Leicester Bowel Clinic

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Constipation

Introduction

Constipation is a common condition that affects people of all ages. It can mean that you're not passing stools regularly or you're unable to completely empty your bowel.

Constipation can also cause your stools to be hard and lumpy, as well as unusually large or small.

The severity of constipation varies from person to person. Many people only experience constipation for a short time, but for others, constipation can be a long-term (chronic) condition that causes significant pain and discomfort and affects quality of life.

What causes constipation?

It's often difficult to identify the exact cause of constipation. However, there are a number of things that contribute to the condition, including:

- not eating enough fibre, such as fruit, vegetables and cereals
- a change in your routine or lifestyle, such as a change in your eating habits
- ignoring the urge to pass stools
- side effects of certain medications
- not drinking enough fluids
- anxiety or depression

In children, poor diet, fear about using the toilet and problems toilet training can all lead to constipation.

Who's affected

Constipation can occur in babies, children and adults. It's estimated that around one in every seven adults and up to one in every three children in the UK has constipation at any one time.

The condition affects twice as many women as men and is also more common in older adults and during pregnancy.

When to see your GP

You may be able to treat constipation yourself by making simple changes to your diet

and lifestyle (see below). If these changes don't help and the problem continues, you should see your GP.

Also speak to your GP if you think your child might be constipated.

Treating constipation

Diet and lifestyle changes are usually recommended as the first treatment for constipation.

This includes gradually increasing your daily intake of fibre, making sure you drink plenty of fluids, and trying to get more exercise.

If these aren't effective, your GP may prescribe an oral laxative medication that can help you empty your bowels.

Treatment for constipation is effective, although in some cases it can take several months before a regular bowel pattern is re-established.

Preventing constipation

Making the diet and lifestyle changes mentioned above can also help to reduce your risk of developing constipation in the first place.

Giving yourself enough time and privacy to pass stools comfortably may also help, and you should try not to ignore the urge to go to the toilet.

Complications

For most people constipation rarely causes complications, but people with long-term constipation can develop:

- haemorrhoids (piles)
- faecal impaction (where dry, hard stools collect in the rectum)
- bowel incontinence (the leakage of liquid stools)

Symptoms of constipation

When you're constipated, passing stools becomes more difficult and less frequent than usual.

Normal bowel habits vary from person to person. Some adults go to the toilet more than once a day, whereas others may only go every three or four days. Similarly, some infants pass stools several times a day, while others only pass them a few times a week.

If you or your child pass stools less than usual, it could be a sign of constipation.

It may also be more difficult to pass stools and you may feel unable to empty your bowel completely. Your stools may appear dry, hard and lumpy, as well as abnormally large or small.

Other symptoms of constipation can include:

- stomach ache and cramps
- feeling bloated
- feeling sick
- loss of appetite

Constipation in children

As well as infrequent or irregular bowel movements, a child with constipation may also have any of the following symptoms:

- loss of appetite
- a lack of energy
- being irritable, angry or unhappy
- foul-smelling wind and stools
- stomach pain and discomfort
- soiling their clothes
- generally feeling unwell

Causes of constipation

Constipation usually occurs when stools remain in the colon (large intestine) for too long, and the colon absorbs too much water from the stools, causing them to become hard and dry.

Most cases of constipation aren't caused by a specific condition and it may be difficult to identify the exact cause. However, several factors can increase your chances of having constipation, including:

- not eating enough fibre, such as fruit, vegetables and cereals
- a change in your routine or lifestyle, such as a change in your eating habits
- having limited privacy when using the toilet
- ignoring the urge to pass stools
- immobility or lack of exercise
- not drinking enough fluids
- having a high temperature (fever)
- being underweight or overweight
- anxiety or depression
- psychiatric problems, such as those brought on by sexual abuse, violence or trauma

Medication

Constipation may sometimes be a side effect of a medicine you're taking. Common types of medication that can cause constipation include:

- aluminium antacids (medicine to treat indigestion)
- antidepressants
- antiepileptics (medicine to treat epilepsy)
- antipsychotics (medicine to treat schizophrenia and other mental health

conditions)
- calcium supplements
- opiate painkillers, such as codeine and morphine
- diuretics (water tablets)
- iron supplements

If constipation is caused by medication, the condition will usually ease once you stop taking the medicine. However, you shouldn't stop taking any prescribed medication unless your GP advises you to.

