

Constipation

What is constipation?

The term constipation means different things to different people. Usually it means passing stools very infrequently or passing hard stools. In other cases it can be used to describe difficulty with emptying the bowel (see obstructed defaecation information).

Peoples bowel habits do vary, but most people will open their bowels in the range of 1-3 times per day or once every 3 days. Some people may go less frequently without any problems.

The most commonly described symptoms are:

- Having anything less than three bowel movements per week
- An incomplete feeling after having a bowel movement (obstructed defaecation).
- Passing hard, small or lumpy stools
- Straining when passing stools
- Abdominal bloating/ fullness
- Abdominal pain

It is estimated that about 80% of people will suffer with constipation at some point in their lives.

What causes constipation?

There are many potential causes of constipation and frequently these causes may be interlinked. The most common causes are listed below:

- A diet lacking in fibre
- Insufficient fluid intake
- Poor general health
- Lack of regular exercise and inactivity
- Intake of some medicines- painkillers , calcium or iron supplements
- Pregnancy
- Increasing age
- Stress, depression or an anxiety about using the toilet

More serious causes of constipation include bowel cancer or narrowing of the bowel caused by diverticular or Crohn's disease. Constipation can follow spinal cord injuries or be associated with other diseases of the nervous system such as multiple sclerosis or Parkinson's disease.

Transient episodes of constipation are common; you should consult your doctor if your symptoms persist for 3 weeks or more. You should seek advice immediately if you notice any bleeding.

How can Constipation be investigated?

When you are seen in clinic the consultant will take a full history and carry out a clinical examination. Usually this will involve a rigid sigmoidoscopy and sometimes a proctoscopy as well.

Your consultant usually will recommend endoscopic examination of the bowel either by flexible sigmoidoscopy or colonoscopy to ensure that it is otherwise healthy.

When symptoms have been persistent, further investigations are required. Blood tests are usually carried out to look at blood chemistry and thyroid function.

Colonic transit studies are useful to look at the propulsion of the bowel and a video proctogram to see how well the bowel empties. Anorectal physiological testing with an endoanal ultrasound scan (to look at the sphincter muscle) are usually also performed.

How is constipation treated?

Most patients are successfully treated by dietary modification, which includes increasing the amount of fruit and fibre in the diet, as well as increasing fluid intake. Fibre supplements are completely safe and can be helpful. It is important to remember that sometimes fibre supplementation will take several weeks to work and that fluid intake should always be increased alongside.

Some patients may require laxatives, suppositories or enemas. These should only be used when recommended by your GP or consultant.

Some patients with chronic constipation that has not improved with standard laxatives may benefit from the new colonic motility stimulant Prucalopride (Resolor).

Only in very rare cases is surgical treatment for constipation ever required. Correction of physical causes of obstructed defaecation can however be very beneficial.

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What are the next steps?

If you think you have this condition or any of these symptoms, you will need to seek medical advice.

If you have private medical care or wish to pay to see a consultant:

Take this factsheet along to your own GP and request a referral to one of our consultants.

For more information or to make an appointment:

Contact the Birmingham Bowel Clinic on 0845 241 7762 or email enquiries@birminghambowelclinic.co.uk.