

物理治療

盆底功能障礙運動手冊

Physiotherapy Pelvic Floor Dysfunction Exercise Manual



鳴謝

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物理治療盤底肌肉運動

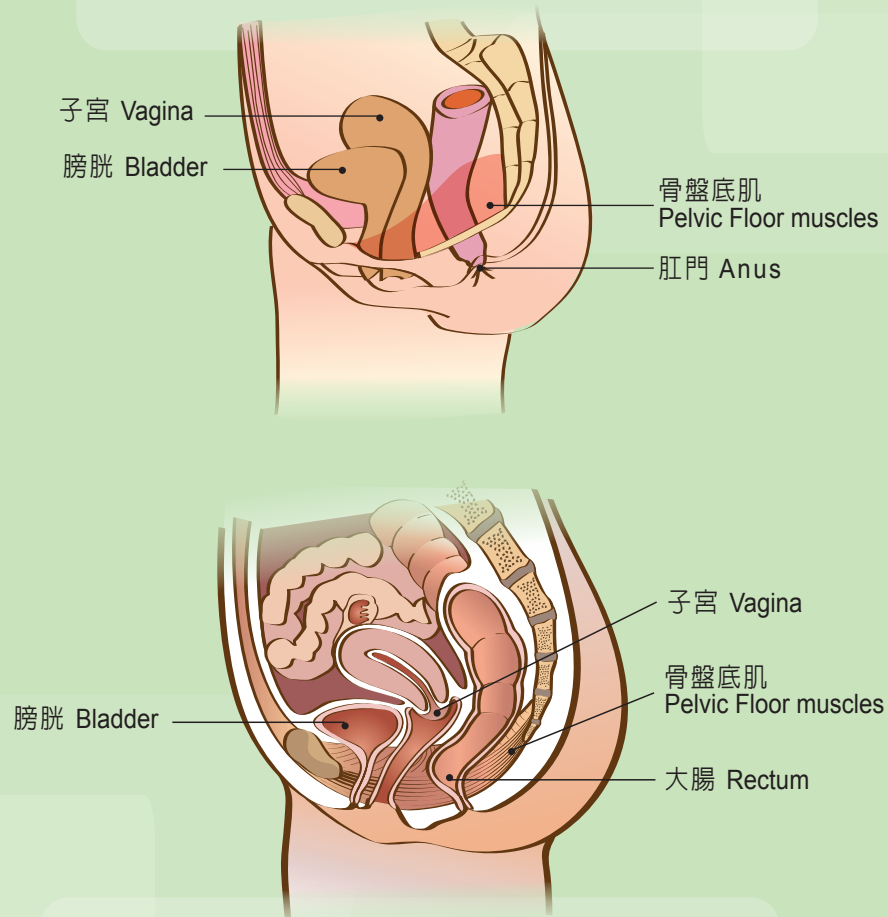
Physiotherapy Training in Pelvic Floor Exercise

盆底功能障礙是一種常見的婦女疾病，是指各種病因導致盆底支持組織缺陷、損傷及功能障礙造成的疾患，主要表現為小便失禁、大便失禁、盆腔器官脫垂等。只要針對病因並進行適當治療，患者便能舒緩症狀和改善生活質素。

Pelvic floor dysfunction is a common women's disease. It refers to diseases caused by defects, injuries and dysfunctions of pelvic floor supporting tissues caused by various etiologies. It may lead to urinary incontinence, fecal incontinence, and pelvic organ prolapse. As long as the cause of the disease is targeted and appropriate treatment is given, the patient can relieve symptoms and improve the quality of life.

