

Constipation

Information for patients

This information sheet answers some of the questions you may have about Constipation. It explains the causes and what you can do to reduce it. If you have any queries or concerns, do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name and date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.
Ensuring your safety is our primary concern.

What is constipation?

Constipation is when you have two or more of the following symptoms:

- straining to pass stools
- finding it difficult or are unable to completely empty your bowels
- hard and lumpy stools
- feeling a blockage or obstruction when you need to open your bowels
- having to use a finger or hand to help you open your bowels
- opening your bowel infrequently (less than three times a week).

You may also experience:

- stomach aches and cramps
- feeling bloated
- feeling sick
- loss of appetite
- diarrhoea alternating with constipation
- pain or bleeding from the rectum if you are having to strain
- tiredness
- headaches
- low back pain
- heartburn.

If you have any of the following symptoms for more than six weeks, then you need to see your GP (home doctor):

- A continuing change in your normal bowel habit
- Unexplained bleeding from your back passage
- Abdominal (stomach) pain or discomfort
- Weight loss or tiredness.

It is important to remember that all of these symptoms have many causes, but it is best to get advice if you have any of them.

Who does constipation affect?

- It is estimated to affect one in seven adults
- It can affect people of all ages
- It is more common in the elderly
- It is twice as common in women as in men
- It affects about 40% of women during pregnancy.

Many people only have constipation for a short time. For others, constipation can be a long-term condition that causes significant pain and discomfort and affects quality of life.

Often, it is not caused by colon abnormalities but a functional problem which can be treated by following some simple advice.

What causes constipation?

The exact cause of constipation may be difficult to identify, however, there are a number of things that may contribute to this condition, including:

- A change in your routine, lifestyle or eating habits
- Not eating enough fibre or eating too much fibre
- Eating a lot of refined or rich foods
- Skipping meals
- Not drinking enough fluids
- Not doing enough physical exercise

- Ignoring the urge to pass stools
- Hormonal changes during pregnancy and after childbirth
- Hormonal changes in the second half of your menstrual cycle
- Stress, anxiety or depression, or a history of sexual or physical abuse
- Certain medications, for example, painkillers, iron tablets and antidepressants
- Anatomical problems such as a prolapse
- Piles or an anal fissure (split in your anal opening)
- Certain bowel diseases
- Metabolic problems such as diabetes or an underactive thyroid.

How do bowels work?

The bowel is part of the digestive system which starts in the mouth and finishes in the anus. The digestive system processes the food we eat, absorbs the good nutrients and gets rid of the waste products. The waste is moved along by rhythmic contractions (peristalsis) of the bowel. As this waste moves through the large bowel, fluid is absorbed and the remaining waste is gradually made into stools. The stools are then stored in the rectum, until they are expelled through the anus into the toilet.








People often feel the urge to open their bowels shortly after a meal because contractions of the bowel are triggered when food reaches the stomach. This can be very strong in the morning after breakfast.

Normal bowel habits vary from person to person. Some adults open their bowels one - three times a day, whereas others go three times a week.

Bristol Stool Chart

We use the Bristol Stool Chart to describe the consistency of stools through pictures and descriptions.

Bristol Stool Chart

<p>Type 1</p>  <p>Separate hard lumps, like nuts (hard to pass)</p>	<p>Type 2</p>  <p>Sausage-shaped but lumpy</p>	<p>Type 3</p>  <p>Like a sausage but with cracks on its surface</p>	<p>Type 4</p>  <p>Like a sausage or snake, smooth and soft</p>
<p>Type 5</p>  <p>Soft blobs with clear-cut edges (passed easily)</p>	<p>Type 6</p>  <p>Fluffy pieces with ragged edges, a mushy stool</p>	<p>Type 7</p>  <p>Watery, no solid pieces. Entirely Liquid</p>	

Type 3 and 4 stool on this chart indicate normal stool consistency. If you have type 1 or 2 stools, you are more constipated; and if you have type 5, 6 or 7 stools, you have a tendency towards diarrhoea

How can I reduce constipation?

Improve your diet

- Eat regular meals to get your bowels working
- Do not skip meals especially breakfast, as it can make your bowel sluggish or irregular
- Avoid hurrying your meals and chew your food properly
- Avoid processed foods and foods with a high fat content
- Eat a diet with healthy amounts of both soluble (vegetables/ fruit) and insoluble fibre (cereals/ wholegrains) between 18g and 30g each day
- Try to eat at least five portions of fruit and/or vegetables every day.

Recommended foods

If you feel your diet is short of fibre, try to eat more fruit and vegetables (see the table below for recommended foods).

