

A Guide for Patients and Families

Managing Constipation

Overview

Constipation refers to bowel movements that are infrequent or hard to pass. In most cases, this happens because the colon has absorbed too much water from the food that is in the colon. While it is normal to have more than one cause for constipation, it is also not unusual for constipation to happen without a clear cause.

There are many potential causes of constipation, including:

- Lack of fibre and fluid intake in the diet.
- A sedentary lifestyle, inadequate exercise and environmental related changes.
- Excessive or unusual stress.
- Medical conditions such as hormonal (hypothyroidism), neurological (stroke, Parkinson disease), depression, eating disorders and colorectal cancer.
- Side effects of pain killers, antidepressants, blood pressure medication, iron supplements and calcium supplements.
- Constipation may be made worse by travel, pregnancy or change in diet.



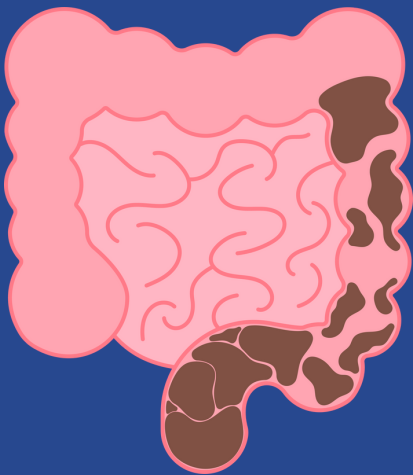
- Poor bowel habits: Ignoring the natural urge to have a bowel movement which makes the muscles and nerves of the back passage not work in a coordinated fashion.
- People with spinal cord injuries or medical conditions, for example, thyroid disease or diabetes.
- Growths, tumours or cancers that block the colon. It is advisable to seek advice from your doctor if there has been a change in your usual bowel habit for more than a period of 6 weeks.



The main symptoms of constipation are increased difficulty or feeling discomfort when passing stools.

Other symptoms includes:

- Passing stools lesser than 3 times a week.
- Having lumpy or hard stools.
- Straining to have bowel movements.
- Feeling as though that there is a blockage in your anus that is preventing bowel movements.
- Feeling as though you are unable or having difficulty completely emptying the stool from your anus.
- Needing help to empty your anus, such as using your hands to press on your abdomen or using a finger to remove stool from your anus.

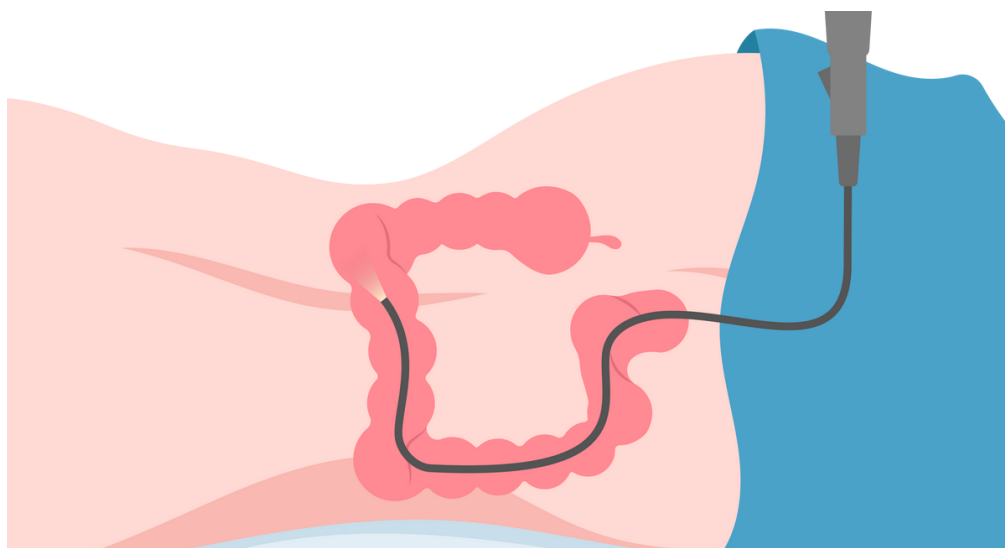


How is constipation diagnosed?

An instrument with a camera attached to the end, called a flexible [sigmoidoscope](#) or a [colonoscope](#), will be used to look at your colon.

Other tests that may help include an x-ray test called Colonic Transit studies. This involves swallowing a capsule containing markers that show up on x-rays taken repeatedly over several days. This assesses how well the colon works to bring the digested food to the rectum. Other tests then evaluate the function of the anus and rectum, eg: dynamic MRI or anal physiology and manometry.

In some cases, no cause can be found.



Diagnosis & Treatment:

- Fibre supplements, laxatives or medicine may work; e.g. Prucalopride.
- Exercises to retrain and coordinate the muscles at the anus (biofeedback).
- Rectal irrigation.
- Surgery, if required. The exact type of surgery depends on where the problem is. Your surgeon will explain to you what operation is best for you and you will be counselled about the risks and benefits of the specific procedure.

In most cases, constipation resolves by itself without any need for treatment.

There are a few ways to ease the symptoms of constipation by using [home remedies](#). These includes:

- Increasing fibre intake.
- Drinking water.
- Regular exercise. Physical activity increases muscle activity in your intestines.
- Responding to your body's urges to pass stools.
- Taking your time in the bathroom to have enough time to have a bowel movement without distractions or feeling rushed. You should not stay in the bathroom for more than 10 mins.
- Abdominal massage.
- Pelvic floor muscle relaxation, also known as down training, teaches the pelvic floor muscles to relax and release. This exercise should be taught by a pelvic floor physiotherapist.



Toileting Posture

Trying to maintain a [good toileting posture](#) may be useful if you find it difficult to pass stools. Here are some tips you can try:










Knee higher than hips.



Lean forward and put elbows on your knees.



Bulge out your abdomen and straighten your spine.

Bristol stool chart			
Type 1		Separate, hard lumps, like nuts	May have constipation
Type 2		Sausage-shaped but lumpy	
Type 3		Like a sausage but with cracks on the surface	Ideal Stool
Type 4		Like a sausage or snake, feels smooth and soft	
Type 5		Soft blobs with clear-cut edges	May have diarrhoea
Type 6		Fluffy pieces with ragged edges	
Type 7		Watery, no solid pieces	

Prevention

If you have difficulty in opening bowels or have hard and dry stools despite taking laxatives regularly, please inform your doctor who can order medicine to be given via the rectum (suppository) to aid with bowel opening.

- Consume adequate amount of water (8-10 glasses per day or 1.5 to 2 litre) unless your doctor has advised you on restricting water intake.
- Consume more high fibre foods such as fruits and leafy vegetables. Drink more water when eating high fibre foods.
- Avoid consumption of processed foods or low fibre foods.
- Reduce the consumption of alcohol and caffeine, as these increase loss of water (more urine) from the body.
- Get active and include regular exercise.
- Ensure good privacy and comfort when you are opening bowels.
- Medicine (laxatives) may be used to help soften stools and make it easier to open your bowel.
- Set a regular schedule for opening your bowels.
- Use the toilet bowl or a commode chair, instead of a bedpan.