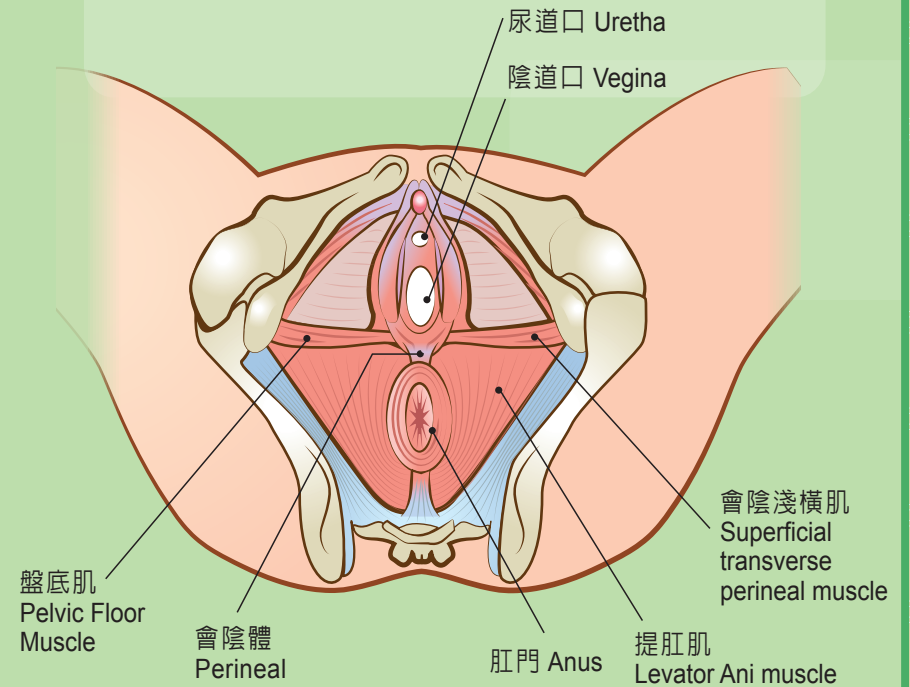
認識盤底肌

Understanding Pelvic Floor Muscles



盤底肌的功用

The function of the Pelvic Floor Muscles

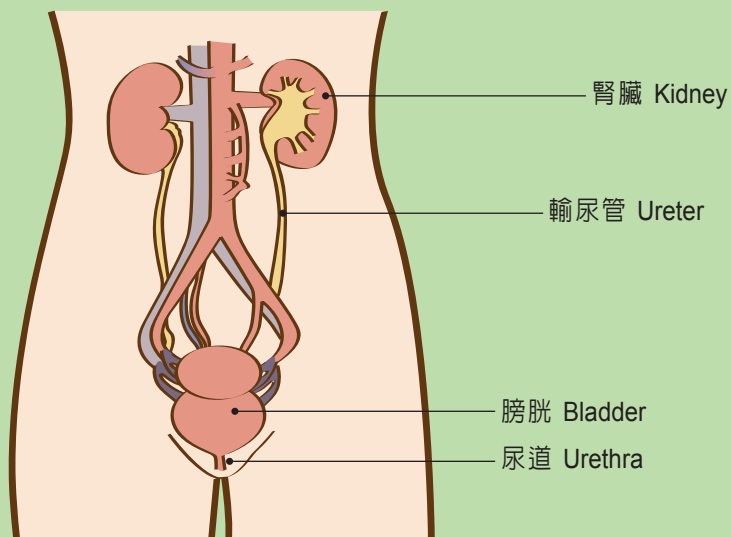


- 控制大小二便
- 承托膀胱、子宮及大腸等在適當的位置上

- Control bowel and bladder
- Support internal organs

泌尿系統結構

Understanding Urinary System



- 膀胱最大容量是500毫升，正常情況下當膀胱容量達350毫升便有尿急的感覺
- 排尿少於100毫升便屬於尿少
- 正常情況下，日間大約每2小時便排尿一次，即日間排尿4-8次，而夜間大約1-2次

The bladder is a storage organ which locates in your pelvis. Urine is made by the kidneys and collects in the bladder until it fills up. The bladder can hold urine up to approximately 500ml. Usually it feels full at about 350ml. Normally, it empties 4-8 times in daytime and 1-2 times at night.

小便失禁

Urinary Incontinence

小便失禁是全球普遍的問題，於九十年代，小便失禁的研究開始增多，及至現在，女性患小便失禁的數字介乎13-21%之間。過去女性對小便失禁羞於啓齒，有些患者認為失禁並不致命，只屬小問題，無須求醫，有些則怕尷尬、擔心要動手術，或幻想自己的問題會自然得到改善。但隨著現代人健康意識提高，大家對小便失禁的忌諱亦隨之而減低。另外，有些患者誤信失禁是不能醫治的，是老人或婦女的必經階段。其實，大部份小便失禁者的情況在治療後可以得到改善，而有30%患者的問題更可得到根治。

Urinary incontinence is a health condition that affects 13-21% of women. Incontinence can have a significant impact on social activities. It also affects self esteem and motivation. Often, it is embarrassing to tell or “too small to worry about” and leads to overlooking or worsening of the problem overtime. In fact, people of all ages, cultures and background may experience incontinence. Incontinence can be treated and managed, which may improve or possibly cure with professional treatment.

小便失禁的定義 What is Urinary Incontinence?

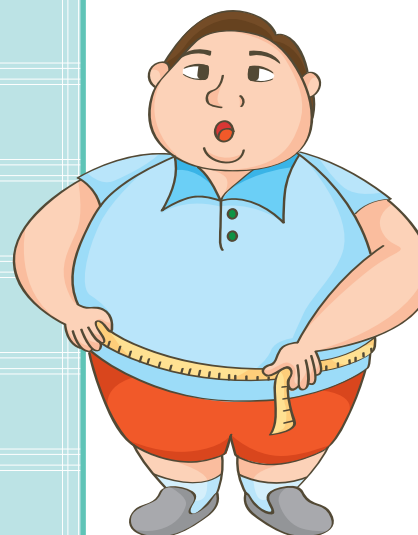
- 任何不經意或不自主的遺尿，俗稱“忍唔住尿”
- 常在咳嗽、打噴嚏、大笑或追巴士時出現
- 無論遺尿多或少都列作失禁
- 失禁與**會陰肌肉鬆弛**有密切關係

Urinary incontinence is the accidental or involuntary loss of urine from the bladder. It is usually triggered by coughing, sneezing, laughing or running. The volume of urine leakage can vary from a small to large amount.



誰較易患上小便失禁？ Who are more at risk of Urinary Incontinence?

- 女性患失禁的機會是男性的一倍
- 多次生產的婦女
- 更年期後的婦女
- 長期提重物
- 慢性咳嗽
- 糖尿病、神經系統毛病(如中風、老人癡呆、帕金森症和脊髓神經受損等的患者)；
- 體形肥胖的人士
- 長期臥床或身體有殘障的人士



Urinary incontinence affects both women and men. However, women are prone to have bladder problem mainly due to pregnancy and childbirth.

- Women with multiple pregnancies
- Post-menopausal women
- Repeated lifting
- Chronic cough
- Diabetes
- Neurological diseases (e.g. stroke, dementia, Parkinson's disease, spinal cord injury)
- Obesity
- Reduced physical mobility or physically disabled

