

ECS 193AB Winter/Spring2017

TrackMyPoo.com – website and mobile application to help track bowel movements

Clinical Problem:

Regular bowel movements (BM) are an important but often under-recognized aspect of both everyday life and medical care. Unfortunately many patients do not have regular, consistent BMs. Individuals with opioid dependence, irritable bowel syndrome, advanced cirrhosis on lactulose, etc. are all examples of patients with chronic, often life-long conditions for which excessive or missed BMs can result in life-threatening sequelae.

Currently BM tracking ranges from empiric, scheduled stool softener and/or laxative dosing with often rudimentary logging of potential triggers and/or confounding factors e.g. diet, sleep, exercise, other medications, etc. Some mobile applications for BM tracking do exist, e.g. PoopMD, however these applications are typically focused for a specific population (e.g. infants) and/or lacking in data recording/analysis. User friendliness is also often cited as major hurdle especially for less tech-savvy individuals.

Proposed intervention:

A website (TrackMyPoo.com*) with linked mobile application which can:

- Record BM time of day, rough quantity (e.g. small, medium, large), color, texture, general appearance, comparison to Bristol Stool Scale
- Perform real-time analytics e.g. graphing time of day vs. frequency, number of meals, hours of sleep, etc.
- Ability to also record diet, sleep, psychosocial stressors, other medications, along with other potential confounding factors
- Set minimum/maximum number of stools/day, notify patient if goal(s) BM's not met
- Instructions to notify primary MD if alarm signs noted e.g. blood in stool, excessive BM's, no BM's for several days

* Domain name already registered by myself

Translational importance:

A bowel movement website/tracking app would utilize modern technology to improve patient BM regularity and overall quality of life, and potentially healthcare costs.

Desired outcomes:

1. Improved patient BM regularity and consistency
2. Ability for patients and their physicians to identify potential risks of irregular BMs e.g. diet, sleep, medications, etc.
3. Reduction in office visits and/or hospitalizations for excessive and/or missed BMs for patients with chronic

Contact:

William Wung, MD

wwung@ucdavis.edu