

# HUMAN PERFORMANCE CENTRE

## “Women’s Pelvic Health – What’s Constipation got to do with it?”

I waxed and waned about whether or not to write about this topic – but after some consideration decided it best to bring out the socially ‘taboo’ topic of constipation, with the purpose of helping women reduce the potential for pelvic problems.

Repeated forceful straining to have a bowel movement, due to constipation, can strain the structures (connective tissue) in the pelvis that hold organs secure in place. During menopause there is a natural decline in a woman’s estrogen levels, which reduces the elasticity and strength of connective tissue. If you are menopausal, forcefully straining, structures that hold the uterus and bladder in the pelvic cavity can falter with an abnormal drop of these organs. As well, it may cause the rectum to drop into

the vagina. This is called pelvic organ prolapse (POP).

Indications that one is constipated are that bowel movements are less than 3X per week. Passing stool is difficult or one has a sensation that their bowels are blocked or not fully emptying. The quality of the stool is also an indicator of constipation. The stool should be long, and shaped like your bowel, and not be small lumps or hard. The Bristol Stool Chart provides images and descriptions about ideal and undesirable stool types.

You can take action to address constipation by reviewing your diet to ensure that you are eating enough fibre. Canada’s Food Guide is a good reference to start with. Strive to drink eight 8 ounce glasses of water daily. Other areas that you can address on your own are to ensure that

you are not holding back or delaying a bowel movement; reducing mental stress so the muscles of the bowel function optimally; increasing your exercise. If unable to improve constipation, your physician can help direct you on how to address this.

Historically, Eastern cultures squat over a floor level toilet while using the bathroom. This straightens the angle in the rectum to make the bowel movement easier. To achieve the same change in the rectum, Western toilets can be modified by simply placing a step stool under your feet, while seated on the toilet. This will tilt your pelvis backwards and allow for an easier bowel movement.

Changes in behavior take time to be re-enforced in order for them to become daily habits, so it is best to take small steps when

adopting new, healthier behaviours. If you have corrected a problem with constipation but continue to have a problem with pelvic organ prolapse, a pelvic floor physiotherapist can provide an exercise program to help.



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