小便失禁的種類

Types of Urinary Incontinence



1 壓力性失禁
Stress Incontinence



2 急切性失禁
Urge Incontinence



3 混合性失禁
Mixed Incontinence



4 滿溢性失禁
Overflow Incontinence

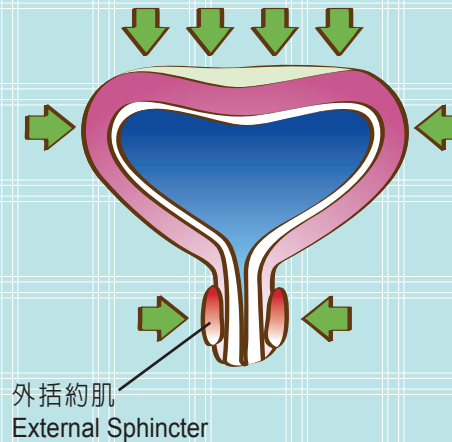


5 功能性失禁
Functional Incontinence



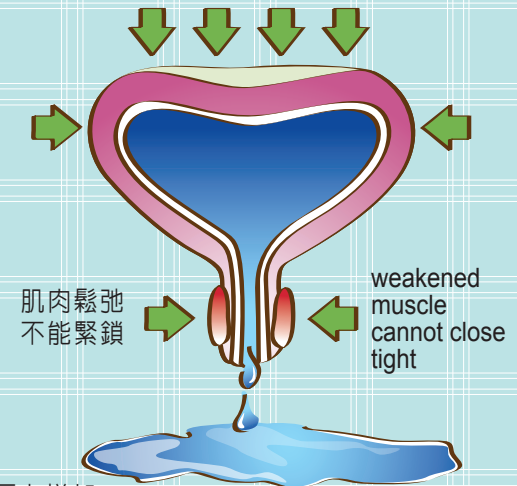
壓力性失禁 Stress Incontinence

一般膀胱 Normal Condition



外括約肌
External Sphincter

壓力性失禁膀胱 Stress Incontinence



肌肉鬆弛
不能緊鎖

weakened
muscle
cannot close
tight

腹部壓力增加
Increase in Abdominal Pressure

- 當腹腔壓力增加，如咳嗽、大笑、跑步時，小便就不自由地滲出
- 原因是骨盆底肌鬆弛，引致尿道口控制能力減弱
- 常發於有多次生育經驗、更年期後、肥胖或患有長期咳嗽的婦女

Stress incontinence is urine leakage with physical exertion or effort (such as coughing, sneezing, laughing, exercising, walking or when lifting objects). A chronic cough, constipation and being overweight all strain the pelvic floor and can eventually lead to stress incontinence. Women with pregnancy and childbirth may develop stress incontinence because of stretching and weakening of the pelvic floor muscles.

2 急切性失禁 Urge Incontinence



膀胱肌肉不正常收縮
Involuntary contraction of bladder

- 當患者有尿意時，小便會即時漏出，不能制止
- 原因是膀胱過份敏感，有不正常的收縮，形成「膀胱過動」
- 膀胱過動多數是原發性的，但部分卻是由其他疾病所致，包括泌尿系統疾病（細菌感染、結石或腫瘤等）和中樞神經系統疾病（中風、帕金森症、老人痴呆症和脊髓神經受損等）

Urge incontinence may occur when you experience a strong urge to pass urine with little warning but wets your underpants because you are unable to make it to the toilet in time. Urge incontinence is often caused by an overactive bladder. It is also associated with nocturia (waking several times at night to pass urine).

People with Parkinson's disease, stroke and other neurological problems are susceptible to urge incontinence.

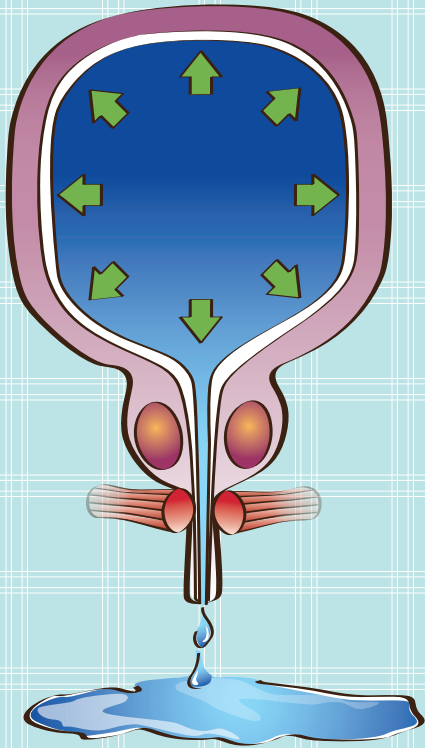
3 混合性失禁 Mixed Incontinence



患者同時有壓力性和急切性失禁的徵狀

Mixed incontinence is a combination of stress incontinence and urge incontinence.

4 滿溢性失禁 Overflow Incontinence



- 開始時小便不暢順，排尿不清，及後膀胱失去感覺，小便不自主地滲漏出來
- 原因是膀胱肌肉收縮能力減弱，或尿道口阻塞，令過量小便積聚於膀胱內
- 膀胱肌肉收縮能力減弱的原因是泌尿神經系統出現毛病，常見於糖尿病患者，而尿道口阻塞在女性患者身上並不常見

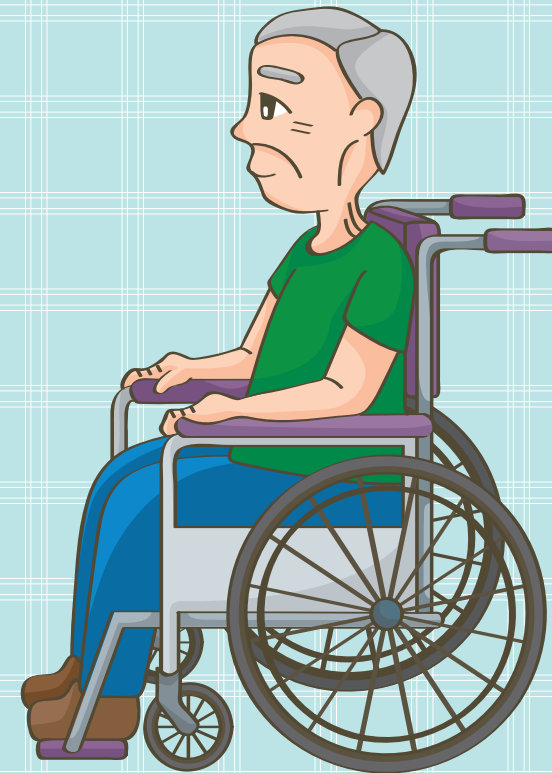
Overflow incontinence happens when urine leaks out from an over-full bladder. Symptoms with straining to pass urine, a weak urine stream, little or no warning when you need to pass urine indicate overflow incontinence.

