

Incomplete Evacuation Conversation Map

Use this before a clinician visit if constipation feels stuck, incomplete, or hard to coordinate. It is not a diagnosis.

1. Stop Signs

Get medical guidance promptly for:

- rectal bleeding, blood in stool, or black stool
- constant, severe, worsening, or different abdominal pain
- vomiting, fever, or unexplained weight loss
- inability to pass gas or stool with swelling
- symptoms outside your baseline

2. Pattern Clues

Mark what is true:

- straining even when stool is not very hard
- blocked feeling near the rectum or pelvic floor
- incomplete evacuation
- repeated urges with little output
- multiple bathroom attempts
- bloating or pressure that only partly improves after stool
- worse symptoms after adding lots of fiber

3. Bring These Notes

- stool form and frequency
- fiber, magnesium, PEG, laxative, and medicine use
- pelvic pain, childbirth, surgery, endometriosis, or urinary symptoms
- bleeding, fever, weight loss, vomiting, or nighttime symptoms
- what has helped and what made symptoms worse

4. Questions To Ask

1. Does this pattern suggest outlet constipation or pelvic-floor dysfunction?
2. Would a rectal exam, anorectal manometry, or another test help?
3. Would biofeedback or pelvic-floor physical therapy be appropriate?
4. How should I balance stool softness, fiber, medicines, and IBS-C care?