

MBBS (Hons) Syd. MMED (Clin Epi) FRACS  
Colorectal and General Surgeon - Provider No. 065326DK

## CONSTIPTION

### What is constipation?

Constipation occurs when patients have difficulty emptying the bowels. Often the stool is hard and straining is required. There is a sensation that bowel has not been emptied.

### Do I need to open my bowels everyday?

No. You can open your bowels several times a day and be constipated and you can open your bowels every few days and not be constipated if you empty normally and feel well. There is a wide range of bowel frequency in normal people from many movements a day to a few times a week.

### Is constipation common?

Constipation is very common and occurs in children and adults. Most people will have constipation at some time in their lives.

### What causes constipation?

Most of the time the problem relates to delay in transit of the stool through the colon and there is no underlying disease in the colon. There are however important bowel conditions such as cancer that can cause it. Some medications and other medical illnesses also cause constipation.

### Can constipation cause other problems?

Constipation does not cause cancer or other bowel diseases but may be a result of that disease. Constipation does cause problems with haemorrhoids and anal fissures (tears). Long-term constipation can cause problems with continence.

### What are worrying symptoms?

Any change in bowel habit requires investigation with a colonoscopy for example a recent onset of constipation without explanation. Other worrying signs are rectal bleeding, abdominal pain and weight loss.

### Should I have a colonoscopy?

Yes if there has been a recent change in bowel habit, bleeding, weight loss, abdominal pain or family history of bowel cancer. If the constipation is long standing then it is unlikely to be caused by a serious problem.

### What other tests are useful?

There are some specialised imaging techniques that can be useful such as transit and physiological tests. Dr Pathma-Nathan will advise.

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## How to treat constipation?

### Toilet Habits

The optimal time to empty the bowels is after a meal. You should minimise the time spent sitting on the toilet (maximum 10 minutes) and try to open your bowels when you get the urge rather than delay. A footrest to elevate the knees can be helpful. Avoid reading or other activities that prolong the time spent sitting.

### Exercise

Exercise stimulates bowel function.

### Water

An increase in water intake is always useful. 1.5 to 2 litres a day is recommended for adults. All laxatives require high volume water intake.

### Fibre

Fibre adds bulk to the stool, which in turn stimulates emptying. Fibre can be increased in the diet or with a supplement such as Metamucil.

### Laxatives

There are several types of laxative and most are available over the counter and are safe. You can definitely use laxatives every day if required. The only exception to this, are the stimulant laxatives such as senna which should be avoided.

Patients are often afraid to use laxatives every day and often there is advice to stop them after a few days. As long as you have discussed this with your doctor it is perfectly safe to use most laxatives daily. Your bowel will eventually “get used” to the laxative and you may require a higher dose or a different laxative. There is nothing wrong with this. Laxatives are the best treatment for patients with constipation and the condition will return if not treated.

Patients respond differently to different laxatives. Sometimes you have to try a few to find the one that works for you. You will also need to vary the dose as required.

Laxatives can cause cramping, bloating and excessive flatus.

A general order is given below but this is a guide only:

- Bulking agents: These are probably the best first line laxative. The treatment increases the volume of the stool. E.g. Metamucil, Benefiber, Fybogel
- Stool softeners: These draw fluid into the stool. E.g. Coloxyl, Agarol, Parachoc
- Osmotic laxative: These also increase fluid in the stool. E.g. Epsom salts, Lactulose
- Isosmotic laxative: Fluid increase without salt increase E.g. Movicol
- Stimulant laxative: senna containing laxatives that directly stimulate the colon. In general these should be avoided for long-term use as they directly damage the colon.
- Enemas: Microlax, Fleet. These are generally safe but please discuss with your doctor first.
- Other treatments: There are prescription medications which are sometimes useful. There are also some very rarely used surgical options.