


Bowel changes that matter: What's normal, what's not, and when to get checked

A close-up photograph of a woman wearing a pink hijab and a brown and white striped apron. She is smiling and looking down at a blue pot on a stove, appearing to be in a kitchen setting.

Most people do not talk about their bowel habits. You might notice a change and hope it settles. You might feel unsure if it is worth mentioning. It can feel awkward to bring up, even with a doctor.

But bowel changes are common. Most of the time, they are not serious. Your bowel pattern can shift for many reasons. Stress. Diet. Travel. Hormones. Medication. A short illness. Many of these changes settle on their own. The hard part is knowing the difference between a brief shift and something that needs attention.

You might notice you are going more often. Or less often. Your stools look different. You feel more bloated. Or you see blood and feel worried.

This guide explains:

- What counts as a normal bowel pattern
- Why bowel habits change
- How long a change should last
- Which symptoms should be checked
- What happens when you see a GP

Noticing a change does not mean something serious is wrong. It means your body is giving you information.



What “normal” really means

There is no single normal bowel pattern.

Some people go three times a day. Others go three times a week. Both can be healthy.

What matters most is what is usual for you.

A healthy pattern often has these features:

- Stools are soft but formed
- You do not strain most of the time
- You feel empty after going
- There is no ongoing pain or bleeding

Doctors often use the **Bristol stool chart** to describe stool types. It groups stools into seven types, from very hard to fully liquid.



In simple terms:

Type	Description	Causes
Type 1	Separate hard lumps, like small pellets. Hard to pass.	Often linked with constipation. Can happen when stool moves very slowly through the bowel. Low fibre intake, dehydration, or lack of movement may contribute.
Type 2	Sausage-shaped but lumpy.	A sign of mild constipation. Stool stays in the bowel longer than usual and becomes dry and hard.
Type 3	Sausage-shaped with cracks on the surface.	Generally considered close to a healthy stool. May occur when bowel movement timing is slightly slow.
Type 4	Smooth, soft sausage or snake-like stool. Easy to pass.	Usually considered the most healthy and balanced stool type. Suggests the bowel is working well and stool contains enough water and fibre.
Type 5	Soft blobs with clear edges. Passed easily.	May appear when stool moves slightly faster through the bowel. Can happen with low fibre intake or mild digestive upset.
Type 6	Fluffy pieces with ragged edges. Mushy consistency.	Often linked with mild diarrhoea. Can occur with infections, food intolerance, stress, or bowel irritation such as IBS.
Type 7	Watery stool with no solid pieces.	Diarrhoea. May occur during infections, food poisoning, certain medications, or digestive conditions.

It is common for stool type to **change now and then**. A few days of harder stools after travel. Looser stools during stress. A shift after a stomach bug.

A key question to ask is not, *“Is this normal for everyone?”*

It is, *“Is this different from my usual pattern?”*

If something is new for you and lasts, that is when it deserves attention.



Why bowel habits change

Your digestive system responds to daily life. What you eat. How much you drink. How you sleep. Your stress levels. Your routine. Even small changes can affect how often you go and what stools look like.

Here are common reasons for short-term changes.



Diet

A sudden increase in fibre can make stools looser at first. Not drinking enough fluids can make stools harder.

Large meals, spicy food, or high-fat food can speed things up. Eating at different times of day can also affect your bowel rhythm.



Stress and anxiety

The gut and brain are closely linked. When you feel anxious or under pressure, your bowel can become more sensitive. Some people get looser stools.

Others feel constipated. Bloating and cramps are common during stressful periods. These symptoms are real. They are not imagined.



Illness or infection

A stomach bug can upset your gut for days. Sometimes for a few weeks. Antibiotics can also affect the balance of bacteria in your gut. This can lead to temporary diarrhoea.

In most cases, your bowel settles with time.



Hormonal changes

Hormones affect bowel activity. Some people notice changes before or during their period. Pregnancy and menopause can also shift bowel habits.



Medication

Some medicines can cause constipation. Others can cause diarrhoea.

Common examples include certain painkillers, iron tablets, and some treatments for blood pressure or depression. If a change starts soon after a new medication, mention it to your GP.

Most short-term bowel changes are linked to one of these factors. A change that lasts a few days is common. A change that lasts several weeks, without a clear reason, should be checked.



How long should a bowel change last?

A brief change is common.

A few days of constipation after travel. A week of looser stools after a virus. A short spell of bloating during a stressful period. These shifts often settle once the trigger settles.

What matters is duration. If a change lasts three weeks or more, and you cannot explain it, it should be checked.

Doctors pay attention to changes that are:

- New for you
- Ongoing
- Getting worse
- Not linked to an obvious cause

It is not about one unusual day.

It is about a pattern that does not return to your usual rhythm.

If you are unsure, **ask yourself:**

- Has this clearly changed from my normal?
- Has it lasted longer than I expected?
- Is it linked to other symptoms like pain, bleeding, or weight loss?

If the answer is yes, it is sensible to **speak to a GP.**

Most long-lasting changes turn out to have manageable causes. But it is important not to assume.

