Hunter Gastroenterology

CONSTIPATION MANAGEMENT

PATIENT INFORMATION SHEET

What is constipation?
Constipation is a complaint shown to affect 1 in 5 adults. Patients commonly associate constipation with infrequent motions, straining and difficulty passing stool, and a sensation of incomplete evacuation. Constipation may also cause vague abdominal discomfort, bloating, and even intermittent urgency with liquid stool (called overflow diarrhoea), which may be a cause for incontinence in some patients.

What causes constipation?
The large bowel serves to reabsorb water before stool is passed. When the transit of bowel contents is slowed, the stool can become dry and hard, resulting in constipation. Common causes of this are:

- A diet too low in fibre
- Not drinking enough fluid
- Lack of exercise
- Many medications including opioid analgesics, calcium channel blockers, antipsychotics and tricyclic antidepressants such as amitriptyline
- Iron supplements
- Antacid medications
- Irritable bowel syndrome or functional constipation
- Pregnancy
- Older age
- Strictures or narrowing of the bowel
- Medical conditions such as Multiple Sclerosis, Parkinson's disease, diabetes and thyroid disease.

INITIAL BOWEL CLEARANCE APPROACH:

STEP 1:
Consider 1-2 fleet enemas if you note you are consistently passing overly firm stools or pellets ie. Bristol type 1-2

STEP 2:
Whilst eating and drinking as you usually would, drink 4L of Colonlytely (Glycoprep) in 5hrs on the first day, and then thereafter 2L each day until you run clear.

AFTER BOWEL CLEARANCE

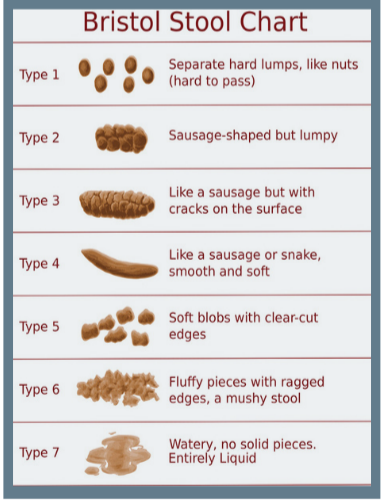
Maintenance
Start by increasing your daily fibre intake and exercise each day - adding things like Benefiber or Metamucil daily to your diet will assist in boosting your daily fibre intake. The majority of patients with long term constipation require ongoing management. Osmotic aperients are agents that prevent excessive drying and hardening of the stool by reducing water absorption I the large bowel. The agents have been shown to be safe when taken in the short and long term in both children and adults. Different agents may be chosen based on individual preference and the dose adjusted to effect.

Options include:

- Osmolax 1-4 scoops/day (neutral powder dissolved in liquid)
- Movicol 1-4 sachets/day (neutral or flavoured powder dissolved in liquid)
- Magnesia San Pellegrino (1-3 tsp/day (lemon flavoured effervescent powder)
- Magnesium tablets 2-6/day (preferred option is Blackmore's MagMin 500mg tablets)

Please Note: Some of our patients may have adhesions that impact the stool transit through the colon. Patients may find that increased fibre intake leads to bulky stools which in turn may worsen bloating despite the bowel clearance. If this happens to you, you should reduce your fibre intake and seek medical review as endoscopy may be indicated.

RESOURCES

It is strongly advised that you spend some time learning about foods that are high in dietary fibre, as well as a food diary to help you understand your eating habits and where you can increase your dietary fibre intake. Visit our website for some excellent advice and information regarding what foods you should be eating. This will be found under the resources tab in our Patient Portal. There are also helpful apps on our smartphones that can help us log our dietary intake such as CalorieKing, along with some helpful general nutrition advice.

Below is a guide on what a "normal" stool should look like. Aim for Type 4.