A blockage to the urethra in women (by prolapsed uterus or urinary tract infections) and enlarged prostate in men may experience overflow incontinence. People with diabetes, multiple sclerosis, stroke and parkinson's disease may be affected.

5 功能性失禁 Functional Incontinence

小便意識及排尿功能正常，但因行動不便、神智障礙，或其他疾病（如神經系統毛病、關節炎、痛症、心肺功能問題等）影響，導致患者未能及時如廁，引致尿失禁。

People with functional incontinence usually do not have definite problem in their ability and awareness to void. However, impaired mobility (arthritis or coordination problem), mental state or difficulty to access toilet (finding toilet in the dark) causes them unable to reach to the toilet on time.



盤底器官脫垂

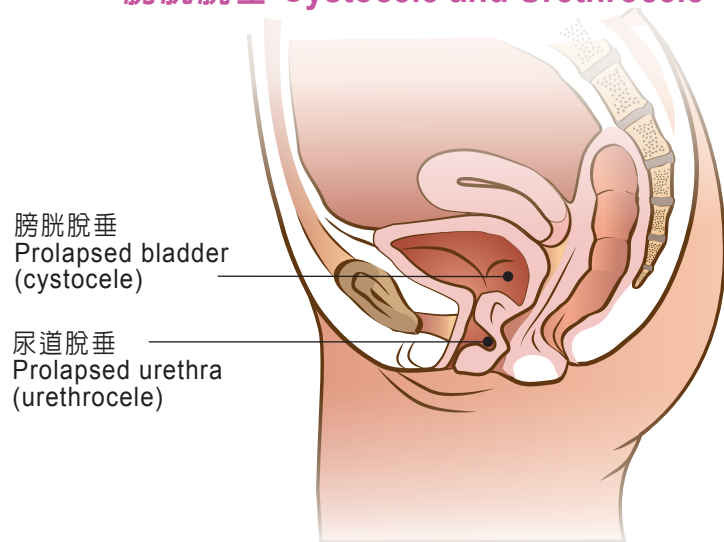
Pelvic Organs Prolapse

- 盤底器官脫垂（俗稱「下垂」），意指骨盆底器官（子宮、陰道、膀胱及直腸）失去支撐而脫離正常位置，以至有下墜或突出的異常現象
- 骨盤底肌肉運動可強化盆底肌肉，有助承托下垂盤底器官

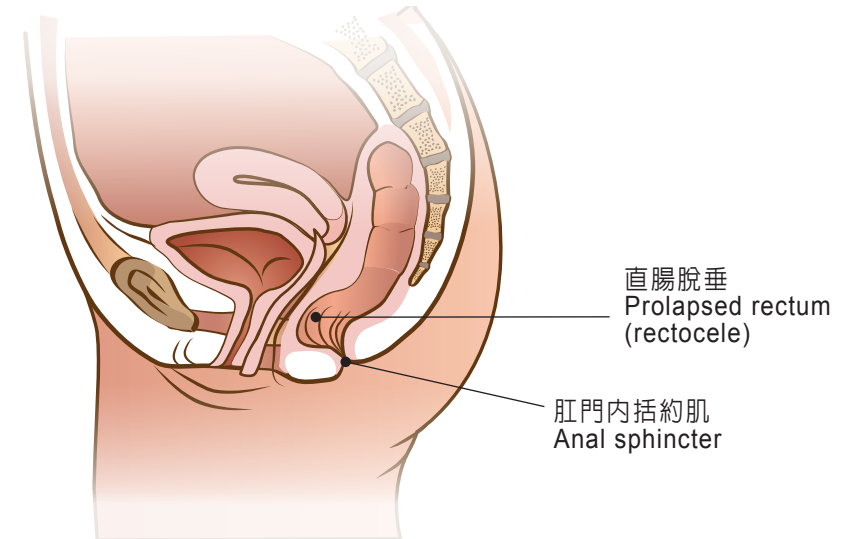
Pelvic organ prolapse occurs when the tissue and muscle of the pelvic no longer support the pelvic organs, resulting in the drop (prolapse) of the pelvic organs from their normal position.

Pelvic floor exercise strengthen the pelvic floor for supporting the pelvic organs.

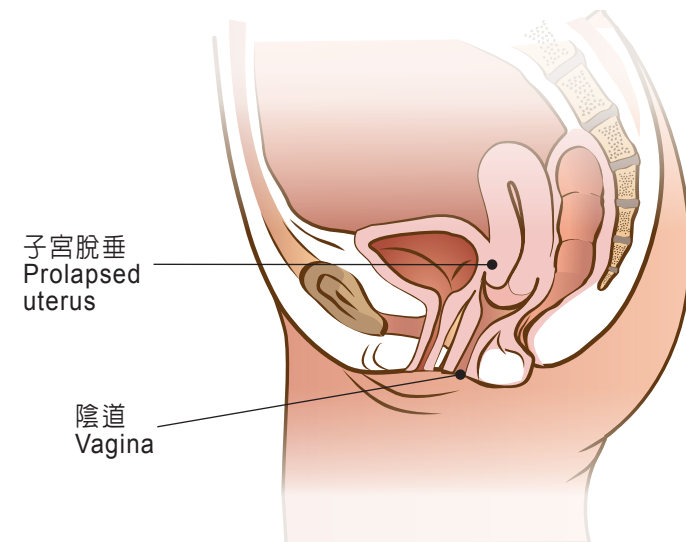
膀胱脫垂 Cystocele and Urethrocele



直腸脫垂 Rectocele



子宮脫垂 Uterine prolapse



治療方法

Treatments for Urinary Incontinence and Pelvic Organs Prolapse

針對不同的失禁成因及種類、盤底器官脫垂，有不同的治療方法

Different treatment methods are used for different types of urinary incontinence and Pelvic Organs Prolapse.

