



Stool changes

WHEN many of us pass stool, for a second or two we'll turn around and take a quick look at it. Just from that brief glance we can tell whether something is up, and if it is, we are usually at a loss as to the cause of this 'off stool'.

Your bowel movements are a natural bodily process, however, during the course of your life, stool may change. There may be concerns about a change in the colour, consistency or odour.

But was it something you ate; is it an infection; is there bleeding somewhere along the digestive tract?

Dr Trevor Murphy, consultant physician and gastroenterologist at the University of the West Indies said there is great variation in stool's colour and consistency throughout our entire lives. He said the normal passage of stool should occur anywhere between three times per day to three times per week.

Colour

According to Dr Mike Mills, consultant physician and gastroenterologist at the same institution, any medication which contains iron will invariably make the stool appear black or dark green. Interestingly, Pepto-Bismol can also make the stool appear black as well.

Concerns should arise when the cause of the black stool is blood. As Dr Mills explained, depending on where in the digestive tract the bleeding is coming from, the blood may have different colours when mixed. Blood originating from a bleed in the stomach may appear black, whereas blood coming from lower down in the digestive system, such as from the colon, can appear red.

Clay-coloured or pale stool can be a sign of bile obstruction which is usually caused by gallstones or pancreatic cancer. However, these are not that common. If the cause of your clay coloured or pale stool is a result of bile obstruction, then you may experience jaundice which is a yellow colouring of the eyes, or you may notice that your urine is dark in colour.

Consistency: constipation or diarrhoea

If you're constipated you'll know for sure as your stool will be difficult to pass. The passage of hard stool may be a sign of not enough fibre in your diet. Dr Murphy said to expect your stool to be larger or more bulky if your diet contains lots of fibre (found in fruits, vegetables, grains, peas and beans as well as most nuts) in addition to ample fluid intake. If, however, constipation is associated with abdominal pain, weight loss or bloody stool, then the cause may be more sinister, with colon cancer being a possible cause.

Interestingly pregnancy, Dr Mills said, is associated with constipation as well as piles. If your pregnancy was difficult in that you either had a large baby or had to push for a long period, you could have damaged your pelvic floor muscles thus resulting in constipation. Also, if you have had your uterus removed in the past then you could experience constipation after the surgery due to scarring. Though most changes in the stool are not a sign of cancer, Dr Mills advised that if you are over 40 with an unusual change in your stool, you should be evaluated by a health care professional.

Very watery or frequent stools are more commonly associated with an infection either from food or improper hygiene. This could also be a sign of inflammatory bowel disease if the watery stools persist for months.

Goat pellet-like stools are frequently associated with diets low in fibre as well as diverticulosis of the colon. Mucous or slime seen in the stool can be normal depending on what is in your diet, especially some vegetables, but this may also signal the presence of a polyp in the colon, however this is uncommon.

Speed of bowel movement

For those with bowel movement patterns on the slower side, the fluid and fibre intake issue is more important. The colon is very efficient at taking water from the stool and therefore it is important to drink (up to eight glasses of water per day) to ensure that the stool remains hydrated.

Odour

Stool normally has an unpleasant odour. Dr Mills said the odour of your stool is related to a combination of diet and intestinal flora, however it's not well studied.

Is it cancer?

Dr Murphy recommends what is known as "age related screening" for colon cancer. Colon cancer itself is a very unique cancer in that the tumours are actually quite preventable if people start looking for the growths at an appropriate age and remove them while they are benign. If a person has no problems with his/her bowel habits, colon cancer screening should begin at the age of 45-50 (depending on ethnicity). There are many options for screening for colon cancer that range from stool sample testing to colonoscopy (which is considered the gold standard test). It is very important that you realise how preventable colon cancer is, and make sure that you are screened for the cancer at the right age and with the best test. If there is any doubt about your stool colour or form, contacting your medical professional for advice is always recommended.

To note:

1. If you can't explain constipation or diarrhoea based on your diet and it doesn't settle after a few days you should get evaluated by a healthcare professional.
2. Any bleeding seen with stool should be evaluated especially if you are over age 40. It is important to note, however, that most bleeding is due to piles or a fissure.
3. Most changes in stool colour are diet related. If you see blood or black stool and have abdominal pain or fever, then medical attention should be sought immediately.

So the next time you take a poop, take a good look. Your stool is a reflection of what you are eating. So by controlling what goes in you will be able to affect what comes out. The healthcare professionals recommend the consumption of more ground provisions, vegetables and fruits and cereal like oats as opposed to flour-based products.