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At HealthHero, we often speak to people who waited because a bowel change did not feel serious enough to mention. Clinically, the key signal is not severity but persistence. If something is new for you and lasts, it is worth discussing.



Changes that should not be ignored

Most bowel changes settle. Some symptoms should not be left. The main signs doctors look for are changes that are new, last, and have no clear cause.

Speak to a GP if you notice any of the following, especially if they last three weeks or more.

A lasting change in bowel habit

This could mean:

- Going much more often than usual
- Going much less often than usual
- Ongoing diarrhoea
- Ongoing constipation

If your usual pattern has clearly shifted and not returned, it should be discussed.

Blood in your stool

Seeing blood can be worrying. Bright red blood is often linked to piles or a small tear, especially if you have been constipated.

Dark red blood, or blood mixed in with the stool, should always be checked. Even if you think it is piles, new bleeding needs medical advice.

Ongoing tummy pain

Short cramps are common. Pain that lasts, wakes you at night, or gets worse over time should be assessed.



Unexplained weight loss or tiredness

If bowel changes come with weight loss you cannot explain, or new tiredness, **speak to a GP.**

A feeling that you cannot empty your bowel fully

This can happen now and then. If it becomes regular, or is linked with other symptoms, it needs checking.

To keep it simple:

- A short change with a clear reason is often harmless.
- A change that lasts, has no clear cause, or includes bleeding or weight loss should be checked.

It is normal to worry about cancer when you see symptoms like these. Most people who see a GP with bowel changes do not have cancer. But doctors would rather **assess a symptom early** than see it later.





What these symptoms can be linked to

When bowel changes last, there are different possible causes. Many are common and manageable. Some need monitoring. A small number need urgent treatment. Understanding the range can reduce fear while still encouraging action.

Common and manageable causes

▶ **Irritable bowel syndrome (IBS)**

IBS can cause ongoing changes in bowel habit, bloating, and cramping. Symptoms often vary with stress and diet. IBS does not cause bleeding or unexplained weight loss. Tests are usually normal.

▶ **Haemorrhoids (piles)**

Swollen veins in the lower rectum. They can cause bright red bleeding, itching, or discomfort, often after constipation.

▶ **Anal fissures**

Small tears caused by passing hard stools. These can cause pain and small amounts of bright red blood.

▶ **Food intolerance**

Lactose, gluten, or certain carbohydrates can cause bloating and loose stools in some people.

▶ **Medication side effects**

Some medicines slow the bowel. Others speed it up.



Conditions that need closer assessment

▶ Inflammatory bowel disease (IBD)

This includes Crohn's disease and ulcerative colitis. These conditions involve inflammation in the bowel. They can cause persistent diarrhoea, pain, blood in the stool, and tiredness. Blood tests or stool tests are often abnormal.

▶ Coeliac disease

An immune reaction to gluten. It can cause diarrhoea, bloating, weight loss, or anaemia.

▶ Bowel cancer

Risk increases with age, especially over 50. Persistent change in bowel habit, blood in the stool, weight loss, or ongoing pain should always be checked.

▶ Family history can increase risk.

It is important to say that most people who speak to their GP about bowel changes do not have cancer.

In the UK and Republic of Ireland, bowel screening is **offered from a set age group**. Even if you take part in screening, new symptoms should still be checked.

Doctors look at age, symptoms, how long the change has lasted, and family history before deciding what tests are needed.



What happens when you see a GP

Many people delay booking an appointment because they worry about tests.

In most cases, the first step is a conversation.

GPs talk about bowel habits every day. You will not shock or embarrass them.

Your GP may ask:

- When the change started
- How your bowel habit has shifted
- Whether there has been any bleeding or pain
- If you have lost weight without trying
- Whether there is a family history of bowel problems
- What your diet and stress levels have been like

They may arrange simple **blood tests** or ask for a **stool sample**. These tests can check for signs of inflammation, infection, or anaemia.

If certain symptoms are present, you may be referred for further tests. This can include a **colonoscopy** or a **scan**. Not everyone needs these.

Early assessment allows common causes to be treated and serious causes to be ruled out.





When to seek urgent help

Most bowel changes can wait for a routine GP appointment. There are a few situations where you should seek urgent medical advice.

Get urgent help if you have:

- Heavy or ongoing bleeding
- Black, tar-like stools
- Severe tummy pain that does not ease
- Persistent vomiting with tummy pain
- Feeling faint or very weak alongside bleeding

These symptoms are **not common**. If they happen, do not wait.

For other changes that last or worry you, book a GP appointment in a calm and timely way.



How HealthHero can help

If you have noticed a bowel change that has not settled, talking it through can give you clarity.

With **HealthHero**, you can book a confidential online GP appointment at a time that suits you. You can speak to a doctor from home, without long waits.



Europe's largest
digital clinic

Contact **HealthHero** today for more support and advice. We're with you every step of the way.

Your GP can:

- Go through your symptoms in detail
- Discuss likely causes
- Advise whether further tests may be required and how to access
- Explain next steps clearly

Most bowel changes turn out to have manageable causes. The important step is not to ignore a change that lasts.