



There is a wide range in what constitutes a normal bowel habit but it is generally agreed that the passage of less than three stools per week or a frequent need to strain to open the bowels is termed constipation. Other symptoms referred to as constipation by patients may be reduced stool volumes or a sense of incomplete evacuation. Dangerous causes of constipation due to narrowing (or strictures) in the bowel caused by cancers and inflammatory conditions are thankfully rare but may need to be excluded by a specialist.

Symptoms

- Abdominal Pain
- Bloating
- Fullness in the rectum
- Straining (and bleeding as a result)
- Pain on intercourse (women)

Causes

- Inadequate fibre in the diet
- Inadequate fluid in the diet
- Poor bowel habit- reluctance, phobias, futile straining
- Inactivity
- Pregnancy
- Shift work
- Medications- Iron, Pain-killers, antidepressants, psychiatric drugs, smooth muscle relaxants and incontinence treatments
- Medical conditions-diabetes, underactive thyroid, excess blood calcium, Parkinson's disease
- Painful anal conditions- haemorrhoids, fissure in ano

Investigation

Should be carried out by a specialist surgeon in clinic and may involve some form of bowel imaging at a later stage. Occasionally a "shape" or transit study is performed where radio-opaque markers are swallowed at a predetermined time before an x-ray is taken of the abdomen to see if any delay is occurring

Treatment

Identification of the causes listed above and correction where possible should improve the symptoms of the majority of patients. Oral Laxatives may be useful in the short-term but prolonged use is best avoided to avoid dependency. They are of three types (the first is preferable) all should be accompanied by at least 4 pints of water a day.

- Bulking- bran, ispaghula, methylcellulose, sterculia
- Stimulant- bisacodyl and senna
- Osmotic-retain water in the bowel, Magnesium salts, sugars (Lactulose), Movicol

Rectal preparations either as suppositories or enemas may be used but are usually inappropriate for long-term use.

Other treatments

A specialist technique known as biofeedback may be used to help people retrain the way that the muscles of their pelvis and anal canal contract and relax to allow effective defaecation. This is reserved for patients who have been shown to have uncoordinated straining habits.

Only very rarely and in specialist centres are surgical treatments for constipation undertaken. Where the cause of constipation is a neurological or muscular condition the benefits may be life-changing. For other patients they are rarely if ever satisfactory.

Some Home Truths about Constipation

It is not necessarily "normal" for everybody to go once a day and at the same exact time. In fact striving to do so may actually cause you harm. Sitting on the toilet (reading) for prolonged periods, straining or not, is not normal and will do you harm.

Your own stool will not poison you; you don't have to go to the toilet every day. Your colon works better with stool in it, it was designed that way. It doesn't need to be emptied completely.

Colonic irrigation is a dangerous waste of time and money with no medical benefit