認識骨盆底肌

Understand of Pelvic Floor Muscles

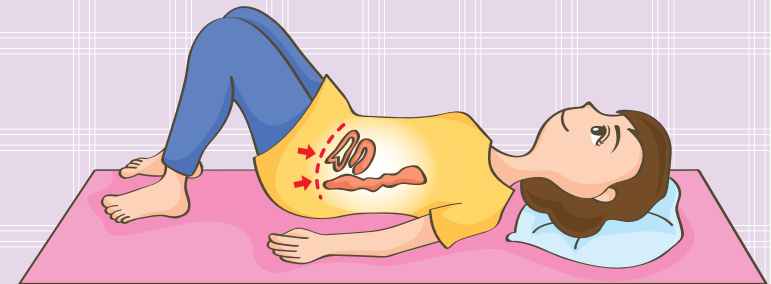
- 可以在小便時中途停止，忍耐3秒，然後放鬆
- 這個方法只是幫助你認識骨盆底肌，你不應經常中斷排尿，影響正常功能
- Try to stop the urine flow midway, hold for 3 seconds, then relax
- This method helps you to familiar with your pelvic floor muscles, you should not do it very often as it will affect normal function.



骨盤底肌運動

Pelvic Floor Muscles Training

- 針對治療壓力性失禁，強化骨盤底肌
 1. 找一個舒適的姿勢，初學者可選擇仰臥姿勢，當掌握運動技巧時可選坐下或站立的姿勢，甚至在咳嗽、打噴嚏或提重物時收緊會陰肌
 2. 先吸氣，呼氣時收緊忍小便的肌肉
 3. 請根據物理治療師的指示重覆練習
- Strengthening pelvic floor muscles is effective in people with stress urinary incontinence.
 1. Starting position: lying in bed with legs bent
 2. How to do: Breathe in; tighten the lower abdomen while breathing out.
 3. You should practice in sitting position, standing position and during coughing, sneezing or lifting.



每次收縮會陰肌肉時，
維持_____秒，然後放鬆
循環_____次
每天_____循環

Holding time: _____seconds
Number of repetition: _____
Number of sets: _____

快慢速的收縮

Quick and slow contraction

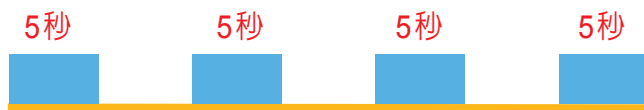
快速收縮 Quick contraction

- 連續收、放5-10次，然後休息5秒
- 重覆10次
- Consecutively to tighten the pelvic floor muscles quickly then relax, for 5-10 times. Rest for 5 seconds.
- Repeat for 10 times



慢速收縮 Slow contraction

- 持續收縮5秒，然後休息5秒
- 重覆10次
- Tighten the pelvic floor muscles, hold for 5 seconds and then rest for 5 seconds
- Repeat for 10 times



• 盤底肌運動注意事項

- 不要閉氣，保持呼吸暢順
- 當肌肉疲勞或有痛楚時應馬上停止
- 在月經期間或身體不適時可暫停練習
- 不要在過飽或過度尿急時做盤底肌運動
- 進行盤底肌運動時不會帶來不適，但若有任何疑問，應立即停止運動並向物理治療師查詢後才繼續練習

• Special points to note:

- Do not hold your breath during the exercise.
- Take rest when you feel tired or stop if you experience pain.
- Do not practice the exercise immediately after meal or when your bladder is full.
- Stop the exercise when you feel discomfort. Consult your physiotherapist for any enquiry.

2 腹橫肌運動 Transverse Abdominis Muscle Training

跟據文獻表明，強化腹橫肌可以增加盆底肌的力度，因此現今進行骨盆底運動時常配合腹橫肌運動。腹橫肌鍛練：

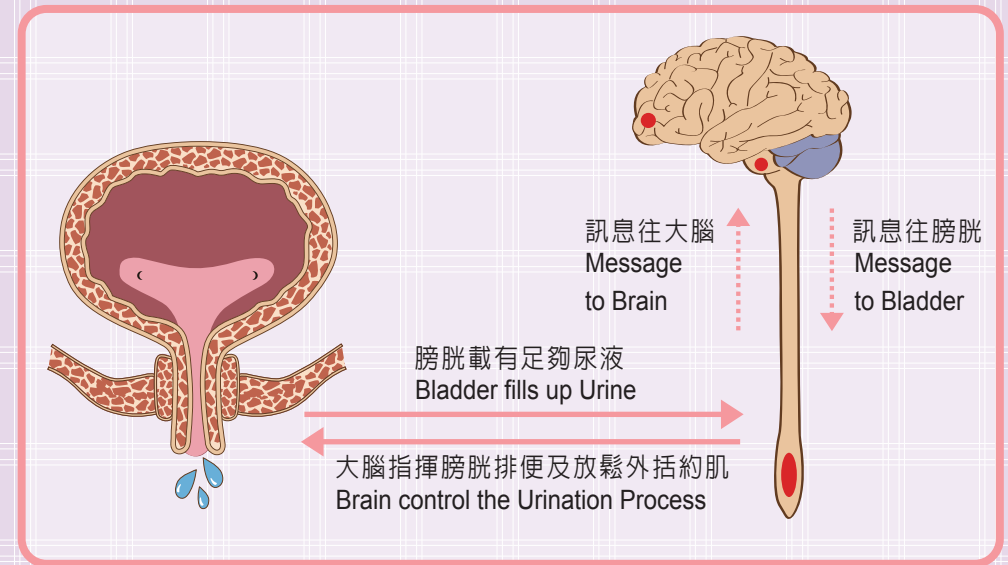
- 1) 仰臥，屈曲雙膝
- 2) 手放於腰背後，收緊腹肌，使腰背壓於掌上，停留十秒
- 3) 進行腹橫肌運動時同時收緊會陰肌肉

