

Bladder and Bowel Community

Bowel Advice Sheet: Approaching your GP and tests they may recommend

It is never too late to get help with your bowel problems.

If your problem affects the quality of your day-to-day life, for example, by making it hard for you to;

- travel freely, making it necessary for you to identify every accessible toilet around the area you want to visit in town, or
- Making social occasions difficult to attend,
- Getting in the way of your work, and so on, you should certainly seek help.

Generally your first contact should be your GP; but it is possible to consult your local continence advisor without referral. Please contact our office to find out where your nearest clinic is on 01926 357220.

At your first meeting with a healthcare professional about your continence problems, you will be asked to explain your bowel functions in some detail; this helps to identify and start to diagnose your problems. It is useful to keep a bowel diary for a week or so before your appointment to record things such as how many times you go to the toilet, any accidents you have and what you eat or drink.

When you visit the doctor, talk about your symptoms; try and explain if you are feeling any pain, and explain the sensations you feel when you go to the toilet. Do you have problems with urgency? Do you need to go to the toilet often? Do you make it to the toilet in time?

It might also be helpful to tell your doctor about how your problems affect your quality of life. Does your problem affect your relationships and social life, for instance do you have to carry spare underwear around with you? Have your problems affected your work or career? Have your problems affected your mental health and self-esteem? Do you feel depressed because of your problems?

If you have any questions to ask your doctor or continence advisor, try and write them down before your appointment and bring them with you. Write down any answers that you are given in your appointment. You may wish to bring a friend or companion along, to give you courage, to help you remember what was said and done, and to act as a chaperone during any physical examination that the doctor has to make.

Your doctor will want to know the history of your problems and will also want a detailed explanation of your symptoms. Your doctor may then want to perform a physical examination to help evaluate your problems.

If your problems have been going on for a long time, and especially if you have been having treatments and investigations for various other medical problems over a period of time, then it is certainly worth making a list of the main events in your entire medical history. Write down when and how you first suffered each symptom, what was diagnosed (if you know) and what was done; investigations, medication etc each time. Keep each entry short and concise, and consider handing over a copy to the doctor at the start of the consultation. This will save you both a lot of time and will help to ensure that nothing significant is forgotten.

Tests that your doctor/nurse may recommend you have done

Remember to ask your GP or nurse what any test involves and how it can help.

1. Colonoscopy - a flexible fibre optic 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.
2. Barium Enema - a paste is inserted into the back passage and an x-ray is taken. The barium helps to show up any problems.
3. Internal examination - the doctor / continence advisor puts a gloved finger into the back passage to check for any abnormalities. For men, this can also detect if the prostate gland is enlarged.
4. Anorectal Physiology Tests (for faecal incontinence) these are a combination of tests which measure how the anal sphincter muscles work by assessing the muscles and nerves. The pressure inside the back passage will also be measured using a narrow catheter or tube.
5. Anal Ultrasound (for faecal incontinence) - a probe is inserted into the anus which provides ultrasound pictures to check if there is any damage to the muscles.
6. Proctoscopy (for haemorrhoids)- this is a visual inspection of the anal canal using a proctoscope. A proctoscope is a short, straight, rigid, hollow metal tube, and usually has a small light bulb mounted at the end. It is approximately 5 inches or 15 cm long. During proctoscopy, the proctoscope is lubricated and inserted into the rectum. When the plug at the end of the tube is removed, an unobstructed view of the interior of the rectal cavity can be seen allowing the doctor to check if there are any problems causing the bleeding.
7. Sigmoidoscopy (for haemorrhoids) - this procedure will probably be carried out by a specialist that your GP has sent you to see. This procedure uses the same principle as the Proctoscopy but the tube that is used is longer and more flexible. This helps the doctor to see the whole of the rectum and round the bends in the colon. The doctor will pump air into the bowel and may also take a small sample of tissue from the bowel for examination (biopsy). This is done with forceps and is not painful. You will be prepared by your doctor before this procedure takes place and will likely be asked to take a laxative or an enema before the procedure to clean out the colon.

Further Information

We have an Advice Sheet for bladder problems which you can download [here](#).

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email help@bladderandbowelfoundation.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

www.bladderandbowelfoundation.org

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