Speak to your GP if you have constipation that's caused by a medicine. They may be able to prescribe an alternative.

Pregnancy

About two in every five women experience constipation during their pregnancy, mostly during the early stages.

Constipation occurs during pregnancy because your body produces more of the female hormone progesterone, which acts as a muscle relaxant.

The bowel normally moves stools and waste products to the anus by a process known as peristalsis. This is when the muscles lining the bowel contract and relax in a rippling, wave-like motion. An increase in progesterone makes it more difficult for the bowel muscles to contract, making it harder to move waste products along.

If you're pregnant, there are ways to safely treat constipation without harming you or your baby.

Other conditions

In rare cases, constipation can be a sign of an underlying condition, such as:

- irritable bowel syndrome (IBS)
- diabetes
- hypercalcaemia where there's too much calcium in the bloodstream
- underactive thyroid gland (hypothyroidism)
- muscular dystrophy a genetic condition that causes muscle wasting
- multiple sclerosis a condition that affects the nervous system
- Parkinson's disease where part of the brain becomes progressively damaged, affecting the co-ordination of body movements
- spinal cord injury
- anal fissure a small tear or ulcer in the skin just inside the anus
- inflammatory bowel disease a condition that causes the intestines to become inflamed (irritated and swollen)
- bowel cancer

Babies and children

Constipation in babies and children is quite common. It's estimated that up to one in every three children in the UK has constipation at any time. Poor diet, fear about using the toilet and poor toilet training can all be responsible.

Poor diet

Children who are over-fed are more likely to have constipation, as are those who don't get enough fluids. Babies who have too much milk are also more likely to get constipation. As with adults, it's very important that your child has enough fibre in their diet.

Toilet training

It's important that you don't make your child feel stressed or pressured about using the toilet. It's also important to let your children try things by themselves (when appropriate). Constantly intervening when they're using the toilet may make them feel anxious and may contribute to constipation.

Toilet habits

Some children can feel stressed or anxious about using the toilet. They may have a phobia about using the toilet, or feel they are unable to use the toilets at school.

This fear may be the result of your child experiencing pain when passing stools. This can lead to poor bowel habits, where children ignore the urge to pass stools and instead withhold them for fear of experiencing pain and discomfort. However, if they do this, their condition will only get worse.

Other conditions

In rare cases, constipation in babies and children can be a sign of an underlying condition, such as:

- Hirschsprung's disease which affects the bowel, making it difficult to pass stools
- anorectal malformation where the baby's anus and rectum don't form properly
- spinal cord abnormalities including rare conditions such as spina bifida and cerebral palsy
- cystic fibrosis a genetic condition that causes the body to produce thick and sticky mucus, which can lead to constipation

Diagnosing constipation

Constipation is a very common condition. Your GP won't usually need to carry out any tests or procedures, but will confirm a diagnosis based on your symptoms and medical history.

Your GP will ask you some questions about your bowel habits. Don't feel embarrassed about discussing this with your GP. It's important they're aware of all of your symptoms, so they can make the correct diagnosis.

Your GP may also ask questions about your diet, level of exercise and whether there have been any recent changes to your routines.

Doctors define constipation in a number of ways:

- opening the bowels less than three times a week
- needing to strain to open your bowels on more than a quarter of occasions
- passing a hard or pellet-like stool on more than a quarter of occasions

Physical examination

If your GP thinks you may have faecal impaction (when dry, hard stools collect in your rectum), they may carry out a physical examination. See complications of constipation for more information about faecal impaction.

