NO SHAME. NO SILLY QUESTIONS. JUST USEFUL ANSWERS.

Let's talk about poo.

A practical guide for families

What is normal, what changes may mean and when it is time to ask for advice.

A QUICK LOOK AT TYPES 1 TO 7

Poo is a health clue.

Talking about it should not feel embarrassing.

Clear, calm conversations can prevent discomfort, protect dignity and help families get the right advice sooner.

THE FIRST THING TO KNOW

There is no single perfect poo timetable

Some people go more than once a day. Others go only a few times a week. The useful question is not "Are they going every day?" but "Has something changed from what is normal for them?"

A COMFORTABLE BOWEL HABIT USUALLY MEANS

- ☐ Poo is soft, formed and easy to pass
- ☐ There is no regular straining or ongoing pain
- ☐ The person can reach the toilet and clean themselves comfortably
- ☐ Their usual pattern has not suddenly changed

SIX USEFUL THINGS TO NOTICE

1 Frequency
More or less often than usual

2 Consistency
Hard, smooth, mushy or watery

3 Effort
Easy to pass or lots of straining

4 Comfort
Pain, bloating or feeling unfinished

5 Colour
Any blood, black or dark red poo

6 Control
Urgency, staining or leakage

MYTH

"Everyone should go once a day."

REALITY

Regular is personal. A noticeable change matters more than the calendar.

THE POO CONSISTENCY GUIDE

Which one looks most familiar?

This simple guide uses the same seven descriptions as the Bristol Stool Chart. It can help families explain what they have noticed without needing awkward detail.

1		**Separate hard lumps** Hard to pass	**May suggest constipation**
2		**Sausage-shaped but lumpy** Often firm	**May suggest constipation**
3		**Sausage with surface cracks** Formed	**Often within a healthy range**
4		**Smooth, soft sausage or snake** Easy to pass	**Often the easiest to pass**
5		**Soft blobs with clear edges** Soft	**On the looser side**
6		**Fluffy pieces with ragged edges** Mushy	**Loose poo**
7		**Watery with no solid pieces** Liquid	**Diarrhoea**

One unusual poo is not usually the whole story.

Look for a repeated pattern or a change that comes with pain, blood, weight loss, illness, leakage or a person seeming unwell.

MORE THAN 'NOT GOING'

Constipation does not always look obvious

A person can still pass some poo and be constipated. In later life, the clues may show up as discomfort, reduced appetite, irritability or unexpected leakage.

WHAT FAMILIES MAY NOTICE

- [ ] Going less often than is normal for them
- [ ] Hard, dry or lumpy poo
- [ ] Straining or spending a long time on the toilet
- [ ] Feeling that the bowel has not emptied
- [ ] Bloating, tummy ache or cramps
- [ ] Reduced appetite, nausea or seeming uncomfortable
- [ ] Smearing or watery leakage in underwear
- [ ] Restlessness or behaviour that is out of character

WHAT MAY BE CONTRIBUTING

Drinks

Not drinking enough, or avoiding drinks to reduce toilet trips

Food

Less fibre, reduced appetite or a sudden change in diet

Movement

Less walking, illness, pain or long periods sitting

Routine

Ignoring the urge, rushing or losing a familiar toilet routine

Access

Difficulty finding, reaching, using or sitting on the toilet

Medicines

Some prescribed and over-the-counter medicines can affect bowels

Loose leakage can still be constipation

Liquid poo may pass around hard poo that is stuck. Repeated smearing or watery leakage deserves advice rather than embarrassment.

PRACTICAL SUPPORT

Six things that may help

Small changes can make the toilet easier and more comfortable. Introduce changes gradually and consider the person's health, medicines and any advice they have already been given.

1 Offer drinks regularly

Keep a preferred drink within reach and offer little and often. Follow medical advice if fluids are restricted.

2 Increase fibre gradually

Fruit, vegetables and wholegrains may help, but a sudden increase can worsen bloating. Fluids matter too.

3 Keep moving

A walk, standing regularly or chair movement can support the bowel within the person's abilities.

4 Protect a regular time

Do not rush. Many people find the bowel responds after breakfast or another meal.

5 Make the toilet easy

Clear the route, support safe clothing and give privacy, warmth and enough time.

6 Review medicines safely

Ask a pharmacist or GP whether medicines may be contributing. Never stop prescribed medicine without advice.

