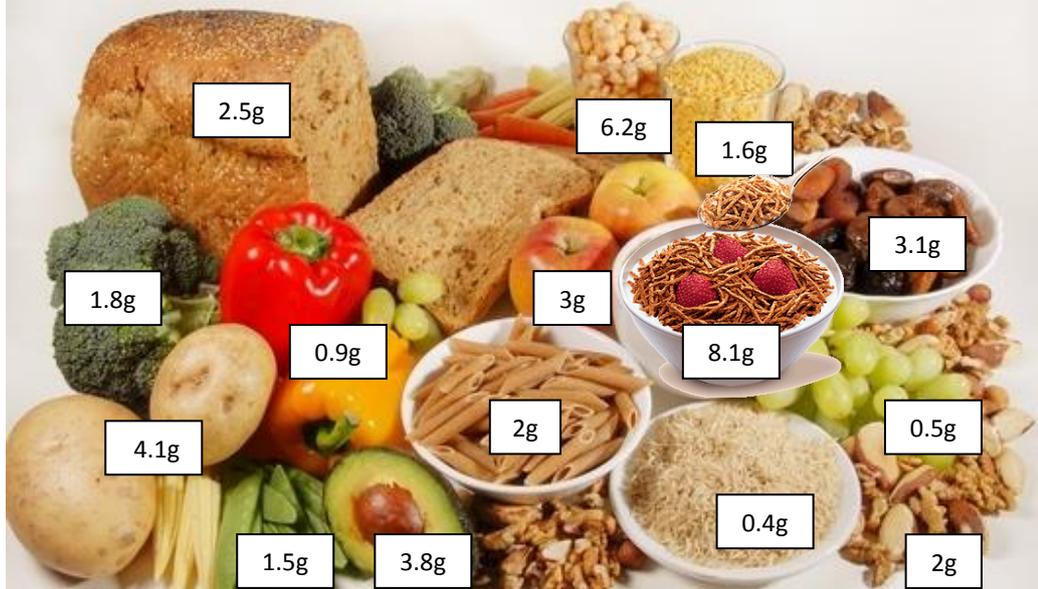
- Type 1–2 indicate constipation
- **Type 3–4 are ideal stools as they are easier to pass**
- Type 5–7 may indicate diarrhoea and urgency

## Digestive process

1. Food is cut and chewed into smaller pieces in the **mouth**
2. The **epiglottis** is a flap which moves to cover the windpipe when we swallow so that food does not enter the lungs
3. The **oesophagus** is a muscular tube which transports food to the stomach. This tube has rings of muscle called sphincters at the top and bottom to control passage of food
4. The **stomach** is a reservoir for food, releasing acid and enzymes to aid digestion
5. Semi digested food is then released into the **duodenum** which is the first part of the small intestine
6. The **small intestine** is responsible for absorption of nutrients
7. The **large intestine** reabsorbs water from the stools.  
*The longer the transit time through the large intestine, the more water is able to be absorbed.*
8. When stool passes into the **rectum**, the defaecation reflex is activated and we pass stools through the **anal canal**



**4F's – “Fibre, Fluid, Fitness, Feet”**

<p><b>FIBRE</b></p>	<ul style="list-style-type: none"> <li>▪ The daily recommended intake of fibre is 30 grams</li> <li>▪ Fibre is found in cereals, grains, legumes, fruit, vegetables and salad</li> </ul>  <p>2.5g, 1.8g, 4.1g, 1.5g, 0.9g, 3.8g, 3g, 2g, 6.2g, 1.6g, 8.1g, 0.4g, 0.5g, 3.1g, 2g</p>
<p><b>FLUIDS</b></p>	<ul style="list-style-type: none"> <li>▪ Drink at least 2L of fluid each day</li> <li>▪ These include water (tap, bottled, mineral, soda and tonic) as well as milk, juice, cordial, soups,, herbal tea and <u>decaffeinated</u> tea / coffee</li> </ul> 
<p><b>FITNESS</b></p>	<ul style="list-style-type: none"> <li>▪ Exercise is important for maintaining good bowel function</li> <li>▪ Walking is the best; try to keep your body moving</li> </ul> 
<p><b>FEET</b></p>	<p><b>The correct sitting position</b> gives you the best angle to relax your muscles and do a complete motion</p> <ol style="list-style-type: none"> <li>1. Feet on stool with knees higher than hips</li> <li>2. Lean forwards, keeping your back straight</li> <li>3. Elbows on knees</li> </ol> 

## Correct sitting position

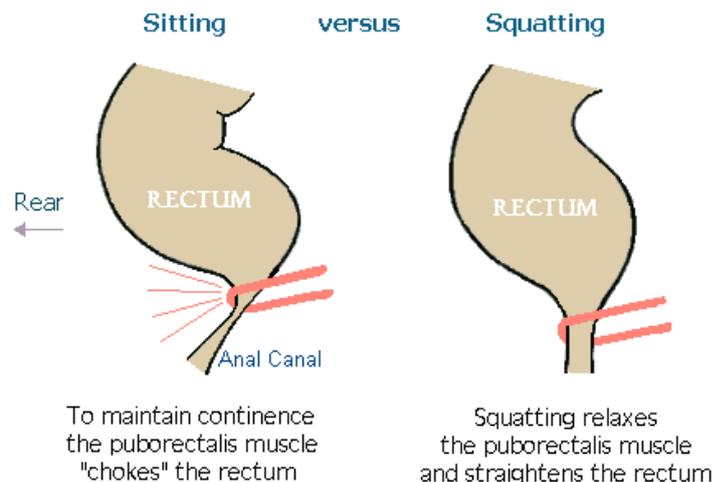
Have ever felt that after you have evacuated, there is still something left?