The literature indicates that the strength of the pelvic floor muscles will be improved by simultaneously contracting the transverse abdominis (TrA) muscle. Starting position :

- (1) Crook lying
- (2) Tighten the abdominal muscle just like pressing the back towards the bed, sustain for 10 second
- (3) Contract the pelvic floor muscle at the same time

3 膀胱訓練 Bladder training

- 針對膀胱過動的病徵，以改善小便的模式。
- The aim of bladder training is to help you understand your bladder pattern and gain better bladder control. This targets the symptoms of urge urinary incontinence.



4 飲食及生活習慣的調節 Diet and Life Style Modification



- 這包括攝取充足的水份（每天6-8杯約1.5-2升），避免飲用含酒精及咖啡因的飲料，及多吃高纖維食物以防止便秘
- Drink sufficient fluids, about 6-8 cups (1.5-2 liters) of fluid is recommended daily. Avoid alcoholic and caffeine drinks. Food with high fiber content is suggested to prevent constipation.

5 藥物治療 Medication

- 減少膀胱過動的情況，請跟據醫生指示服藥
- Some medications are useful in treating overactive bladder. Consult your doctor and follow the prescription advice.

6 手術治療 Surgical Intervention

- 骨盤底肌嚴重鬆弛的病人，可由醫生決定透過手術來根治尿失禁
- Not everyone with urinary incontinence requires surgery. Please consult with your doctor for any enquiry.

7 尿喉導尿 Urinary Catherization

- 滿溢性失禁的患者，有可能需要使用尿喉導尿
- Urinary catherization is one of the treatments for overflow incontinence.

8 排尿時間表 Bladder Charting

- 編定排尿時間表，有助認知障礙患者定期排尿
- Bladder charting is helpful in scheduling a regular bladder pattern for people with reduced awareness to void.

9 輔助器具 Continence Products and Assistive Devices

- 若尿失禁不能根治，可從改善環境及使用輔助器具著手，如在廁所裡加裝扶手、尿壺、便椅、尿套、尿墊或保留性導尿管等
- The use of continence products is to improve your social life by managing leakage and maintaining self-esteem. Continence pads and pants, bed pads, urinary catheters and drainage bags are commonly used. Installing handrails and commode chairs and keeping the light on in the toilet are useful in people with functional incontinence.

預防方法 - 良好的生活習慣

Preventive Measures - Maintaining Good Life Style

1. 每天飲六至八杯水（醫生特別指明需要限制飲水的病人除外）
2. 減少飲用含咖啡因及酒精的飲料
3. 避免進食刺激腸道的食品（包括油膩和辛辣的食品），以預防大便失禁
4. 增加進食高纖維素食物，預防便秘
5. 培養良好的小便習慣，例如有尿意時才排尿，避免「以防萬一」而上廁所
6. 強化骨盤底肌：產後恆常地練習骨盤底肌運動、避免提舉重物引致骨盆底肌勞累或鬆弛



1. Drink sufficient fluids, about 6-8 cups daily. (Except for patients with fluid restrictions).
2. Avoid alcoholic and caffeine drinks.
3. Avoid food that cause loose or frequent bowel movements (For example, oily and spicy food)
4. Food with high fibre content is suggested to prevent constipation which may affect bladder function.
5. Do not get into the habit of going to toilet just-in-case. Go only when you need to.
6. Practise pelvic floor exercise regularly and avoid repetitive heavy lifting.



排尿時間表

Bladder Chart

+ : 少量 (small amount)
 ++ : 中量 (moderate amount)
 +++ : 大量 (Large amount)

例子 Example

日期 Date	8月16日		
時間 Time	飲水 Input	小便 Output	失禁 Urine Leakage
1:00	350ml		
2:00		200ml	++

例子 Example

日期 Date	8月17日		
時間 Time	飲水 Input	小便 Output	失禁 Urine Leakage
1:00	250ml		
2:00		100ml	+

請填寫 Please fill in the followings

日期 Date			
時間 Time	飲水 Input	小便 Output	失禁 Urine Leakage
上午 AM 1:00			
2:00			
3:00			
4:00			
5:00			
6:00			
7:00			
8:00			
9:00			
10:00			
11:00			
12:00			
下午 PM 1:00			
2:00			
3:00			
4:00			
5:00			
6:00			
7:00			
8:00			
9:00			
10:00			
11:00			
午夜 Mid night 12:00			

請填寫 Please fill in the followings

日期 Date			
時間 Time	飲水 Input	小便 Output	失禁 Urine Leakage
上午 AM 1:00			
2:00			
3:00			
4:00			
5:00			
6:00			
7:00			
8:00			
9:00			
10:00			
11:00			
12:00			
下午 PM 1:00			
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8:00			
9:00			
10:00			
11:00			
午夜 Mid night 12:00			

大便失禁

Fecal Incontinence

大便失禁是指無法控制排便，導致糞便（固體或液體）意外從直腸洩漏，流出肛門外。

大便失禁是一種排便不正常的情況，患者因腸道或肛門括約肌問題無法控制何時排泄。

這並不是正常的老化現象。大部份大便失禁可以通過改變生活習慣、接受藥物治療和物理治療得到改善。

Fecal incontinence is the inability to control bowel movements, causing stool (solid or liquid) to leak unexpectedly from the rectum.

