

CONSTIPATION Information Sheet

WHAT IS CONSTIPATION?

Constipation is a very common complaint, affecting up to 1 in five adults. The symptoms are varied and may include the need to open the bowels less frequently, passage of hard or small stools, difficulty in passing motions, the need to strain, or the sense that the bowels are not completely emptied.

WHAT CAUSES CONSTIPATION?

As digested food moves through the large bowel (colon), water is normally absorbed. When stool moves through the colon too slowly, it becomes hard and dry.

CAUSES OF CONSTIPATION

- A low fibre diet
- Not drinking enough liquid
- Lack of exercise or activity
- Opioid medications such as
 - Codeine
 - Calcium channel blockers (blood pressure tablet) especially verapamil
 - Iron supplements
 - Antacids(Review your medications with your doctor)
- Irritable bowel syndrome
- Pregnancy
- Older age
- Narrowing or stricturing of the bowel
- Abnormal motility (muscle contraction) of the bowel
- Other medical conditions:
 - Thyroid disease
 - Diabetes
 - Parkinson's disease
 - Multiple sclerosis etc

WHEN TO SEE YOUR DOCTOR?

Most people with constipation do not have any underlying serious disease. However, it is important to seek medical attention if you have constipation that requires you to take a laxative regularly to ensure that there is no underlying cause for the constipation.

Additionally, you should see your doctor if you have any of the following:

- A recent change in your bowel habit
- Weight loss
- Loss of appetite
- Fevers or chills
- Severe abdominal pain
- Rectal pain
- A family history of colon cancer
- Bleeding from the bowel

HOW TO MANAGE CONSTIPATION?

DIETARY MODIFICATION

Fluid

- Drink 6 to 8 glasses of water every day.

Fibre

- Increase the amount of high fibre food in your diet. The recommended amount of dietary fibre is at least 30g a day.
- Eat more wholegrains, cereals, raw fruit and vegetables.
- Minimise foods that are highly refined or processed.

EXERCISE

- Exercise regularly to help improve your bowel regularity. Ideally, you should exercise for more than 30 minutes every day.

GOOD TOILETING HABITS

- Your bowel is most active at certain times of the day, and the best times to try and pass bowel motions are upon waking in the morning and shortly after meals.
- An optimal sitting position on the toilet can be helpful in reducing constipation. It is best to ensure that the knees are bent above the level of the hips and that the feet are flat on the floor. A small footstool can be helpful to get you into the best position.
- It is not recommended to postpone having a bowel motion when you have the urge. This is a common cause of constipation, particularly for those who prefer to avoid using public or work toilets.
- It is not recommended to sit on the toilet for a long time. Reading, playing games, or doing puzzles on the toilet can substantially prolong toileting time and contribute to straining. Ideally, you should avoid sitting on the toilet for longer than 10 minutes.

LAXATIVES

Laxatives may not be required for mild constipation. If constipation persists after lifestyle changes, you may try taking a laxative. Laxative use, even for long periods of time, is generally safe.

There are many different types of laxative preparations, ranging from tablets, powders, and syrups taken orally, to enemas and suppositories inserted into the back passage.

Overall, there are 3 main types of laxatives:

Bulking agents

- These include natural fibre and commercially prepared fibre.

HOW TO MANAGE CONSTIPATION? cont...

- They act by drawing fluid into the bowel as well as adding bulk to the stool.
- Some of the commercially prepared fibre preparations include:
 - **Metamucil** (psyllium husks)
 - **Benefiber**[®] (wheat dextrin) and
 - **Normofibe**[®] (sterculia)
- The dose of fibre should be slowly increased to minimise flatulence and abdominal bloating.
- You should also drink plenty of fluid when taking fibre supplements.

Stool softeners

- These draw fluid into the bowel and hold it in the lumen to soften the stools. These include non-absorbable sugars such as sorbitol or lactulose, magnesium, phosphate or citrate salts, and polyethylene glycol or macrogol. Commonly used preparations include:
 - **Movicol**[®] (polyethylene glycol)
 - **Magnesia San Pellegrino**[®] (magnesium salts)
- Some of these laxatives can also cause abdominal bloating, flatulence, abdominal cramps, and possibly dehydration.
- Oils (such as paraffin oil) can also be used to soften stools, acting as a lubricant to allow stools to pass.

Stimulants

- These laxatives increase bowel contraction but can also cause abdominal cramps.
- Some stimulants include senna, bisacodyl and sodium picophosphate.
- Long-term use or taking large amounts of stimulant laxatives can cause side effects such as low sodium and potassium levels and changes to the lining of the bowel (melanosis coli).

FURTHER INFORMATION ABOUT CONSTIPATION?

For further information please discuss with your doctor.

More information can also be found through the **Gastroenterological Society of Australasia (GESA)** leaflets:

<http://www.gesa.org.au/resources/patients/constipation/>

This information is intended for patients of Adelaide Gastroenterology as a guide only. Please ask your doctor if you have any questions relating to this information.