A typical examination will begin with you lying on your back, while the GP feels your abdomen (tummy). You'll then lie on your side while your GP carries out a rectal examination using a lubricated, gloved finger. Your GP will be able to feel for any stools that may have collected.

An internal physical examination rarely needs to be carried out on a child. Instead, the diagnosis can usually be made by feeling the child's tummy.

Further tests

If you're experiencing severe symptoms, your doctor may request further tests, such as blood tests or thyroid tests, to diagnose or rule out other conditions.

Other tests you may have include:

- **an abdominal X-ray** where X-ray radiation is used to produce images of the inside of your abdomen
- **transit study examination** where you take a short course of special capsules that show up on X-rays; one or more X-rays are taken later on to see how long it takes for the capsules to pass through your digestive system
- **anorectal manometry** where a small device with a balloon at one end is inserted into your rectum and attached to a machine that measures pressure readings from the balloon as you squeeze, relax and push your rectum muscles; this gives an idea of how well the muscles and nerves in and around your rectum are working

As there's an increased risk of bowel cancer in older adults, your doctor may also request tests to rule out a diagnosis of cancer, including a computerised tomography (CT) scan or colonoscopy.

Treating constipation

Treatment for constipation depends on the cause, how long you've had it and how severe your symptoms are.

In many cases, it's possible to relieve the symptoms by making dietary and lifestyle changes.

The various treatments for constipation are outlined below. You can also read a summary of the pros and cons of the treatments for constipation.

Lifestyle advice

Changes to diet and lifestyle are often recommended as the first treatment for constipation. In many cases, this will improve the condition without the need for medication.

Some self-help methods of treating constipation are listed below:

- Increase your daily intake of fibre. You should eat at least 18-30g of fibre a day. High-fibre foods include plenty of fresh fruit and vegetables and cereals.
- Add some bulking agents, such as wheat bran, to your diet. This will help to make your stools softer and easier to pass.
- Avoid dehydration by drinking plenty of water.
- Exercise more regularly for example, by going for a daily walk or run.
- If constipation is causing pain or discomfort, you may want to take a painkiller, such as paracetamol. Always follow the dosage instructions carefully. Children under 16 shouldn't take aspirin.
- Keep to a routine (a place and time of day) when you're able to spend time on the toilet. Respond to your bowel's natural pattern: when you feel the urge, don't delay.
- Try resting your feet on a low stool while going to the toilet, so that your knees are above your hips; this can make passing stools easier.
- If medication you're taking could be causing constipation, your GP may be able to prescribe an alternative.

Your GP may prescribe an oral laxative if diet and lifestyle changes don't help.

Laxatives

Laxatives are a type of medicine that help you pass stools. There are several different types of laxative and each one has a different effect on your digestive system.

Bulk-forming laxatives

Your GP will usually start you on a bulk-forming laxative. These work by helping your stools to retain fluid. This means they're less likely to dry out, which can lead to faecal impaction. Bulk-forming laxatives also make your stools softer, which means they should be easier to pass.

Commonly prescribed bulk-forming laxatives include ispaghula husk, methylcellulose and sterculia. When taking this type of laxative, you must drink plenty of fluids, and don't take them before going to bed. It will usually be two to three days before you feel the effects of a bulk-forming laxative.

Osmotic laxatives

If your stools remain hard after you've taken a bulk-forming laxative, your GP may prescribe an osmotic laxative instead. Osmotic laxatives increase the amount of fluid in your bowels. This softens your stools and stimulates your body to pass them.

Commonly prescribed osmotic laxatives include lactulose and macrogols. As with bulk-forming laxatives, make sure you drink enough fluids. It will usually be two to three days before you feel the effect of the laxative.

