



# EVERYTHING YOU NEED TO KNOW ABOUT Constipation in adults

# What is constipation?

**Constipation is a common problem affecting 1 in 7 adults. It is where a person has difficulty in opening their bowels. Doctors define constipation in a number of ways:**

- Opening the bowels less than three times a week
- Needing to strain to open your bowels
- Passing a hard or pellet like stool

If you have any of these complaints you may be one of two particular groups most likely to be troubled by constipation - young women and the elderly (especially those who need to take regular medicine). Constipation may be part of irritable bowel syndrome (see our separate leaflet), especially if abdominal pain is also present.

When you are constipated the muscles of the intestines and colon do not seem to work properly and this results in slow movement of contents through the bowel. The urge to open your bowels may not be felt very often since, when the bowel is sluggish, the stool can become hard and small.

## WHAT CAUSES IT?

### Prescribed or over the counter drugs

- Pain killers (especially codeine containing compounds)
- Antacids (especially if containing aluminium)
- Iron tablets
- Blood pressure medications (not all)
- Anti-depressants (not all)
- Anti-epilepsy and anti-Parkinson's disease drugs

### Emotions

- Emotional feelings are strongly linked to how the gut works. Feeling upset can make your bowel speed up or slow down.
- Ignoring the natural urge to open your bowels (because you want to avoid public toilets or because you are too busy at work) can result in changes in how your bowel muscles work and so cause lasting changes in the pattern of opening your bowels.
- Irregular meal times, reduced liquid intake, inactivity and fear of pain on passing stools may worsen the symptoms in patients with a tendency towards constipation.
- Some women notice that their bowels are more sluggish at certain times of their menstrual cycle.

## WHAT ARE THE UNUSUAL CAUSES OF CONSTIPATION?

- In rare cases the bowels may not be working properly because the bowel itself is diseased by being narrowed or even blocked as a result of scarring, diverticular disease or inflammation.
- A colonic tumor may cause constipation but this is extremely rare.
- There are some uncommon abnormalities that happen when the gut just seems to widen (megacolon) or ends up pushing itself in the wrong direction (rectocele).
- Sometimes problems with hormones (such as an under-active thyroid gland) or with metabolism (such as a high level of calcium in the blood) may cause the gut to be sluggish, leading to constipation. These conditions are easily diagnosed by simple tests.



## WHAT SHOULD I DO IF I AM CONSTIPATED?

- Eat a mixture of high fibre foods - fruit, vegetables, nuts, wholemeal bread and pasta, wholegrain cereals, and brown rice are all good sources of fibre.
- Eat five portions of fruit or vegetables each day. Fibre is most helpful for patients with mild symptoms of constipation. If you are severely troubled you will not benefit from progressively higher doses of fibre and may even make things worse.
- Regular meals and an adequate fluid intake (approximately 10 cups a day) are mainstays of treating and preventing constipation.
- Identify a routine of a place and time of day when you are comfortably able to spend time in the toilet. Respond to your bowel's natural pattern – when you feel the urge, don't delay.
- Keep active and mobile.

**Note:** Regular use of laxatives is not encouraged but occasional use is not harmful. Their effects are unpredictable – a dose that works today may not produce an effect tomorrow. They can cause pain and result in the passage of loose stools if the dose is high. Long term use can cause the bowel to become progressively less responsive, meaning that gradually higher doses are needed. The longer you take laxatives, the less likely it is that your bowel will work well on its own. Suppositories or mini-enemas are more predictable than laxatives and tend to be very well tolerated and effective. A key point is that certain types of laxative will work in some patients but not others. Unless your constipation improves with fairly simple measures, it might be best to use laxatives only with proper guidance.

## WHEN SHOULD I SEE A DOCTOR?

- If you are over 40 and have a sudden slowing up of your bowel
- If you are inexplicably losing weight
- If you notice blood in your stools

## WILL I HAVE TO HAVE ANY TESTS?

It is often unnecessary to carry out tests for constipation, but if your doctor is worried they may organise one or more of the following:



### A blood test



### Transit studies

These are very simple tests, involving x-ray after you have swallowed some capsules or tablets which show how quickly things move through your intestines.



### Flexible sigmoidoscopy, colonoscopy, barium enema or CT scan

These tests are extremely safe, routine procedures which show doctors how the lining of your bowel looks.



### Anorectal physiology testing and proctography

These are specialist tests that are only rarely needed. They indicate how the nerves and muscles around the back passage work.

## WHAT OTHER TREATMENT IS AVAILABLE?

Biofeedback is a specialist technique sometimes used to train patients to coordinate their tummy muscles better to help the bowel empty more effectively. Surgery is not always recommended for constipation as some patients can develop new symptoms following surgery such as diarrhoea, bowel obstruction or incontinence.



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