

What is constipation and how do I know if I am constipated?

Constipation means going to the toilet less often than usual to empty the bowels, or passing hard, difficult or painful stools (faeces /poo).

The time between having a bowel movement increases compared to your usual pattern – you should have a bowel movement at least every third day.

You may have crampy pains in the lower part of your tummy (abdomen) or feel bloated (windy).

What causes constipation?

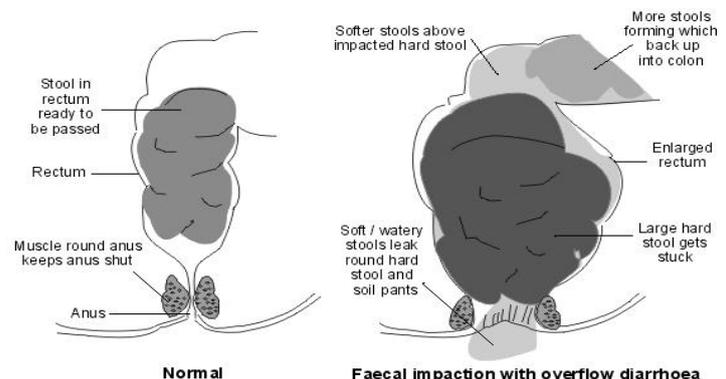
Constipation has many causes. In hospital it is usually caused by a change in your normal living routine:

- Changes in the amount of food or drink you are having e.g. not eating or drinking before surgery
- Not eating enough fibre (roughage)
- Not drinking enough fluid. Stools need water to keep them soft
- Walking/moving around less. In hospital your bowels can slow down as you are likely to spend more time in bed, and be less active than usual. Try to continue to do as much physical activity as possible to help keep your bowels moving
- Some medicines e.g. morphine or codeine cause constipation as they slow down the movement of the stool in the bowel and/or remove more water than normal from the bowel.
- Hormonal changes in pregnancy slowing down the bowel movements

Please tell your nurse, midwife or doctor if you notice any change in your bowel habits e.g. constipation, pain or bleeding.

Why is it important that I have regular bowel movements?

Regular bowel movements help your body get rid of the waste from the food you have eaten and the fluids you drank. New food and drink is then able to move through your digestive system (gut) and give your body the nutrients it needs.



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How can I prevent constipation?

- **Food:** Different foods affect people differently. Some foods can increase the wave-like motions in your gut and help move things along. Try eating prunes, pineapple or green kiwifruit or drinking prune or kiwifruit juice/concentrate. If possible eat three main meals a day at regular times
- **Fibre:** Just as bran absorbs milk in a bowl of cereal, fibre absorbs fluid in the digestive system allowing the stool to remain soft. Try to eat high fibre foods e.g. wholemeal or wholegrain breads, legumes (beans) wholegrain cereals, fruits and vegetables
- **Fluid:** Have plenty to drink. Aim to have 8 glasses of fluid a day. Fluid includes liquids or anything that breaks down in to liquid such as ice cream or jelly but water is best
- **Bowel signs:** Do not ignore the feeling of needing to empty your bowels. Some people wait to use the toilet as they are busy. This can cause a backlog of stools which are more difficult to pass

- **Position:** You can control your bowel movements by contracting or releasing your anal sphincter. Your body also has a bend between the rectum (where faeces build up) and the anus (where stools comes out). When we are standing up, this bend is about 90 degrees. This puts upward pressure on the rectum and keeps stools inside. In a squatting posture, the bend straightens out (like a kink straightening in a garden hose), and passing the stools become easier.



The best sitting position is to have your knees higher than your hips, lean forward and put your elbows on your knees, bulge your abdomen and straighten your spine.

What are laxatives?

Laxatives are medicines that help prevent and treat constipation by helping you have regular bowel movements.

What are the common laxatives and how do they work?

The common laxatives are bulking agents, stool softeners, stimulants and hyperosmotic agents.

Bulking Agents e.g. psyllium (Konsyl-D): Increase the amount of fluid in your stools to form a soft, bulky stool making them easier to pass. You need to drink plenty of fluids. Usually it takes 12 hours to three days to work so they do not give immediate relief.

They are safe to use long-term and do not usually cause side effects. Sometimes they can cause bloating, intestinal gas (wind), cramping, and/or increased constipation, especially if you don't drink enough water.

Oral Stool Softeners e.g. docusate sodium (Coloxyl): Increase the amount of fluid in your stools to soften them and make them easier to pass. They may be recommended after you have had surgery, had a baby or for haemorrhoids. Make sure you drink enough fluids. Usually it takes two to three days before you feel the effect of the laxative.

Your bowel may become used to taking softeners and need a higher dose over time. They are safe to use if you are pregnant or an elderly person.

Oral Stimulants e.g. senna (Sennokot): Stimulate the muscles in your gut, helping them move your stools along your bowels to your anus. Usually it takes 6-10 hours to start to work.

These should only be used when a pharmacist or doctor has recommended them. A side effect is that they may cause the bowel to stop working properly. This can happen when they are taken each day as your body becomes used to the laxative.

Laxsol (docusate & senna) is a commonly used laxative containing a combination of a stool softener and stimulant laxative.

Hyperosmotic Agents: Draw water into your bowel from the surrounding body tissues into the stool making them easier to pass. There are four main types of hyperosmotics: saline (e.g. milk of magnesia), lactulose, polymer e.g macrogols (Lax or Movivol sachets), and glycerine (can be a suppository).

When do I need to take laxatives?

It is better not to become constipated than having to manage it when it becomes a problem. If you need to take a medicine that can cause constipation, our doctors, nurses and pharmacists will usually advise you to take laxatives.

If you feel you are constipated or have any questions on this information sheet please talk to your nurse, midwife, pharmacist or doctor.

If you are at home and need further information
please call Healthline on:
0800 611 116
for free advice. 24 hours a day, 7 days a week