A MORE COMFORTABLE TOILET POSITION

1. **Feet supported**
2. **Knees above hips**
3. **Lean forward**
4. **Relax and do not rush**

If these changes are not helping

Ask a pharmacist or GP for advice. Laxatives are not one-size-fits-all, and some people need a planned or supervised approach.

DIGNITY FIRST

An accident is information, not a failure

Bowel urgency, staining or leakage can be upsetting. Keep the response calm and practical. There may be a treatable cause, and nobody should be made to feel ashamed.

What might be behind it?

- A short-term infection
- Constipation with overflow
- A bowel or pelvic-floor condition
- A medicine or diet change
- Difficulty reaching the toilet
- Reduced awareness or communication

PRACTICAL WAYS TO PROTECT DIGNITY

Use neutral words

"Let's get you comfortable" is kinder than drawing attention to an accident.

Make access easier

Clear the route, use easy clothing and consider a RADAR key for trips out.

Prepare quietly

Keep spare clothes, wipes, bags and continence products where they are easy to reach.

Protect the skin

Clean gently, dry carefully and ask a pharmacist or continence professional about suitable products.

Notice patterns

Record the time, food, drinks, medicine changes, stool type and whether urgency came first.

Ask for help

See a GP if leakage is new, recurring or not getting better. Treatment and support are available.

Black or dark red poo needs urgent advice

Ask for an urgent GP appointment or contact NHS 111 if poo is black or dark red, or there is bloody diarrhoea. Call 999 or go to A&E if bleeding does not stop or there is a lot of blood, such as toilet water turning red or large clots.

LOOK BEYOND THE ACCIDENT

When a person cannot explain what they need

Dementia can affect awareness, communication, movement and the ability to find or use the toilet. A change in behaviour may be the person's way of showing discomfort.

POSSIBLE NON-VERBAL CLUES

- ☐ Pacing, fidgeting or repeatedly standing up
- ☐ Pulling at clothing or holding the stomach
- ☐ Searching doorways or entering the wrong room
- ☐ Becoming suddenly agitated, quiet or withdrawn
- ☐ Going to the same place at a similar time each day
- ☐ Smearing, leakage or unexplained changes in appetite

MAKE THE ENVIRONMENT DO SOME OF THE WORK

SEE IT — Clear sign, good lighting and a toilet seat that contrasts with its surroundings

REACH IT — Uncluttered route, safe footwear and mobility equipment within reach

USE IT — Easy clothing, a stable seat, feet supported and enough time

REMEMBER IT — Regular offers around waking, meals, outings and bedtime

WORDS THAT HELP

"Would you like the toilet before lunch?"

"Let's find the bathroom and get comfortable."

AVOID

"You've had another accident."

DO NOT SIT ON A WORRY

When to speak to a pharmacist, GP or NHS 111

You do not need to diagnose the cause. Describe what has changed, how long it has lasted and whether the person is in pain or seems unwell.

ARRANGE GP ADVICE IF

- Constipation is not improving or keeps returning
- There is regular bloating, tummy pain or persistent tiredness
- There is blood in the poo
- The person has lost weight without trying
- There is a sudden or lasting change in bowel habit
- A medicine may be contributing
- Bowel leakage or urgency is new, recurring or not improving
- You are worried, even if you cannot explain exactly why

URGENT ADVICE

Contact an urgent GP or NHS 111

if poo is black or dark red, or there is bloody diarrhoea. Call 999 or go to A&E if bleeding does not stop or there is a lot of blood, such as toilet water turning red or large clots.

USEFUL NOTES FOR THE APPOINTMENT

- [ ] When the change began
- [ ] How often they are going
- [ ] Type 1 to 7 from the chart
- [ ] Pain, bloating, blood or leakage
- [ ] Recent illness or medicine changes
- [ ] Food, drink and mobility changes

General information only. This guide does not replace medical advice.

A WEEK OF CLUES

Seven-day bowel diary

A short record can make it much easier to explain a change to a pharmacist, GP or continence professional. Use the type number from the chart on page 3.

Name: _____ Week beginning: _____

Day / date	Time	Type 1-7	Easy or strained?	Pain, blood or leakage?	Food, drinks, medicines or notes
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

There is no embarrassment here.

Poo is part of health. Clear information helps professionals understand what has changed and what support may be needed.

Sources: NHS, Constipation; NHS, Bowel incontinence; NHS, Bleeding from the bottom; NHS, Laxatives; NHS England, Bristol Stool Chart; Dementia UK, How dementia can affect incontinence and Continence. Information checked 28 July 2026.