

# Obstructed Defaecation Syndrome (Ods)

## What Is Obstructed Defaecation Syndrome (Ods)?

Obstructed defaecation refers to difficulty emptying the bowel, even when there is an urge to pass stools. It is a common condition that can significantly impact quality of life.

## What Causes Obstructed Defaecation Syndrome?

Obstructed defaecation can be caused by functional issues, physical abnormalities, or a combination of both:

- **Functional causes** - The pelvic floor fails to relax or tightens instead of releasing when trying to pass stools. This prevents smooth evacuation
- **Physical causes** - Weakness in the pelvic floor can lead to rectoceles, enteroceles, or internal prolapse (intussusception). These conditions create a physical blockage or form a pocket in the rectum, trapping stool and causing incomplete evacuation

## Symptoms Of Obstructed Defaecation Syndrome

Symptoms may include:

- Straining excessively during bowel movements
- Feeling incomplete emptying even after passing stools
- Making frequent or fruitless visits to the toilet
- Using a finger to help evacuation (e.g., applying pressure near the vagina or rectum)
- Leakage of stool after using the toilet due to incomplete emptying

These symptoms can lead to discomfort, frustration, and a reduced quality of life.

## Investigating Obstructed Defaecation Syndrome

To confirm a diagnosis and identify the underlying cause, several investigations may be required:

- **Flexible sigmoidoscopy or colonoscopy** - To ensure there are no underlying bowel diseases
- **Video proctogram** - The most useful test, providing detailed images of bowel movement and pelvic floor function
- **Transit study** - Assesses how long food takes to move through the digestive system
- **Anorectal physiology tests** - Measures sphincter muscle function
- **Endoanal ultrasound scan** - Checks for muscle damage in the pelvic floor and rectum

## Treatment For Obstructed Defaecation Syndrome

### Non-surgical management

Many patients find relief through dietary and behavioural modifications, including:

- **Keeping stools soft** by increasing fibre and fluid intake
- **Avoiding straining** by adopting proper toilet posture
- **Using glycerine suppositories** to aid evacuation
- **Biofeedback and physiotherapy** - Help retrain pelvic floor muscles for better coordination during bowel movements

### Surgical treatment

If a structural abnormality is causing symptoms, surgery may be required. Options include:

- **Rectocele repair** - Strengthens the rectal wall to prevent stool from being trapped
- **Ventral mesh rectopexy** - Used for enterocele or internal rectal prolapse, repositioning the rectum and reinforcing the pelvic floor

## Why Choose The Midlands Bowel Clinic?

- **Specialist colorectal surgeons and pelvic floor experts**
- **Advanced diagnostic techniques**, including video proctogram and anorectal physiology testing
- **Minimally invasive surgical options** for faster recovery
- **Personalised treatment plans** tailored to each patient's condition

## Contact Us

If you experience difficulty emptying your bowels, excessive straining, or incomplete evacuation, contact us today to explore specialist diagnosis and treatment of Form