Stimulant laxatives

If your stools are soft, but you still have difficulty passing them, your GP may prescribe a stimulant laxative. This type of laxative stimulates the muscles that line your digestive tract, helping them to move stools and waste products along your

large intestine to your anus.

The most commonly prescribed stimulant laxatives are senna, bisacodyl and sodium picosulphate. These laxatives are usually only used on a short-term basis, and they start to work within 6 to 12 hours.

According to your individual preference and how quickly you need relief, your GP may decide to combine different laxatives.

How long will I need to take laxatives for?

If you've had constipation for a short time, your GP will usually advise you to stop taking the laxative once your stools are soft and easily passed.

However, if your constipation is caused by an underlying medical condition or a medicine you're taking, you may have to take laxatives for much longer, possibly many months or even years.

If you've been taking laxatives for some time, you may have to gradually reduce your dose, rather than coming off them straight away. If you have been prescribed a combination of laxatives, you'll normally have to reduce the dosage of each laxative, one at a time, before you can stop taking them. This can take several months.

Your GP will advise you about when it's best to stop taking laxatives.

Treating faecal impaction

Faecal impaction occurs when stools become hard and dry and collect in your rectum. This obstructs the rectum, making it more difficult for stools to pass along.

Sometimes as a result of impaction, overflow diarrhoea may occur (where loose stools leak around the obstruction). You may have difficulty controlling this.

If you have faecal impaction, you'll initially be treated with a high dose of the osmotic laxative macrogol. After a few days of using macrogol, you may also have to start taking a stimulant laxative.

If you don't respond to these laxatives, and/or if you have overflow diarrhoea, you may need one of the medications described below.

- **Suppository** this type of medicine is inserted into your anus. The suppository gradually dissolves at body temperature and is then absorbed into your bloodstream. Bisacodyl is an example of a medication that can be given in suppository form.
- **Mini enema** where a medicine in fluid form is injected through your anus and into your large bowel. Docusate and sodium citrate can be given in this way.

Pregnancy or breastfeeding

If you're pregnant, there are ways for you to safely treat constipation without harming you or your baby. Your GP will first advise you to change your diet by increasing fibre and fluid intake. You'll also be advised to do gentle exercise.

If dietary and lifestyle changes don't work, you may be prescribed a laxative to help you pass stools more regularly.

Lots of laxatives are safe for pregnant women to use because most aren't absorbed

by the digestive system. This means that your baby won't feel the effects of the laxative.

Laxatives that are safe to use during pregnancy include the osmotic laxatives lactulose and macrogols. If these don't work, your GP may recommend taking a small dose of bisacodyl or senna (stimulant laxatives).

However, senna may not be suitable if you're in your third trimester of pregnancy, because it's partially absorbed by your digestive system.

Babies who haven't been weaned

If your baby is constipated but hasn't started to eat solid foods, the first way to treat them is to give them extra water between their normal feeds. If you're using formula milk, make the formula as directed by the manufacturer and don't dilute the mixture.

You may want to try gently moving your baby's legs in a bicycling motion or carefully massaging their tummy to help stimulate their bowels.

Babies who are eating solids

If your baby is eating solid foods, give them plenty of water or diluted fruit juice. Try to encourage them to eat fruit, which can be puréed or chopped, depending on their ability to chew. The best fruits for babies to eat to treat constipation are:

- apples
- apricots
- grapes
- peaches
- pears
- plums
- prunes
- raspberries
- strawberries

Never force your baby to eat food if they don't want to. If you do, it can turn mealtimes into a battle and your child may start to think of eating as a negative and stressful experience.

If your baby is still constipated after a change in diet, they may have to be prescribed a laxative. Bulk-forming laxatives aren't suitable for babies, so they'll usually be given an osmotic laxative. However, if this doesn't work, they can be prescribed a stimulant laxative.

Children

For children, laxatives are often recommended alongside changes to diet. Osmotic laxatives are usually tried first, followed by a stimulant laxative if necessary.

