

Constipation

Constipation is a very common condition that affects people of all ages. It means you are not passing stools (faeces) as often as you normally do, you may have to strain more than usual or you are unable to completely empty your bowels. Constipation can also cause your stools to be unusually hard, lumpy, large or small. Constipation can be either acute or chronic and many people only experience constipation for a short period of time with no lasting effects on their health.

You are likely be constipated if you are experiencing any of the following:

- Your bowels open less than three times a week
- Stomach pain, discomfort and straining on passing a motion
- Stools are hard and dry, and may be large or small in size
- There may be a bad taste in the mouth, bad breath, abdominal bloating, decreased appetite, lethargy and, for some, the inability to function normally

What causes constipation?

There are many triggers that can cause the symptoms of constipation and they can include:

- Diet - dietary fibre provides the bulk that helps to speed the passage of waste food through the bowel. Lack of fibre results in harder, more compacted stools which take longer to pass.
- Lack of fluids - the body needs around 2 litres of fluid a day to function efficiently. Without sufficient fluids, waste matter dries out making it harder to move through the bowel.
- Lack of exercise - if you don't exercise regularly, things can slow down including muscle contractions that move waste matter through the gut.



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Other possible causes of constipation include:

- Some medicines, especially pain killers, e.g. paracetamol, codeine and morphine, have a tendency to cause constipation in some people. Tell your doctor if you suspect a medicine that you are taking is making you constipated.
- Some people with neurological problems such as Parkinson's disease or Multiple Sclerosis are prone to constipation.
- Surgery around the anus can sometimes be a cause of constipation mainly due to discomfort when emptying the bowel afterwards. e.g following surgery for haemorrhoids, abscesses, fistulae or tears. Reluctance to go because of the discomfort causes people to 'hold it in' leading to blockages and constipation.
- Conditions such as Irritable Bowel Syndrome (IBS) may cause constipation as can Colitis and Crohn's Disease.
- Pregnancy - about 1 in 5 pregnant women become constipated due to the hormone changes associated with being pregnant. Hormones slow down bowel activity.
- Slow Transit Colon is a cause of constipation and occurs when the colon does not work efficiently to move the digested food through it. Normally food travels through the colon within 12 - 48 hours. Water within the food is gradually absorbed during this time producing a soft formed stool that should be easy to pass. Slow transit colon basically means that the stool takes longer to pass through the gut and as a result the stool becomes dry and hard. It can be associated with diet, for example a lack of fibre, and with a decline in physical activity and mobility.

What is normal?

The normal defecation rate for an adult is between three bowel movements per day to three bowel movements per week. If you are going less than three times a week and are experiencing pain, discomfort and straining on passing a motion, you are probably constipated.

Since it can be hard to state what is normal regularity, some doctors use a scale to classify the type of stool passed. This helps gauge how long the stool has spent in the bowel. One such scale is called the Bristol Stool Form Scale. To view a copy of the Bristol Stool Form Scale, please [click here](#).



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Constipation symptoms and signs

You may be constipated if you have:

- Fewer bowel movements than normal
- Pain and straining when passing stools
- Stomach pain. The build up of stools in your bowels can give you cramps and make you feel bloated and queasy. This will go away once your bowel movements return to normal.
- Small, dry, hard stools. The bowel removes water from the stools; normal stools are usually about 70% water. This means that if the stools remain in the bowel for too long, they dry out and become hard. If your stools are dry and hard to pass, some can stay in the bowels after a bowel movement so that you may feel like you still need to go.
- Sore bottom. The skin around the anus can tear and become sore and cracked if you have to strain. You might notice bright red blood or light red streaks on your stools or underwear. Treating your constipation should help by making the stools softer and allowing the skin to heal.
- Unpleasant smell due to passing foul smelling wind.
- Leaking of liquid or loose stools. When large stools get stuck and block your bowel, liquid stools above the blockage can flow around it and out causing you to leak watery stools into your underwear (bypass soiling).

Preventing constipation

There are various things you can do to help keep your bowels healthy and avoid becoming constipated. As a general rule, eating more high-fibre foods such as wholegrain bread, wholegrain breakfast cereals, fruit and vegetables can prevent constipation.

However, if constipation is a result of Colitis or Crohn's disease, increasing fibre intake could have a detrimental effect. It's always best to discuss with your GP foods that could trigger constipation and other methods which you can use to help ease or prevent the symptoms.

There are two different types of fibre; soluble and insoluble. If you're allergic to insoluble fibre, then you may find that even though you have a daily intake of fibre, it may not be the 'right' fibre for you thus the condition may not improve.



