

Management of Constipation

Information for patients

**NHS Lothian Pelvic Health
Physiotherapists**

Introduction

Constipation is a common condition that affects people of all ages. It can mean that you are not passing bowel movements (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.





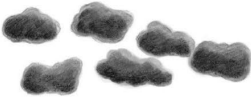


The severity of constipation varies from person to person. Many people only experience constipation for a short time, but for others, constipation can be a long-term (chronic) condition that can cause significant pain and discomfort and affects quality of life.

This booklet will provide you with many different ideas to try to relieve your constipation. Not everything works for everyone. Try a few of them and hopefully you will find a range of two or three techniques to keep your bowels moving regularly long-term.

It's likely to be constipation if:

- You pass a stool less than 3 times a week
- The stool is often difficult to push out and larger than usual
- The stool is often hard, dry or lumpy – ideally your stool should be a type 4, see the chart on the next page
- You may also have abdominal pain and feel bloated or nauseous.

The Bristol Stool Form Scale

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

Distributed with the kind permission of Dr K. W. Heaton; formerly reader in Medicine at the University of Bristol. Reproduced as a service to the medical profession by Norgine Ltd. ©2017 Norgine group of companies.

What causes 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.

It is 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 travel or a change in your eating habits)
- Ignoring the urge to pass stools; you should always go to the toilet if you need
- Side effects of certain medications. Speak to your GP if you think you have constipation that's caused by a medicine. They may be able to prescribe an alternative. Never stop taking a prescribed medication unless advised to do so by your GP
- Being dehydrated. You usually need 1.5-2 litres of fluids daily- more if you are exercising or the weather is hot
- Anxiety or depression
- Not exercising enough or being less active
- Constipation is also common during pregnancy and for 6 weeks after giving birth
- Women may be more constipated at different times of their cycle
- In some rare cases, constipation may be caused by a medical condition.

Treating constipation

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

Lifestyle advice

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

Prevention is better than cure with constipation, so adopting these healthy lifestyle changes long-term will reduce the amount of times you experience constipation in the future.

Here are some self-help methods of treating and preventing constipation:

Diet and hydration

- Be sure to drink a minimum of 1500 mls/2.5 pints a day. Try to make water a large percentage of this
- Increase your daily intake of fibre. You should be eating insoluble fibres such as those found in wheat bran, nuts and whole grains. They add bulk to your stools and help them pass more quickly and easily through your digestive system. We also need soluble fibres such as those found in oats and fruit. Pears, kiwi fruits and plums are some of the best options. They absorb water and form a gel-like paste, which softens your stools and improves the consistency.
- Flaxseeds (linseeds) are also known for their laxative effect on the bowels. Try sprinkling 1-2 teaspoons over cereal or porridge
- [Fibre \(bda.uk.com\)](http://bda.uk.com). The British Dietetic Association has more information about fibre.
- Spread your fibre intake throughout the day. Slowly build up the amount of fibre you eat and vary the fibre in your diet

- Honey and lemon in hot water may help. Take it first thing in the morning
- Eat breakfast as soon as possible after waking to allow your gastrocolic reflex to work. This will give you the urge to move your bowels so that you can empty your bowels before going out for the day
- Don't skip meals
- Consider probiotics. Bifidobacterium lactus has been shown to naturally stimulate peristalsis (the rhythmical contraction and relaxation of the bowel). They can be found in yoghurt, drinks and tablet form
- Consider prebiotics (carbohydrates which stimulate the growth of "good" bacteria in the gut to aid digestion). These are found in ripe bananas, asparagus, garlic, onions, tomatoes or from health food shops.

Exercise and breath work

- Exercise more regularly, for example, by going for a daily walk or run. Yoga can be helpful too
- Focus on slow, calm breathing for short periods through the day. Diaphragmatic breathing (where your abdomen rises and falls) has a massaging effect on your gut.
- Some people find alternative therapies such as aromatherapy and reflexology helpful.

Toileting position and timing

- Make use of the gastro-colic reflex – around 20 minutes after a meal or hot drink your body will move the contents of your colon towards your rectum
- Don't delay going once you have felt the urge. Prioritise moving your bowels over other tasks. If you wait the stool stays in your rectum and slowly dehydrates, making it harder to pass as time goes on
- Give yourself time to go and don't rush it. But also don't spend too long, if nothing is happening after 5 minutes, come back and try again later
- Do not postpone going to the toilet because you are away from home. **Do** sit on public toilets; there are more germs on the average chopping board
- Sit on the toilet as shown in the following diagram; lean forward with your arms resting on your knees, back straight and feet supported
- Try resting your feet on a low stool while going to the toilet so your knees are higher than your hips, creating a squat effect. This can make passing stools easier by relaxing the angle of your bowel
- Letting your waist widen and abdomen relax allows your anal sphincter to relax
- Try breathing out through pursed lips as though you are blowing bubbles to gently bear down. Some people find it helpful to make a 'moo' sound.