Soluble fibre	Insoluble fibre	Natural laxatives
<p>Vegetables:</p> <ul style="list-style-type: none">• spinach• peas• french beans• cabbage• broccoli• potato with the skin on• carrots• parsnip• sweetcorn <p>Legumes:</p> <ul style="list-style-type: none">• beans (baked, kidney or butter)• lentils <p>Fruit:</p> <ul style="list-style-type: none">• apples• apricots• grapes• oranges• peaches• pears• plums• raspberries• strawberries	<p>Cereals:</p> <ul style="list-style-type: none">• shredded wheat porridge• bran• muesli <p>Wholegrains:</p> <ul style="list-style-type: none">• brown rice• brown bread• wholemeal pasta	<ul style="list-style-type: none">• prunes or prune juice• figs or fig juice• dried apricots• raisins• dates• golden linseed (one - three tablespoons per day)• molasses• liquorice• chocolate• spicy food or curry• coffee

Drink enough fluid

- Try to drink at least 1.5 litres of fluid (5 – 6 mugs) every day
- Do not drink more than 2 litres per day as this can make you feel bloated
- Avoid drinking too much caffeine (coffee, tea and cola) as this can make you dehydrated.

Do regular exercise

- Try to do 20 – 30 minutes of exercise every day
- If you do a desk job, try to walk to or from work, or take a walk during your lunchtime.

Try to establish a regular bowel habit

Establishing a regular bowel habit can help with constipation. Many patients have had good results with the programme described below.

Take your time

- Set aside about 10 minutes to sit on the toilet at the same time each day
- Your bowel is most likely to work about 20 - 30 minutes after a meal
- Aim to find a toilet you feel comfortable using, where you have enough privacy.

Sit in the correct position

- Make sure you are comfortable on the toilet
- Keep your feet about 45 - 60cm apart and place your feet on a stool/box so that your knees are higher than hips
- Lean forward and put your elbows on your knees
- Keep your back straight and bulge your tummy (abdomen) out.



Brace or pump technique

- While keeping the bulge of your abdomen, relax your back passage and push from your waist back and down into your back passage at an angle. This allows your anus to open and expel the stools
- Avoid excessive straining.

Breathing

- Relax and breathe normally. Do not hold your breath.
- When practicing the brace/pump exercise, open your mouth and slowly breathe out while maintaining the swelling effect
- With practice you will be able to keep the bulge of your abdomen while taking a new breath and preparing for the next effort to expel stools
- Repeat the brace/pump technique a few times to empty your bowels completely
- Before wiping, squeeze and lift your pelvic floor muscles firmly when you have finished.
- Try to avoid straining
- If your bowels do not open, do not panic. Try again later, following the steps above.

It may take a few weeks or even months to retrain your bowel habit, so do not give up.

If you are having any difficulties you can contact your healthcare professional. If you would like more information please see 'where can I find more information?' (page 7).

If your constipation remains a problem despite following this advice you should see your GP as you may need medication and investigation.

Medication

If you are taking any medications, ask your GP to review them, to see if they are causing your constipation. If possible, try to avoid medications that can cause constipation. If you need to continue, try taking a fibre supplement such as Fybogel or suppositories, to help make your bowel movements more regular and easy to pass

Laxatives

It is best to avoid taking laxatives long-term. You should use laxatives if:

- you have an occasional episode of constipation
- you need to counteract the effects of a medication that causes constipation
- you need to avoid straining, after pelvic or abdominal (stomach) surgery
- you have a problem with your anus – such as a fissure – and it needs time to heal.

Oral laxatives

There are a number of laxatives available:

- Fybogel or regulan which bulk the stool
- Movicol or lactulose which soften your stools by drawing fluid into the bowel
- Senna or dulcolax which stimulate the muscle of the bowel.

Suppositories

These are inserted into the anus. They work by softening the stool and causing the muscles of the rectum to contract, making the stool easier to pass.

They are different to oral laxatives because:

- They have few side effects and work directly on the bowel wall
- They can act more quickly than oral laxatives and are less likely to cause diarrhoea
- They can be used to help establish a more regular bowel pattern
- You can buy glycerin and bisocodyl suppositories over the counter at a chemist.

Rectal irrigation

Irrigation is usually recommended for people with chronic constipation who have tried all other measures without success. Your medical team will decide if you need to try irrigation.

Irrigation uses water to empty stool from the bowel. Water is gently pumped into the lower part of the bowel through the anus using either a catheter or cone. The rectum and some of the bowel above is flushed out and the water and stool are passed out into the toilet.

Most people who irrigate use this method every day or every other day. It aims to improve the function of the bowel by giving you a regular and predictable bowel habit.

Surgery

A few people will need surgery to correct a functional problem that makes it difficult to pass stool. An operation may involve a repair of:

- A rectocele: when the bowel bulges forward into the vagina and can trap stool.
- A rectal prolapse: when the bowel slides out through the anus.
- An intussusception: when the back passage folds in on itself and acts like a trap door.

Who can I contact with queries and concerns?

Colorectal Nurse Specialist: 020 3299 3604

Urogynaecology Physiotherapist: 020 3299 8461

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: 020 3299 3601

Email: kch-tr.pals@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND:

Tel: 01689 863252

Email: kch-tr.palskent@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

Where can I find more information?

Bladder & Bowel Foundation

Is a UK charity which provides information and support services for people with bladder and bowel control problems, including a confidential helpline.

Helpline: 0845 345 0165

www.bladderandbowelfoundation.org

Promocon

Part of the Disabled Living Foundation, Promocon offers advice, practical solutions and information on products that can help you manage your bowel or bladder problem for the general public.

Tel: 0161 607 8219

www.promocon.co.uk

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