Fecal incontinence is a condition of abnormal bowel movements. Patients with intestinal or anal sphincter problems cannot control their bowel function.

It is not a normal part of aging. It can often be improved with lifestyle modification, medical treatment and physiotherapy.



誰較易患上大便失禁？

Who are more at risk of Fecal Incontinence?

- 年紀較大的人士
- 曾生產的女性
- 糖尿病、神經系統毛病（如中風、腦退化、帕金森症、腰部曾受創傷和脊髓神經受損等的患者）
- 長期臥床或身體有殘障的人士
- Common in old age adults
- Complication of childbirth during vaginal delivery
- Diabetes
- Neurological disease (e.g. stroke, dementia, Parkinson's disease, spinal cord injury)
- Reduced physical mobility or physically disabled

大便失禁的成因

Common Causes of Fecal Incontinence

引致大便失禁主要有以下幾個原因：

The cause of fecal incontinence can be classified into following types:



肛門括約肌受損 Muscle damage or weakness

- 肛門括約肌受損會令身體失去控制排便的能力，導致糞便意外外洩。這種損傷可能在分娩過程中發生。
- Injury to the anal sphincter may cause difficulty in holding stool back. The damage could be caused during childbirth.



神經受損 Nerve injury

- 肛門括約肌神經損傷和直腸神經損傷，可導致大便失禁。
- 神經損傷的成因包括分娩、排便時持續用力或神經系統疾病。
- Injury to the nerve that was responsible for sensing stool in the rectum or controlling the anal sphincter could result in fecal incontinence.
- This is usually caused by childbirth, straining during bowel movement and neurological diseases.



便秘 Constipation

- 便秘可能會導致直腸和腸道的肌肉因過度伸展而變弱，讓較稀的大便漏出，導致大便失禁。
- Constipation may weaken the muscles of the rectum, allowing watery stool to leak out.

4 腹瀉 Diarrhea

- 稀便比較難“忍”，因此腹瀉時的稀便會容易引致或加劇大便失禁的情況。
- Loose stools of diarrhea might leak from the rectum as they pass through the rectum more easily.

6 外科手術 Surgery

- 涉及直腸和肛門的手術可能會導致肌肉和神經損傷。
- Operations involving the rectum and anus might cause muscle and nerve damage.

5 痔瘡 Hemorrhoids

- 痔瘡會阻止肛門完全閉合，從而導致糞便漏出。
- Hemorrhoids prevents the anus from closing completely, this allows stools to leak out.

7 直腸脫垂 Rectal prolapse

- 直腸脫垂會拉傷肛門括約肌神經，導致大便外泄。
- Rectal prolapse damages the nerve that controls the anal sphincter causing fecal incontinence.

治療方法

Treatments for Fecal Incontinence

● 飲食和生活方式的改變

Diets and lifestyle modification

- 避免攝取容易引致腹瀉的食物和飲料。
- 攝取足夠的纖維及多喝水，以防止便秘。
- Avoid foods and drinks that caused diarrhea.
- Drink sufficient water and eat more fibers to prevent constipation.

● 藥物治療 Medication

- 以藥物治療腹瀉和便秘，亦有助緩解大便失禁的情況。
- Treating diarrhea and constipation with medications can also improve fecal incontinence.

● 腸道訓練 Bowel training

- 訓練每天在特定時間排便。
- Having scheduled bathroom for bowel movement might improve fecal incontinence.



● 骨盆底肌運動 Pelvic floor exercise

- 通過增強骨盆底肌肉力量，防止大便滲漏。
- Improves fecal incontinence through strengthening the pelvic floor muscles to prevent bowel leakage.

● 輔助器具 Assistive device

- 若大便失禁不能根治，可使用防漏內褲或護墊以改善大便失禁患者的生活質素。
- Wearing absorbent pads may improve the quality of life for patients with fecal incontinence.

● 手術治療 Surgical Intervention

- 骨盤底肌和肛門括約肌嚴重鬆弛的病人，可由醫生決定透過手術來治療大便失禁。
- Not everyone with fecal incontinence requires surgery. Please consult with your doctor for any enquiry.

物理治療與便秘

Physiotherapy and Constipation

物理治療用於治療便秘問題上可分為兩方面，分別為檢查及治療。

Physiotherapists are knowledgeable and expertise in examining and treating constipation.

檢查 Examination

現今醫藥科技發達，便秘的病因可透過「直腸肛門生理學」的檢查正確地診斷出。檢查項目包括：肛門直腸壓力檢查、肛門直腸容積測定、肛門直腸抑制反射、會陰神經傳導測定、動態排便攝影及大腸排空時間測定。待病因確定後，對症治療。

Anorectal physiology is useful in diagnosis of constipation. This examination includes:

- Colonic transit
- Anal pressure measurements
- Rectal sensation and reflex study
- Anal electromyography
- Pudendal nerve function test
- Evacuation proctography

物理治療 Treatment

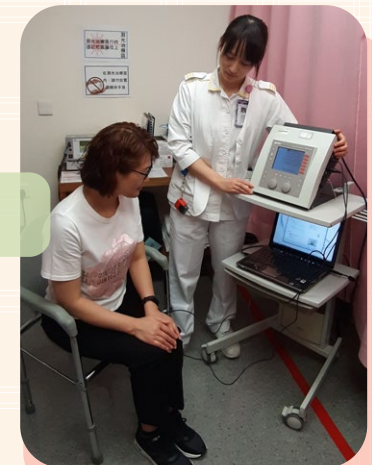
生理回饋是現時醫學界唯一有效治療便秘的方法，生理回饋全名為「盤底肌肉功能治療」，原理是教導患有便秘的病人應怎樣放鬆肛門。首先物理治療師會用儀器檢查病人肛門收緊程度，教導病人正確掌握放鬆肛門肌肉。然後再進行腹壁肌肉訓練和教導病人排便的正確姿勢。病人需因應情況治療6至8星期，其間包括回家繼續練習，便能有效改善便秘問題。

Biofeedback therapy is the only effective treatment approach for constipation. It is useful in reflecting the activity of the muscles and thus to teach people with constipation to relax these muscles instead of voluntarily contract during bowel movement.

