IBS + PELVIC FLOOR DYSFUNCTION CHECKLIST

> **Patient Guide:** Use this checklist to prepare for a visit if you suspect your constipation, bloating, or incomplete emptying is from a pelvic floor "exit gate" problem rather than only a slow colon. These questions help you get clear testing, a targeted plan, and the right referrals.

- [ ] **Could my symptoms be caused by pelvic floor dysfunction (a problem with the 'exit gate') instead of — or in addition to — slow colon transit?**

- [ ] **What specific tests will you recommend to check the pelvic floor and access (and what does each test tell us)?**
  - Anorectal manometry: measures squeeze and relaxation patterns of the pelvic floor and sphincter.
  - Balloon expulsion test: a simple office test to see if I can expel a small balloon (shows coordination issues).
  - Defecography or dynamic MR defecography: imaging to look for structural problems or how the exit works during pushing.
  - Colonic transit study only if you or the doctor think slow transit is also a major problem.

- [ ] **Is pelvic floor physical therapy with biofeedback appropriate for me, and how do I find a qualified therapist?**
  - Ask whether biofeedback and pelvic floor retraining are likely to help my pattern (particularly if I strain, feel blocked, or need manual help).
  - Request a referral to a pelvic floor physiotherapist experienced in dyssynergic defecation or biofeedback.
  - Ask how many sessions are typical, what success looks like, and when we should expect improvement.

- [ ] **Could increasing fiber or water be making my bloating or fullness worse?**
  - Ask whether my symptoms suggest an outlet problem where added fiber can increase stool bulk and worsen blockage.

- If fiber is recommended, ask which type (soluble vs insoluble), how to start slowly, and when to stop if symptoms worsen.

- [ ] **Are my current laxatives or enemas appropriate, and how should I use them while we work on the pelvic floor?**
  - Ask which agents are safest for my situation (e.g., polyethylene glycol for softening and regularity vs short-term stimulants).
  - Discuss limits on long-term stimulant laxative use and safe use of enemas or suppositories if needed for immediate relief.
  - Ask whether rectal softeners or local therapies make sense before starting biofeedback.

- [ ] **What simple toilet habits and behavioral strategies should I try right now to help coordination?**
  - Ask about timed sits after meals (30–60 minutes), using a footstool to get into a squatting position, and relaxed breathing while bearing down.
  - Ask for guidance on avoiding prolonged straining and on gentle techniques that can help emptying without forcing.

- [ ] **Could my pain, urgency, or alternating loose stools be explained by a pelvic floor problem combined with IBS sensitivity?**

- [ ] **What alarm signs would make you order urgent tests instead of starting conservative care?**
  - Rectal bleeding, unexplained weight loss, new severe abdominal pain, or iron-deficiency anemia.
  - A family history of colon cancer or significant change in bowel habits that is new and persistent.

- [ ] **If testing confirms pelvic floor dysfunction, what is the stepwise treatment plan and timeline?**
  - Start with education, bowel habit training, and pelvic floor physical therapy with biofeedback when available.
  - Combine targeted therapies for IBS symptoms (pain modulators, low-dose neuromodulators, or diet changes) as needed.
  - Discuss when to consider further options (referral to colorectal surgery for structural problems) and planned follow-up to measure progress.

- [ ] **How should I track symptoms at home to help diagnosis and treatment?**
  - Keep a short log for 1–2 weeks noting time of bowel movements, stool form, how much effort was needed, whether I felt fully empty, and any positions or tricks I used.

- Bring the log to the visit and ask the clinician what patterns would suggest pelvic floor dysfunction versus slow transit IBS.