SYMPTOM

Stools - floating

Floating stools are bowel movements that stay at the water's surface, often because they contain extra gas.

WHAT IT FEELS LIKE
Stool that stays at the water's surface

WHERE IT IS FELT
Bowels, usually noticed in the toilet

MOST COMMON CAUSES
Extra intestinal gas, diet changes, mild digestive upset

WHEN IT IS URGENT
Yellow skin or eyes, severe pain, or bloody or black stool

USUALLY LASTS
Often brief; ongoing episodes depend on the underlying cause

SEE A DOCTOR IF
It persists, recurs, or accompanies weight loss or greasy stools

Overview

A floating stool stays near the surface of the toilet water instead of sinking. This is usually related to the amount of gas trapped in the stool. Changes in food, gut bacteria, or digestion can all increase gas.

An occasional floating bowel movement is common and is not usually concerning by itself. Whether a stool floats does not reliably show how healthy it is.

Floating stools need more attention when they are repeatedly greasy, pale, bulky, unusually foul-smelling, or difficult to flush. These changes may mean that the body is not absorbing fat properly. This is called fat malabsorption . Fatty stools are also known as steatorrhea .

What it may feel or look like

Floating itself does not normally cause a physical sensation. You may simply notice the stool at the water's surface.

The stool may otherwise look normal. If it contains excess gas, it may also appear loose or have

visible bubbles. You may have bloating, rumbling, or increased wind.

Features that may suggest poor fat absorption include stools that are:

Other symptoms matter more than floating alone. These can include ongoing diarrhoea, abdominal discomfort, reduced appetite, tiredness, or unplanned weight loss.

- Greasy, oily, or coated with a film
- Pale or clay-coloured
- Bulky, loose, or difficult to flush
- Stronger-smelling than usual

Common causes

Extra gas in the stool. Gas makes stool less dense, allowing it to float. This may happen after eating foods that your gut bacteria ferment, including beans, some vegetables, and certain high-fibre foods. Fizzy drinks and sudden dietary changes may also contribute.

A short-term digestive upset. A mild stomach infection or brief episode of diarrhoea can change how quickly food moves through the bowel. This can alter the amount of gas and water in the stool.

Food intolerance. Difficulty digesting a food component, such as lactose in dairy products, can cause gas, bloating, diarrhoea, and floating stools. Symptoms often follow the same food, but the pattern is not always obvious.

Changes in gut bacteria. Antibiotics like amoxicillin or doxycycline , infections, and changes in diet can affect the bacteria living in your digestive tract. This may temporarily increase gas production.

Less commonly, repeated greasy floating stools can occur when the digestive system cannot break down or absorb fat normally. Possible causes include coeliac disease, reduced production of pancreatic digestive enzymes, or problems affecting bile flow. Bile is a digestive fluid made by the liver.

Some intestinal infections can also interfere with absorption. Floating stools alone cannot show which, if any, of these conditions is present.

When to seek medical care

Book a routine appointment if floating stools continue for more than a couple of weeks, keep

returning, or come with greasy stools, ongoing diarrhoea, bloating, or abdominal discomfort. You should also arrange an assessment if you are losing weight without trying or have signs of poor nutrition, such as unusual tiredness or weakness.

Seek same-day medical advice if floating or pale stools occur with yellow skin or eyes, dark urine, fever, repeated vomiting, or significant abdominal pain. These symptoms can occur when the liver, gallbladder, bile ducts, or pancreas need prompt assessment.

Seek urgent or emergency care for:

Black stool can also result from iron or certain medicines, but unexplained black, sticky stool should be assessed promptly.

- Severe or rapidly worsening abdominal pain
- Vomiting blood
- Red blood in the stool or black, tar-like stool
- Fainting, confusion, or marked weakness
- Inability to keep fluids down with signs of dehydration

How the cause is found

A healthcare professional will ask how long the change has lasted and whether every stool floats. They may ask about stool colour and texture, diarrhoea, pain, weight changes, travel, medicines, alcohol use, previous surgery, and foods that appear to trigger symptoms.

A physical examination may look for abdominal tenderness, dehydration, weight loss, or yellowing of the skin or eyes.

Testing is not always needed for occasional floating stools without other symptoms. If symptoms persist, tests may include blood tests for anaemia, inflammation, liver function, or coeliac disease. Stool tests can look for infection, excess fat, or signs that the pancreas is not producing enough digestive enzymes.

An ultrasound or another scan may be recommended when symptoms suggest a problem involving the liver, gallbladder, pancreas, or bile ducts.

Do not start a strict gluten-free diet before being tested for coeliac disease unless a healthcare professional advises it. Removing gluten beforehand can make test results less reliable.

Treatment and self-care

Treatment depends on what is causing the change. An isolated floating stool usually needs no treatment.

For a short-lived change, pay attention to whether it follows a new food, a sudden increase in fibre, or a period of digestive upset. Eat regular, balanced meals and drink enough fluid, especially if stools are loose.

A brief symptom diary may help. Record meals, stool appearance, pain, bloating, and diarrhoea. This can reveal patterns and provide useful information at an appointment.

Avoid removing several food groups without advice. Long-term restriction can lead to missing nutrients and may make an underlying condition harder to identify. If a particular food repeatedly causes symptoms, discuss this with a healthcare professional or registered dietitian.

When poor absorption is confirmed, treatment may involve managing the underlying digestive condition and correcting nutritional deficiencies. Some people need prescribed digestive enzymes or other condition-specific treatment. These should be used following an appropriate medical assessment.

What to expect

Floating caused by diet or temporary extra gas may settle within a few bowel movements. It may return after similar foods or another digestive upset.

When stools remain greasy, pale, or difficult to flush, improvement depends on finding and treating the cause. Changes in weight, pain, stool colour, or bowel frequency can help show whether further assessment is needed.

A stool does not have to sink to be normal. Focus on the overall pattern and any symptoms that occur alongside it rather than on a single bowel movement.

Common questions

Does a floating stool mean there is too much fat in it?

Not necessarily. Most floating stools float because of trapped gas. Fat malabsorption is more likely when stools are repeatedly greasy, bulky, pale, foul-smelling, and difficult to flush.

Can food make stools float?

Yes. Foods that increase intestinal gas or a sudden increase in fibre may lead to floating stools. A food intolerance can also cause floating stools with bloating or diarrhoea.

Should I try to make my stools sink?

No. Sinking is not a health goal, and there is no need to treat an occasional floating stool. Seek advice based on persistence and accompanying symptoms.

Can stress cause floating stools?

Stress can change bowel movement speed and worsen gas, bloating, or diarrhoea. It may contribute indirectly, but persistent stool changes should not automatically be attributed to stress.

Sources

- MedlinePlus Medical Encyclopedia: Stools - floating , US National Library of Medicine
- National Institute of Diabetes and Digestive and Kidney Diseases: Symptoms and causes of coeliac disease
- National Institute of Diabetes and Digestive and Kidney Diseases: Diagnosis of coeliac disease
- Merck Manual Consumer Version: Overview of malabsorption
- Whitcomb DC, Buchner AM, Forsmark CE. AGA Clinical Practice Update on the epidemiology, evaluation, and management of exocrine pancreatic insufficiency . Gastroenterology . 2023;165(5):1292-1301.