In combination with strengthening of pelvic floor muscles and proper postural advice, passage of stool will become easy and successful.

Constipation will be gradually resolved after 6 to 8-week of therapy.

Home exercises and practice are important to reinforce the effect of the treatment.



放鬆骨盤底肌訓練

Pelvic Floor Muscle Relaxation Training

練習時坐於椅子上，身軀向前，手放鬆放於膝上，模擬排便時收緊腹肌將肛門打開。用力時呼氣。

Practice in sitting position. Trunk lean forward and put elbow on knees. Tighten up the abdominal muscles while relax the pelvic floor just like opening the anus. Breath out while performing the action.

預防便秘

Tips on Preventing Constipation

良好排便姿勢

Positioning during bowel open



如廁時保持正確姿勢（如圖）

- 身軀傾前，手肘放於膝上，膝略高於髖關節，腰背伸直

Positioning during bowel opening

- Knees higher than hips. Lean forward and put elbows on knees. Bulge abdomen. Straighten spine.



1 多吃高纖維的食物 High Fiber Intake

- 如蔬菜、水果、麥片、豆類等
- 每天3-4份蔬菜，2份水果
- Vegetables, fruits, oatmeal and legumes are of high fiber content
- Everyday 3-4 cups of vegetable, 2 cups of fruits

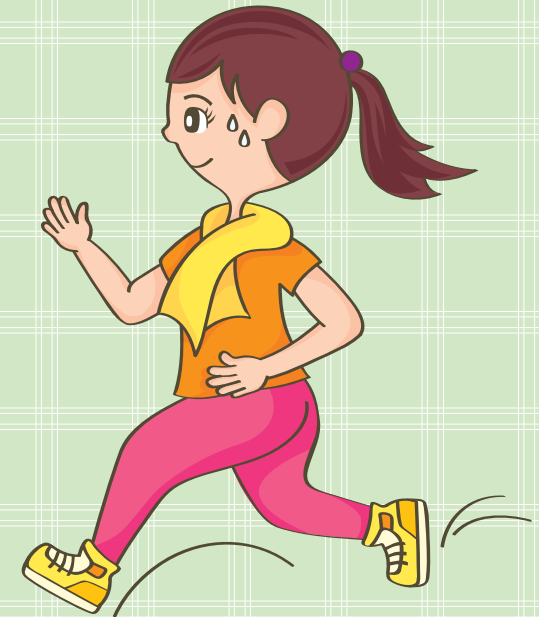
2 多喝開水 Sufficient Fluid Intake

- 每天至少要飲用八杯水，讓糞便維持適當的軟硬度
- 避免飲用含酒類或咖啡因的飲品
- Drink 6-8 cups of fluid daily
- Avoid alcoholic and caffeine drinks



3 適當的運動 Physical Exercises

- 運動可以刺激腸胃蠕動，增加腹壁肌肉和其他排便肌肉的收縮力量
- Physical exercises can stimulate the motility of bowel movement.
- Strengthening of pelvic floor and abdominal muscles, bowel movement will facilitate bowel movement.



4 規律的飲食生活 Regular Diet

- 三餐定時定量，避免暴飲暴食，以免造成腸胃過量負擔，破壞腸胃規律的運作
- 3 meals per day, avoid skipping meals
Avoid extreme (little or excessive) food intake

5 避免精神緊張、壓力過重 Stress-free Lifestyle

- 精神緊張會抑制排便反射；壓力過重會導內分泌失調
- Stress suppresses the awareness and response to the need for bowel movement.
- Stress also affects endocrine system which leads to constipation.



6 養成定時排便習慣 Regular Bowel Habit

- 每天一定要有固定時間去培養便意
- Build up a scheduled toilet break.
- Allow enough time to have bowel movement.

7 勿養成服用瀉藥的習慣 Say NO to Laxative

- 依賴瀉藥排便，久而久之會使排便功能衰退
- Depending on Laxatives will eventually weaken the ability of natural bowel movement.



糞便記錄表

Stool Chart - For Constipation

	日期 Date	你今日有 沒有大便 Did you have bowel movement today?	請用布里斯托大便表指 出你的大便性質 / 份量 Describe your bowel movement using the Bristol stool chart / Volume	排便需時 (分鐘) Time (min)	你今日有沒有 運動 Did you exercise today?	瀉藥 Laxative	其他病徵 Other symptom
星期一 Monday	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	多/中等/小/沾污		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
星期二 Tuesday	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	多/中等/小/沾污		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
星期三 Wednesday	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	多/中等/小/沾污		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
星期四 Thursday	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	多/中等/小/沾污		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
星期五 Friday	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	多/中等/小/沾污		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
星期六 Saturday	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	多/中等/小/沾污		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
星期日 Sunday	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	多/中等/小/沾污		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

布里斯托大便分類法

有 = Yes 痛楚 = Pain
沒有 = No 有血 = Bleeding

第一型	 一顆顆硬球 (很難通過)	第五型	 斷邊光滑的柔軟塊狀 (容易通過)
第二型	 香腸狀, 但表面凹凸	第六型	 粗邊蓬松塊, 糊狀大便
第三型	 香腸狀, 但表面有裂痕	第七型	 水狀, 無固體塊 (完全液體)
第四型	 像香腸或蛇一樣, 且表面很光滑		