Correct position for opening your bowels

Step one



Knees higher than hips

Step two



Lean forwards and put elbows on your knees

Step three



Bulge out your abdomen
Straighten your spine

Correct position



Knees higher than hips
Lean forwards and put elbows on your knees
Bulge out your abdomen
Straighten your spine

Reproduced and distributed with the kind permission of the co-authors, including Wendy Ness, Colorectal Nurse Specialist. Produced as a service to the medical profession by Norgine Ltd. ©2017 Norgine group of companies.

- **Don't** pull in your abdominal muscles
- **Don't** forget to keep up your good habits when your routine changes or you go on holiday.

Abdominal massage

It has been suggested that abdominal massage may be an effective treatment for those with chronic constipation.

It may:

- Encourage peristalsis (the rhythmical contractions and relaxation of the bowel)
- Relieve muscle spasm
- Relieve flatulence
- Encourage bowel movements.

It is generally a safe, non-invasive treatment and can be performed as self massage or by a carer/partner.

Abdominal massage should be avoided by people who have:

- Cancer
- History of malignant bowel obstruction or an abnormal growth
- Any abdominal herniation
- Recent scarring or abdominal surgery
- History of inflammatory bowel disease, Crohn's disease or ulcerative colitis
- Spastic colon due to irritable bowel syndrome (IBS)
- Unstable spinal injury
- Pregnancy.

The massage should not be painful. Initially the pressure used may be superficial (on the surface) until you become accustomed to the technique when you can start working a little deeper.

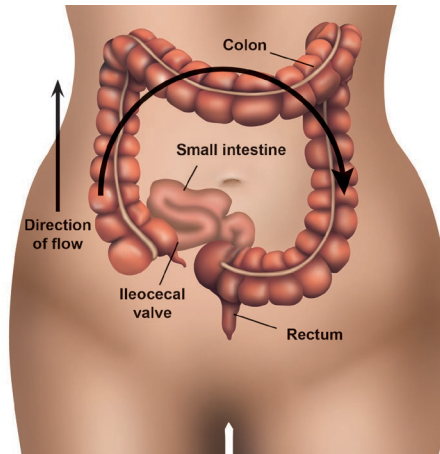


Fig. 1

Performing Abdominal Massage

You can perform abdominal massage clothed but usually it is more comfortable on a bare abdomen. Use a suitable oil (e.g. olive oil) if doing the massage on a bare abdomen.

Try and time doing the massage when you are most likely to go to empty your bowel (for example after food and drink). Some people find doing this the night before helps them to move their bowels the following morning. Repeat the instructions below 3-4 times each.

1. Stroke the lower abdomen in an upward direction working from right to left with one hand on top of the other
2. Circle the abdomen in a clockwise direction (see fig. 1)
3. Stroke from the centre of your back round to the hips on both sides
4. Stroke from the right groin up to the level of the navel across to the left side and down to the left groin: up, across and down in a clockwise direction
5. Repeat step 4 but this time using the knuckles or fingertips in small circular clockwise movements
6. Finally with gentle pressure place your warm hands over your abdomen and hold for 20 seconds or so.

When to see your GP

It is important to see your GP if you notice any change in your bowel habits, weight loss, blood/mucus in your stool or constant undiagnosed pain.

Remember changing habits and reducing constipation can take time. Keep going with this advice until you establish a good pattern.

You may be able to treat constipation yourself by making these simple changes to your diet and lifestyle. However, if these changes don't help and the problem continues, you should see your GP.

Your GP may prescribe an oral laxative if diet and lifestyle changes are not effective. Laxatives are a type of medicine that can help you pass stools. There are several different types of laxative and each one has a different effect on your digestive system.

- **Bulking Agent:** These are fibre-based laxatives used to increase the water content of your stool (for example Fybogel)
- **Stool Softener:** These contain oils to soften the stools and ease the passage through the gut (for example Dulcolax)
- **Stimulant Laxative:** These stimulate the nerves in your bowel to increase bowel movements (for example Senna)
- **Osmotic Laxative:** These soften stools by pulling water from the surrounding tissues into your digestive system (for example Lactulose).

Most of these laxatives shouldn't be taken on a regular basis without first speaking to your doctor. Don't rely on laxatives. Understand what your normal habit is; it may be 3 times a day or 3 times a week.

If you are unable to take laxatives or it is not helping you to regulate your bowel habits, your GP may prescribe a glycerine suppository or a regular home enema.

Further Information

For further information please contact your local department:

St John's Hospital:	01506 522 063
Edinburgh Community Physiotherapy Service:	0131 536 1060 option 1
Royal Infirmary of Edinburgh:	0131 242 1945
East Lothian Community Hospital:	01620 642 920
Bonnyrigg Health Centre:	0131 537 9746

This leaflet was compiled by the Women's Health Physiotherapy Department, St John's Hospital in association with Lothian Pelvic Health Physiotherapists and the Patient Information Leaflet Group, NHS Lothian Physiotherapy Services.

The leaflet can be made available in Braille and other languages. Please contact the physiotherapy department on **01506 522 063** for further information.

Ref: Management of Constipation