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Reflections of a Healthcare Professional...

Clinical Reflections on Supportive Interventions in Bowel Management

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Summary

In this article I reflect upon my clinical management approach for a female (Camilla*) who was seeking support for slow transit constipation. She had reported persistent abdominal pain and bloating, excessive flatulence and slow bowel movements, all of which significantly impacted her mood. I discuss my rationale for the management approach chosen, which included dietary and pharmaceutical interventions, and a probiotic formulation containing *Bifidobacterium longum* 35624™ and *Bifidobacterium longum* 1714™.

*Name has been changed

Introduction

As a Lead Biofeedback Practitioner, my role centres on the assessment and management of people presenting with functional bowel disorders. I work within a multidisciplinary team alongside gastroenterologists, colorectal surgeons, specialist nurses and dietitians to provide structured, conservative management for individuals whose symptoms have often been longstanding and complex. Most patients referred to my service experience chronic constipation, disordered evacuation, or symptoms suggestive of pelvic floor dyssynergia. Many have already trialled dietary modification, lifestyle advice, and pharmacological options before attending biofeedback therapy.

My role involves detailed assessment of bowel habits, toileting behaviours, pelvic floor coordination, and sensory awareness. Through structured biofeedback sessions, I support these people in developing improved neuromuscular coordination, optimising toileting posture and technique, and building confidence in managing their symptoms. Education, behavioural strategies, and individualised care plans form a central part of my practice, ensuring that management is both patient-centred and sustainable.

Given the multifactorial nature of functional constipation[1], I take a holistic approach, considering dietary patterns, hydration, activity levels, psychological factors, pharmacological interventions and gut microbiota interventions where relevant. The following case reflection outlines how supportive strategies were incorporated within a broader management framework in clinical practice.

Dietetic Review

Camilla, a 23-year-old female presented with chronic abdominal pain and bloating, accompanied by excessive flatulence. She reported infrequent bowel movements occurring approximately once every 7–10 days. When defaecation did occur, stools were described as large in volume and associated with significant pain, frequently followed by rectal bleeding.

Camilla also noted recurrent acne exacerbations during periods of prolonged constipation. Additionally, she reported persistent nausea in the absence of vomiting or retching. Collectively, these symptoms had a notable impact on her psychological wellbeing and quality of life, including reduced confidence and a preference for loose-fitting clothing to manage abdominal distension.

Camilla reported a typical diet of:

- **Breakfast:** two slices of toast with jam and coffee
- **Lunch:** Salad or humous with breadsticks
- **Dinner:** Potatoes with chicken, beef or salmon with mixed veg or salad.
- **Hydration:** At least one litre per day
- **Snack:** Crisps, chocolate and squash

Previous management included a self-initiated low FODMAP diet. Such dietary interventions should only be undertaken under the supervision of a qualified healthcare professional, as improper implementation can lead to nutritional deficiencies, inadequate symptom control, and potential disruption of gut microbiota[2]. Camilla had no significant past medical history, surgical history, or psychological conditions. She was not taking any prescribed medications and reported only occasional use of over-the-counter laxatives (Dulcoease and Senna), typically once per week when symptoms exacerbated.

Dietetic Management Plan

In agreement with Camilla, we focused on education regarding the gradual increase of soluble fibre in her daily diet. A daily intake of approximately 30g of fibre is recommended in the UK for overall gut health[3]; however, in patients with constipation, fibre should be increased gradually to minimise bloating, abdominal discomfort, or worsening of constipation[4]. Emphasis was placed on incorporating fibre-rich foods such as oats, pulses, fruits, and vegetables.

Additionally, we discussed titration of laxatives, adjusting the dose gradually to manage symptoms effectively, with the option of glycerine suppositories as needed. Toilet positioning and the use of a footstool to support optimal pelvic floor alignment during defaecation were also reviewed as part of her bowel management strategy.

