From the team at Joyvié Health

Talking about bowel incontinence

A short guide for partners, families and friends of someone living with bowel incontinence







You've noticed something

Stained clothes. A smell. Someone who no longer wants to go out. You want to help, and you don't know how to start.

Bowel incontinence is common. In a 2026 survey of 2,004 UK adults, about 1 in 6 said they had bowel leakage at least once a month. It was reported in every age group, from 18 to 55 and over. Most families still find it hard to talk about.

If you haven't raised it with them yet, you're not alone. In a second survey of 411 people living with bowel incontinence, more than half (54%) said no one helps them manage it. It's a hard subject to raise, and this guide shows you how.

Carers who have been through it say the first few weeks are the hardest. It does get easier.

This guide has two parts

1. How to talk about it. What to say, and what to do if they don't want to talk.

2. Before you see the GP or continence nurse. What to write down and what to ask.

Part 1

How to talk about it

Before you say anything

- **Know your goal.** You're not there to fix it in one talk. You're there to show them they don't have to deal with it alone.
- **Sit side by side.** In the car, on a walk, doing the washing up. When you're not face to face, the person you're worried about is less likely to feel questioned.
- **Slow down** and leave pauses. Silence gives them time to answer.
- **Pick a quiet moment.** Not during a clean-up, and not straight after an episode.
- **Use their words.** If they say "upset tummy" or "accident", say that too. Medical words can feel cold.
- **Keep it private.** Ask before you tell anyone else, family included.

How to start

You don’t need a script. Just ask if now is OK and then say why you are raising it. The lines below are there if you need them.

Ask first

“Have you got a minute? There’s something I’d like to talk about.”

“Is now a good time, or would later be better?”

Say why

“My only goal is to make things easier for you.”

“I’m not here to tell you what to do. I just don’t want you dealing with this on your own.”

“I’d rather say it than pretend I haven’t noticed.”

“You’ve always managed everything yourself. I’m not trying to take over.”

Promise privacy

“Before anything else: this stays between us.”

Name what you’ve noticed

This can be the hardest part. Say what you saw, not what you think it means. Keep it to one or two things, say it once, then stop.

Signs that other families notice: clothes or bedding washed more often, underwear hidden or thrown away, lots of air freshener, long stays in the bathroom, and plans quietly cancelled. Pick what you’ve actually seen.

> *“I’ve noticed a smell a few times, and some marks on your clothes.”*
>
> *“I’ve noticed you’ve stopped coming to things you used to love, and you always check where the toilets are first.”*
>
> *“I found some underwear in the bin. I’m not upset. I just want to check you’re okay.”*

If they open up, listen first, then follow up

“Help me understand what the hardest part is right now.”

“What would make it easier?”

When you’re ready to suggest a next step

“Would you be open to finding out if there’s a reason for it? We’ll go at your pace.”

“Nurses talk about this every day. Would it help if I came with you?”

If it gets tense

- **Don’t argue back.** Slow down, lower your voice and pause. A pause calms things more than another sentence.
- **Name it gently.** *“I can tell this is hard to talk about. That’s okay.”*
- **Drop pity and pressure.** “Poor you” and “you have to fight this” both tend to end the talk.

If they brush it off or say no

Don't push for an admission. Leave the door open:

> *"Okay. If it ever is something, I'm here."*
>
> *"No pressure. The offer stands."*
>
> *"I'll leave it for now. Can I check in next week?"*

One talk is rarely enough. A no today is not a no forever. Over the next few weeks:

- **Find the worry.** "What worries you most about it?" Often it's embarrassment, or a memory of how someone else was cared for. Help and products have changed a lot since then.
- **Offer one small step.** "What's one small thing that would help this week?" Then let them choose.
- **Let someone else say it.** Some people listen to a nurse, a friend, or another person living with it before they listen to family.

If the person has dementia

They may not remember accidents, or may not see a problem. Arguing about it rarely helps. Carers often find a calm routine works better than a big talk. The Alzheimer's Society support line can help you think it through.

Bowel incontinence can also follow childbirth, bowel surgery, or conditions like Crohn's, colitis or MS. The same approach works: ask first, say why, and go at their pace.

"His fear of an accident was the real problem. He was afraid to leave the house."

A wife caring for her husband

Small things that helped other families

- **A routine instead of reminders.** Lay clean pads or pants out with the day's clothes, so you don't have to keep asking.
- **A toilet card and a RADAR key.** The free Just Can't Wait card asks shops and cafes for quick access to a toilet. A RADAR key opens locked accessible toilets.
- **Calm when it happens.** "Let's get you sorted" is enough. Then move on.
- **A bag by the door.** Spare clothes, wipes, gloves and a bag for used things. Keep one in the car and one at work too.
- **Fresh underwear and nightwear.** Throw away anything still stained after one wash. Carers say stained clothes get people down.
- **Let them choose the words.** When products come up, ask: "What do you want to call them? Pads, pants, you choose."

Who to contact

Bladder & Bowel UK	**0161 214 4591**
Alzheimer's Society	**0333 150 3456**
Age UK	**0800 678 1602**
Bladder & Bowel Community	**bladderandbowel.org**
Carers UK	**0808 808 7777**
NHS 111	**111**

Part 2

Before you see the GP or continence nurse

Bowel incontinence is not something to put up with. Whatever is behind it, and even when no cause is found, the NHS says there are treatments and support that can help. A GP is the place to start. Doctors and nurses talk about this every day.

Many areas have an NHS bladder and bowel service, sometimes called the continence service. It does much more than hand out pads. Ask the GP to refer you. In some areas you can contact the service yourself, and the GP surgery can tell you how.

Write these down for a week

A week of notes saves time and gets you a better answer. Do it together if you can.

- ☐ When each episode happens, and what they were doing
- ☐ How much, and what it looks like (the Bristol Stool Chart gives a number from 1 to 7)
- ☐ Whether they felt it coming, or had no warning
- ☐ How often they normally go, and what has changed
- ☐ Any straining, pain, blood or slime
- ☐ What they eat and drink, and when
- ☐ Every medicine and supplement, including ones bought at the chemist
- ☐ Any sore or itchy skin
- ☐ How far the toilet is, and any help they need to get there
- ☐ What it has stopped them doing: work, going out, being close, sleeping

The Bladder & Bowel Community has a free bowel diary and Bristol Stool Chart to print at **bladderandbowel.org/downloads**.

At the appointment

If the person agrees, go in with them. Open with the goal: “We want to understand what’s going on.” Then say plainly what you have seen, even if they play it down.

Questions to ask:

- What could be causing this?
- Could constipation be part of it?
- Could any of the medicines be part of it?
- Can we be referred to the bladder and bowel service?
- What can we do at home while we wait?

Get help quickly

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

Look after yourself too. Caring is hard work. You can ask your own GP for support, and your council for a carer’s assessment.

This guide gives general information. It is not medical advice. Always speak to a GP or nurse about your own situation. Written by the team at Joyvié Health, who are researching better products for people living with bowel incontinence. Built from what family carers say in UK carer communities, and from NHS and NICE guidance.

About the figures: online surveys by Research Without Barriers (RWB), self-reported. UK adults: 2,004 people, 19 to 21 September 2026. “About 1 in 6” is the 16.9% who reported bowel leakage monthly (8.6%), weekly (5.9%) or daily or more (2.3%) in the past 3 months; every age band was 12% or higher. People living with bowel or faecal incontinence: 411 people, 26 October to 5 November 2026.

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