

Constipation

What is constipation?

The term constipation means different things to different people. Constipation can mean difficulty going to the toilet to remove stool or food waste from the back passage (rectum) and bowel movements may be infrequent. The stool may be hard and/or small and some people with constipation need to strain or push hard to get it out of the back passage. Some experience a discomfort in the back passage with a feeling that not all the stool is out at one time, and this can be associated with a feeling of bloating or being over full and some people complain of abdominal pain too. Often laxatives may be used to help the food waste pass more easily. Sometimes suppositories are inserted into the back passage to achieve emptying. There may be a need to use enemas (where liquid or gas is injected into the back passage to force the food waste out) to treat constipation. This is explained later in this leaflet.

Is Constipation a disease?

No. It is a symptom or sign that for some reason food waste is passing too slowly through the bowel or the emptying process of waste from the back passage is faulty. Constipation can be acute (a short term problem) or one which is long term (chronic). Many diseases can present with the symptom constipation.

What is normal for bowel movements?

People are all different and while some people may have a bowel movement 3 times every day, others may only go up to 3 times each week. It is normal to have constipation for short periods in a lifetime and this means that at some time 80 per cent of us (8 out of every 10 people) will have this problem at some time. For some people constipation may be long term and the term constipation is often used if people go to the toilet to remove food waste fewer than 3 times a week or strains excessively to empty the back passage.

Is it important to know the causes of constipation?

Yes. Once the cause is known then the right treatment can be given.

Are there simple causes of constipation?

Yes and there can be simple steps to help this problem; lifestyle changes are often all that is needed to correct constipation.

The western diet is often low in fibre (which is found in foods such as cereals, vegetables, fruits and whole grain foods). Fibre passes through the body as waste and helps food pass more quickly. We are also often guilty of not drinking enough fluids (liquids). It is recommended that people eat at least 25/30 grams of fibre and drink 2 litres of water every day.

Keeping active and moving about by doing regular exercise also is helpful in keeping the bowel working. A change in habits or lifestyle, for example travel or change of diet can make constipation worse. Ignoring the urge to go to the toilet (delaying going when you feel the need) is another cause of constipation. Even if you are busy, you should make time to go to the toilet.

Women who are pregnant often suffer from constipation.

When should I go to my doctor without delay?

If there is any blood in the stool (waste products) go straightaway to your doctor.

If there is an acute change in bowel habit that persists (goes on for some time) and does not respond to simple lifestyle changes, you will need to consult your doctor.

Are there more serious causes of constipation?

Yes. Your doctor may want to do some tests to be sure that you do not have either a disease or a problem with the way your bowel works, which would need special treatment.

Some more serious problems will affect how the bowel works by causing a narrowing of the bowel which can result from a growth in the bowel or a wear and tear disease called diverticular disease.

Other causes of constipation can include diseases of the nervous system (see glossary #), metabolic illness (see glossary Y) and some medicines (see glossary *).

Are there any tests the doctor may wish to carry out to find out the cause of the constipation?

Yes. The best way forward may be to be sure that there is no disease or problem with the way the bowel works so that the right treatment can be given.

A digital examination of the back passage is often necessary. In addition a bowel evaluation using a flexible (bendy) lighted instrument or an X-Ray can be used to identify or rule out worrying causes of constipation. Clinicians are used to carrying out these types of examinations and will do their best to minimise embarrassment.

When tests show no medical reason for the problem and simple treatments for constipation do not work, a specialist in bowel disorder may then become involved. The specialist doctor or nurse may look at the way the rectum (bowel just before the anus) and the anus work to see why the waste does not pass fast enough or clear the back passage. Special tests can be used to try to work out if the colon or bowel itself is sluggish or slow or if the problem arises from a difficulty in removing the waste products from the back passage, often known as an "evacuatory" problem.

Specialist tests may include the following options:

A "marker" test where a capsule is swallowed and the small markers swallowed show up on an x-ray over several days can show how the bowel muscle is working.

Sometimes in a laboratory a set of tests are performed including placing a small plastic catheter (tube) into the anus and rectum (back passage) to measure muscle strength and function of the back passage.

A proctogram is an x-ray of the back passage (rectum) which looks at the structure and function of the back passage and muscles that are needed for control and emptying.

What are the possible treatments?

Laxatives known as bulking agents, with non-dissolving fibre or an agent called macrogol, work by keeping water in the stool so that the waste remains soft. These have few side effects, do no harm, are not habit forming and can be taken long term. It may take some months to get the right dose for an individual patient so some patience might be needed.

Other types of laxatives to soften stool, enemas or suppositories (inserted in the anus) need to be recommended by the doctor who will need to follow up the patient and keep an eye on progress.

When might special hospital treatment be needed?

When the problem is severe, specialist non surgical treatment such as biofeedback can be used to retrain the anal sphincter muscles.

Sometimes patients can be trained how to do anal washouts at home. This is called “**Rectal Irrigation**”.

Occasionally, for patients with severe constipation who do not respond to treatment to correct constipation, surgical procedures (an operation) can be considered. A specialist colon and rectal surgeon can discuss surgical treatment options if medical treatment does not work.

Glossary

- # Some nervous system illnesses include multiple sclerosis, Parkinson's Disease and some severe spinal injuries.
- Y Metabolic illnesses which affect constipation include diabetes and thyroid gland diseases.
- * Medicines which can cause or make worse constipation include some pain killers, anti-depressants, tranquillisers, some psychiatric medicines, blood pressure treatments, diuretics (which act to take out fluid/liquid from the body), iron tablets, calcium tablets and some antacids for stomach problems.