### SITTING

When you are SEATED, the anal canal is unstraightened. A muscle called the *puborectalis* wraps around and ‘chokes’ the rectum. Thus trying to empty your bowel while seated will frequently result in obstructive constipation.

### SQUATTING

Instead, adopt a relaxed full SQUAT posture which will relax the *puborectalis* muscle and straighten the anal canal.



## Sphincter muscle exercises

### 1. STRENGTH

Sit with your knees slightly apart. Tighten and pull up the sphincter muscles as tightly as you can. Hold for 5 seconds, and then relax for 10 seconds. Repeat this exercise at least 5 times.

### 2. ENDURANCE

Next, pull the muscles up to about half of their maximum squeeze. See how long you can hold this for. Then relax for 10 seconds. Repeat this exercise 5 times.

### 3. PULL UPS

Pull up the muscles of your back passage as quickly and as tightly as you can. Then relax and then pull up again. See how many times you can do this before you get tired. Try for at least 5 times.

- Do these exercises **“5 as hard as you can, 5 as long as you can and as many pull ups as you can”** at least 10 times every day.
- As the muscles get STRONGER, you will find that you can hold for longer than 5 seconds and that you can do more pull ups without the muscle getting tired.
- Remember that it takes time for exercise to make muscle stronger; you may need to exercise regularly for several months before the muscles gain their full strength.

## Evacuation Programme aka “Brace and Pump Method”

Your bowels are part of your body and you need to take control of them. This may feel difficult at times especially when you are under stress.

The following routine will help you regain control. Set aside 10 minutes (preferably 30 mins after breakfast) for this. It is important that you are not interrupted.

### 1. Check your sitting position

- Lean forward with a straight back, elbows on knees, feet up on a stool

### 2. Relax

- Lower your shoulders.
- Breathe slowly and gently – in through your nose, out through your mouth
- Try to let go of all your muscles

### 3. Open your bowels

- **READY: Close your eyes** – imagine your back passage is a lift. When you are relaxed, the lift is resting on the first floor
- **STEADY: Brace** – balloon out your tummy and make your waist wide – this will open and relax your back passage, making it easier to empty
- **GO: Pump** – Without straining, relax and widen the back passage.
  - Slowly push your lift down to ground floor then down the basement then down to the cellar. You can use your brace to help you pump (push)
  - Do NOT hold your breath.
  - Relax for a second. Do not allow your lift to rise
  - Pump (push) your lift down again
  - Repeat

### 4. Draw up the back passage firmly to close

- The whole process should take no longer than 1 minute.
- There should be no straining.
- Straining leads to haemorrhoids, prolapse and leaking from both bladder and bowel.

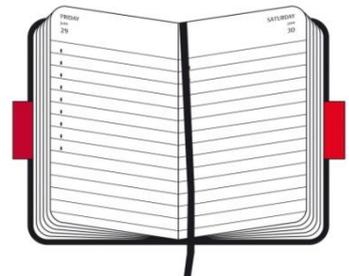


## Bowel Diary

In the following table, please accurately record each bowel movement for 7 days.

Information you should include are

1. whether it was an accident or soiling
2. Description of stool using Bristol stool scale
3. where you felt the urge to go (abdomen or back passage)
4. any other comments



At the end of each day, you need to fill in 3 more rows of the diary with

1. **fluids** – list all the drinks taken during the last 24 hours and the **quantity** taken
2. **Foods** – list all the foods eating during the last 24 hours and the **amount** eaten
3. **Extra** – list all laxatives, aperients, fibre supplements etc and **WHEN** taken

### Example Bowel Diary

WHEN		WHAT
11/6	9:00 am	Type 2, urge in back passage
	1:30 pm	Accident, Type 6, no urge
	5:45 pm	Type 1, urge in back passage, constipated, straining
	Fluids	2 coffees, 1 tea, 6 glasses of water, 1 cup of soup
	Food	3 slices of toast with vegemite, 1 muesli bar, 2 apples, pasta, 1 cup mixed nuts, fish, cooked vegetables, cheesecake.
	Extra	1 sachet of Movicol, 2 tablets of Imodium, 2 tsp of Metamucil
12/6	8:30 am	Type 3, urge + pain in abdomen

WHEN		WHAT



**Patient's Goals**

When you regain control of your bowels, what are some of your goals?

*Short term goals:*

*Eg go to the shops without having to find a rest room*

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*Long term goals: Eg take a road trip*

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