In conjunction with this guidance and considering emerging evidence on the potential role of probiotics in gastrointestinal health, we discussed incorporating a probiotic into her management plan. Probiotic effects are strain-specific[5], and their selection should be tailored to the patient's symptoms. After reviewing the current evidence, I identified specific strains shown to support bowel regularity and gastrointestinal function, as well as strains with potential benefits for stress modulation, to address both her digestive symptoms and the psychological impact associated with her condition. Therefore, as part of the management approach, I recommended a 12 week trial of a probiotic containing 1 x 10^9 colony forming units (CFU) of a combination of *Bifidobacterium longum* 35624™ and 1714™. In clinical trials, this particular probiotic formulation was associated with significant improvements in gastrointestinal symptoms, depression scores, anxiety scores and quality of life[6-8].

Dietetic Aims and Outcomes

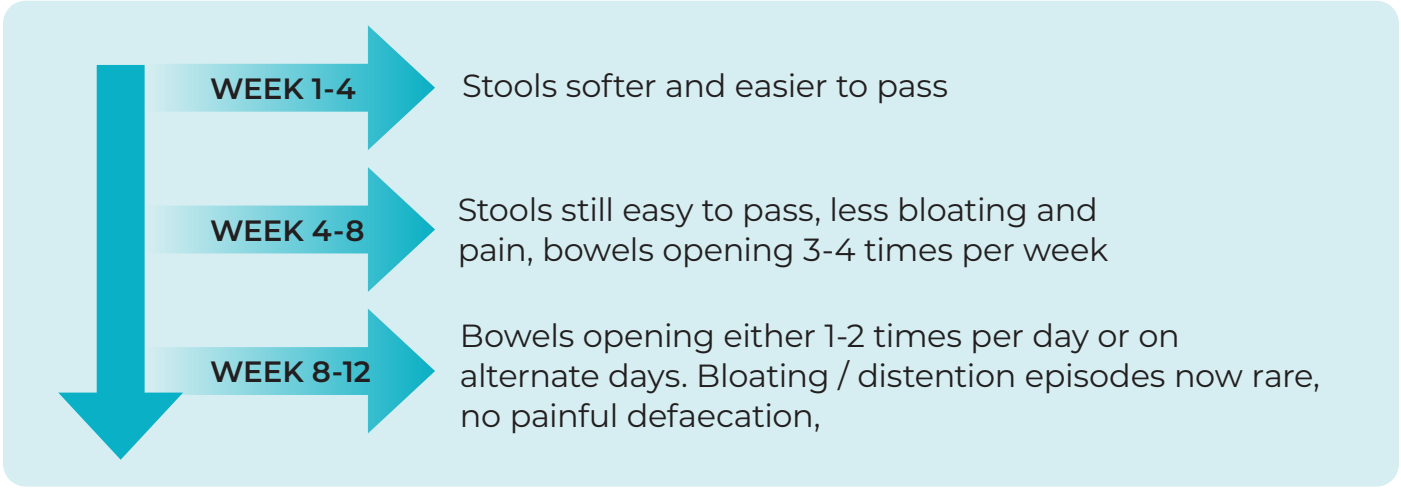
The primary objective of the management plan was to alleviate Camilla's gastrointestinal symptoms—including slow transit constipation, abdominal pain, and bloating—with the goal of reducing discomfort and enhancing her confidence and quality of life. Accordingly, the following outcomes were selected to evaluate whether this objective had been successfully achieved:

- Regular bowel opening routine i.e. 1-2 times every 1-2 days
- Reduced abdominal bloating / pain symptoms
- Passage of soft formed stools and emptying effectively

Dietetic Follow-up

Over the subsequent 12 weeks, I closely monitored Camilla's progress, with follow-up consultations at week eight and at 3–4 months. Within the first four weeks, Camilla achieved her goal of softer stools. During the initial week, she reported mild abdominal distention and bloating, which may have been related to either the probiotic intervention or the gradual increase in soluble fibre; these symptoms had resolved by week two. When initiating a probiotic, it is not uncommon for individuals to notice mild, temporary gastrointestinal changes—such as subtle bloating or alterations in bowel habits—as the bacteria begin to interact with and support the existing gut microbiota. These effects are typically short-lived and may reflect the early stages of microbial adaptation when taken consistently each day[9].