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Soluble Fibre

Soluble fibre dissolves in the intestines to form a gel type substance. This helps food move along the digestive tract. Foods included are: oats, citrus fruits, barley, beans, peas, apples, bananas, berries, soya beans. Soluble fibre also helps to regulate blood glucose levels.

Insoluble Fibre

Insoluble fibre is not dissolvable and moves through the intestines without being absorbed. This fibre adds bulk to bowel movements and helps to reduce constipation. Foods included are: apple skin, cherries, grapes, pineapple, rhubarb, oranges, melons, date, prunes and berries. Vegetables with the highest amounts of insoluble fibre are turnips, beets, cauliflower, cabbage, sprouts and carrot, broccoli, green beans, cucumbers, onions, sprouts, celery, tomatoes, bell peppers and corn. Nuts/seeds such as pumpkin, flax, peanuts, walnuts, cashews, and almonds, as well as popcorn and lentils.

It has been suggested that insoluble fibre is eaten raw for best results.

- Make sure you drink lots of fluids to keep the stools moist e.g. at least 1.5-2 litres (6- 8 glasses) of water based drinks per day.
- If you are taking any medicines (prescribed or bought from the chemist) ask your doctor or chemist if they could be adding to your constipation. If possible, try to remove constipating medications.
- If really necessary, try using a fibre supplement such as fybogel and possibly suppositories or mini-enemas to help regularise the bowels, but they should not be used long term. Some foods can act as a natural laxative for some people, these include; prunes, figs, liquorice, coffee/tea, spicy food.
- If possible, increase your physical activity as this helps to increase bowel activity.

Don't wait to do a bowel motion. If you feel the urge, go now! Take enough time to sit on the toilet. A good time for this may be after breakfast or lunch, when your bowels are most active. Make sure you sit on the toilet properly. For the correct toilet position please visit our website.

When to seek help

Most people get constipated from time to time and can treat it themselves by making small changes to their diet. However, if you have constipation that doesn't go away, you might need medical treatment to get your bowel habits back to normal.



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At the doctors

In order to diagnose your constipation, your doctor will ask you how long your symptoms have been present and if you have any rectal pain or bleeding.

If you think you have constipation, it will help your doctor make a more accurate diagnosis if you fill in a Bowel Diary for one or two weeks before your appointment.

The doctor will also ask you for information on your toilet habits, diet and general health and may need to examine you.

Remember that medicines such as painkillers and iron supplements can cause constipation, so the doctor will review the medicines he has prescribed for you and will ask you if you take any other medicines you have bought yourself.

All of this information will help your doctor find out what might be causing your constipation.

Making the diagnosis

After talking to you, your doctor will probably be able to tell if you are suffering from constipation and what is causing it. However they may want to do some tests if they are not sure of the cause of your problem.

The decision to do various investigations will be based on factors such as symptoms, family history and age.

Investigations may include:

- **Colonic investigations:** your doctor may decide to look at your colon or part of your colon to see if there is a cause for your symptoms on the bowel lining.
- **Anorectal physiological testing:** this test takes about 15 minutes and looks at the way the muscles and nerves of the rectum and anus are working.
- **Transit studies:** this test gives a measure of whether or not the passage of food through the gut (colon) is slow or normal. Your doctor will also want to know how many times you open your bowels during the test time, so you will need to keep a record of this.
- **Dynamic MRI defaecography:** this is a sophisticated test which avoids exposure to x-rays. A jelly is inserted into the rectum and then images are taken.
- **Defaecating proctography:** this involves insertion of a paste into the rectum, with x-rays being taken whilst the paste is passed from the rectum



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If you have other symptoms e.g. fever, vomiting or weight loss, or if they think that a new medical condition could be causing the constipation, the doctor will investigate further.

Further Help for Constipation

If you are concerned about your problem and it is starting to affect your day to day life make an appointment to see your doctor, continence nurse or specialist physiotherapist. A continence nurse and specialist physiotherapist are healthcare professionals who specialise in bladder and bowel problems.

You can also visit our website at www.bladderandbowel.org to find out where your nearest NHS continence clinic is by searching our Help and Info subsection -Find a Healthcare Professional.

Products Available

There are products available that can help you manage symptoms but it is recommended that you always seek advice from a health professional before you try any product as there may be other more appropriate options available to you.

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user-friendly booklets and factsheets, and provide the original [Just Can't Wait Toilet Card](#).

We also provide a highly reliable [Bladder & Bowel Home Delivery Service](#).

For more information please email help@bladderandbowel.org or write to us at:

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