Constipation

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Constipation may mean different things to different people. Symptoms may include:

- Passing stools less frequently
- Passing harder stools
- Straining to pass stools
- Feelings of incomplete bowel emptying
- Pain on passing stools
- Abdominal discomfort and bloating

What Causes Constipation?

Constipation may have a number of causes|:

- Increasing age
- Immobility
- Diet lacking in fibre
- Insufficient fluid intake
- Pregnancy
- Stress, depression or an anxiety about using the toilet
- Intake of some medicines- painkillers , calcium or iron supplements
- Tumours in the bowel

Constipation also be a symptom of an underlying bowel condition including:

- Bowel diseases including Crohn’s disease, Ulcerative colitis
- Bowel cancer
- Irritable bowel syndrome
- Diverticular disease
- Hirschsprung’s disease

Constipation also be a symptom of an a number of other medical conditions and medications, including:

- Hormonal conditions e.g. under-active thyroid
- Electrolyte abnormalities e.g. high blood calcium levels
- Nervous system conditions- Multiple Sclerosis – or Parkinson’s disease
- A spinal cord injury
- Medications e.g. opiate based pain killers

How Is Constipation Investigated?

You should always seek advice if you have new symptoms of constipation without an obvious cause. This is particularly important if you are over 40 or have other symptoms such as abdominal pain, weight loss or bleeding from your bottom.

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.

If you are over the age of 40 the consultant will normally recommend endoscopic examination of the bowel either by flexible sigmoidoscopy or colonoscopy to ensure that the bowel is otherwise healthy.

Once the initial tests have been performed the consultant may recommend further tests

- Blood tests
- Transit study
- Video or MRI proctogram
- Anorectal physiology tests and endo anal ultrasound scan

These tests are designed to show any underlying medical conditions (blood tests)

How Can Constipation Be Treated?

The treatment of constipation depends very much on the underlying cause or causes identified.

Treatment of medical conditions, management of medication and correction of metabolic problems are all important.

Lifestyle and diet

Changes in diet can considerably ease the symptoms of mild constipation. A high fibre diet, consisting of fruit, vegetables, wholegrain breakfast cereals and bread, wheat bran and brown rice can help prevent constipation as fibre absorbs water and increases the bulk of waste in the stools helping them to pass through the bowels more easily. As well as dietary changes losing weight may be beneficial. Drinking plenty of fluids and taking regular exercise can also help.

Laxatives

Laxatives and stool softeners can be helpful. Osmotic laxatives tend to make the stools softer and stimulant laxative tend to make the bowel contract to push the stools forward. Stool softeners are used to help soften and lubricate the stool

Prokinetic drugs

There are some newer medications which act on receptors in the bowel wall muscle to increase propulsion of stool through the bowel. These need to be taken every day and are usually only used when other laxatives are

not having the desire effect

Biofeedback

Biofeedback and pelvic floor physiotherapy can be helpful particularly where there is a problem in pelvic floor muscle co-ordination

Rectal irrigation

Particularly when constipation is manifest as difficulty in properly emptying the bowel, suppositories, enemas or purpose designed home rectal irrigation systems may be beneficial.

Neurostimulation

Neurostimulation in the for of tibial nerve stimulation or sacral nerve stimulation have been used to treat 'constipation'. The outcomes are very variable and as such these techniques are not widely used in this context

Surgery

Surgery is usually only a last resort for patients with constipation.

The operations tend to fall into 4 categories:

- Formation of a conduit into the bowel for irrigation, the ACE procedure
- Colectomy, removal of part of the bowel to shorten it
- Stoma formation e.g. an ileostomy or a colostomy
- Correction of physical causes of obstructed defaecation

Surgery is only infrequently performed, only after all non-surgical techniques have been tried and only after careful discussion with patients as well as other colleagues.