By week eight, Camilla reported reduced bloating and more regular bowel movements. By week 12, she had achieved her goal of opening her bowels every 1–2 days, with only occasional bloating. She described feeling less self-conscious about abdominal distension, being able to wear fitted clothing comfortably, and feeling more confident in photographs. While continuing to implement the recommended follow-up measures, Camilla expressed satisfaction with her overall progress and the improvements achieved over the 12-week period.



NB: The colour of stools reported to be normal and the smell of stools significantly improved

Following the 12-week intervention, Camilla continued to take the probiotic formulation daily. She briefly discontinued the probiotic after 12 weeks but experienced a return of bloating and abdominal discomfort within two weeks, highlighting the transient nature of probiotic effects and the need for consistent daily intake to support gastrointestinal function. Clinical research has observed this transient effect of probiotics, with gastrointestinal symptoms initially improving during probiotic use and then returning to near baseline levels during follow-up after the intervention[10]. This is consistent with current understanding that the gut microbiome, established early in life, requires ongoing support to maintain beneficial microbial activity[11].

Camilla also continues to use a footstool during defaecation, maintains adequate hydration of 1.5–2 litres per day, targets a daily fibre intake of 18–20g, and adjusts laxative and suppository use as needed for harder stools.

Dietetic Reflections

Slow transit constipation is a relatively common functional gastrointestinal disorder, affecting an estimated 15-30% of all chronic constipation cases in the adult population, with higher prevalence reported in women[12,13]. Individuals may experience infrequent bowel movements, often accompanied by abdominal discomfort, bloating, and straining, which can significantly impact daily functioning and quality of life. Camilla is not alone in facing these challenges; many individuals experience similar physical and psychological burdens, including social embarrassment and limitations in work, leisure, and dietary choices. These widespread effects highlight the importance of comprehensive, patient-centred management strategies.

A comprehensive understanding of Camilla's full symptom profile and the ways these impacted her daily life was essential in developing an effective, individualized management plan. Integrating dietary modifications with pharmacological support and practical interventions during defaecation contributed to overall symptom improvement. For example, the use of a footstool while on the toilet helps optimise pelvic floor alignment and facilitates easier bowel movements, highlighting the importance of including practical, behaviour-focused strategies alongside dietary and medical approaches.

Incorporating a probiotic containing *Bifidobacterium longum* 35624™ supported the management of gastrointestinal symptoms, with evidence demonstrating improvements in abdominal pain, bloating, bowel habit satisfaction, and inflammatory markers[10,14,15], while there is evidence that the addition of the 1714™ strain contributes to alleviating stress-related symptoms[16,17]. Stress can exacerbate gastrointestinal symptoms by influencing gut motility, increasing visceral sensitivity, and altering the composition and function of the gut microbiome, often worsening bloating, pain, and bowel irregularity18. Working with Camilla reinforced the importance of supporting the gut microbiome in gastrointestinal management, as targeted interventions can help restore or enhance the native microbial community. I will continue to incorporate evidence-based strategies to support the gut microbiome in future clinical management plans.

Learning Points

- It is essential to recognise and understand how physical gastrointestinal symptoms can significantly affect a patient's psychological wellbeing and quality of life, as this insight may inform more holistic and effective management strategies.
- Managing patient expectations around the timing and nature of symptom changes is essential to support adherence, reduce anxiety, and ensure realistic understanding of how improvements may occur during an intervention.
- Selecting probiotic strains with robust clinical evidence for the specific symptoms being targeted is crucial to ensure the intervention is both safe and effective in supporting patient outcomes.

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This article reflects upon my real-life dietetic management of an individual - their name has been changed. I received payment from Novonesis solely for my time taken to write this article. All views are my own.