As well as eating fruit, older children should have a healthy, balanced diet, which also contains vegetables and wholegrain foods, such as wholemeal bread and pasta.

Try to minimise stress or conflict associated with meal times or using the toilet. It's

important to be positive and encouraging when it comes to establishing a toilet routine. Allow your child at least 10 minutes on the toilet, to make sure they've passed as many stools as possible.

To encourage a positive toilet routine, try making a diary of your child's bowel movements linked to a reward system. This can help them focus on using the toilet successfully.

Top tips for parents

- A diet rich in fibre and with plenty of fluids will help, even if your child is being treated with laxatives.
- Children with long-term (chronic) constipation don't usually have anything physically wrong with them. However, it can take time to correct the problem, so be patient.
- Encourage your child to have a regular toilet habit and allow them plenty of time.
- A reward chart for passing a stool can be useful if your child tends to "hold on".

Complications with constipation

Constipation rarely causes any complications or long-term health problems. Treatment is usually effective, particularly if it's started promptly.

However, if you have long-term (chronic) constipation, you may be more at risk of experiencing complications.

Rectal bleeding

Continually straining to pass stools can cause pain, discomfort and rectal bleeding.

In some cases, bleeding is the result of a small tear around the anus (anal fissure), but it's more often caused by haemorrhoids (piles). Piles are swollen blood vessels that form in the lower rectum and anus.

As well as bleeding, piles can also cause pain, itching around the anus, and swelling of the anus.

The symptoms of piles often settle down after a few days without treatment. However, creams and ointments are available to reduce any itching or discomfort.

See your GP as soon as possible if you experience any rectal bleeding.

Faecal impaction

Long-term constipation can increase the risk of faecal impaction, which is where dried, hard stools collect in your rectum and anus.

Once you have faecal impaction, it's very unlikely that you'll be able to get rid of the stools naturally.

Faecal impaction makes constipation worse because it's harder for stools and waste

products to pass out of your anus, as the path is obstructed.

Faecal impaction can sometimes lead to a number of other complications, including:

- swelling of the rectum
- a loss of sensation in and around your anus
- bowel incontinence
- bleeding from your anus
- rectal prolapse where part of your lower intestine falls out of place and protrudes from your anus (this can also occur as a result of repeated straining in people with chronic constipation)

Faecal impaction is usually treated with laxative medication, although suppositories (medication inserted into the anus) and mini enemas (where medicine in fluid form is injected through your anus) may sometimes be used.

Preventing constipation

There are a number of things you can do to prevent constipation, including making diet and lifestyle changes.

Fibre

Including enough fibre in your diet can significantly reduce your chances of developing constipation. Most adults don't eat enough fibre.

You should aim to have about 30g of fibre a day. You can increase your fibre intake by eating more:

- fruit and vegetables
- wholegrain rice
- wholewheat pasta
- wholemeal bread
- seeds and oats

Eating more fibre will keep your bowel movements regular, because it helps food pass through your digestive system more easily. Foods high in fibre also make you feel fuller for longer.

It's important to increase your fibre intake gradually, because a sudden increase may make you feel bloated. Suddenly increasing your intake of fibre may also cause you to produce more wind (flatulence) and experience stomach cramps.

Read more about how to increase your intake of fibre and eating a healthy, balanced diet.

Fluids

Make sure you drink plenty of fluids to avoid dehydration, and steadily increase your intake when exercising or when it's hot. Try to cut back on the amount of caffeine, alcohol and fizzy drinks you consume.

Toilet habits

Never ignore the urge to go to the toilet, because it can significantly increase your chances of having constipation.

When going to the toilet, make sure you have enough time and privacy to pass stools comfortably.

Exercise

Keeping active and mobile will greatly reduce your risk of getting constipation. You should do at least 150 minutes of physical activity every week.

As well as regular exercise reducing your risk of becoming constipated, it will also leave you feeling healthier and improve your mood, energy levels and general fitness.