

Constipation

CONSTIPATION BASICS

- Constipation has different definitions, and individuals define it based on family and cultural influence and personal experience.
- The frequency of bowel movements among healthy people varies from three movements a day to three a week.
- Patients usually report constipation when there are changes to harder stool consistency, the presence of pellets, straining or feelings of incomplete evacuation, infrequent bowel movements and a sensation of “want to but can’t.”
- Individuals must determine what is normal for them.
- As a rule, constipation should be suspected if more than three days pass between bowel movements or if there is difficulty or pain when passing a hardened stool.
- Constipation is usually a variation of the functioning of colonic muscles, so movement of stools is slower than usual or the muscles contract to hold back stool. It is not a disease and usually can be treated medically.
- Your doctor will determine when diagnostic studies are needed to identify medical causes of constipation or physiologic testing is needed to evaluate the type and degree of constipation.
- Most people experience occasional short bouts of constipation. If a laxative is necessary for longer than three weeks, check with a doctor.
- Prevention is the best approach to constipation. While there is no way to ensure never experiencing constipation, the following guidelines should help:
 - Know what is normal for you and do not rely unnecessarily on laxatives.
 - Eat a well-balanced diet that includes unprocessed bran, whole wheat grains, fresh fruits and vegetables.
 - Drink plenty of fluids.
 - Exercise regularly.
 - Set aside time after breakfast or dinner for undisturbed visits to the toilet.
 - Don’t ignore the urge to have a bowel movement.
 - Whenever there is a significant or prolonged change in bowel habits, check with a doctor.

To help you understand and manage your condition, the AGA Institute provides you with the following information, designed to give you some basic facts, to help you better understand your condition and to serve as a starting point for discussions with your doctor.

CONSTIPATION

The frequency of bowel movements among healthy people varies greatly, ranging from three movements a day to three a week. Generally, stools should be passed without excess effort, straining or discomfort with passage. Constipation is the infrequent and/or difficult passage of stool. Because the function of the large intestine or colon is to absorb water, delayed transit through the colon leads to constipation with hardening of the stools and infrequent bowel movements.

As a rule, if more than three days pass without a bowel movement, the intestinal contents may harden to the point that the person may have difficulty or even pain during elimination. Straining during bowel movements or the feeling of incomplete evacuation may also be reported as constipation. However, the presence of these symptoms with normal frequency of stool passage may require further physiological testing for related conditions of pelvic floor dysfunction. This is a type of constipation where the muscles in the rectal area don’t properly relax and they may hold back stool or lead to difficult passage.

COMMON MISCONCEPTIONS ABOUT CONSTIPATION

Many false beliefs exist concerning proper bowel habits. One of these is that a bowel movement every day is necessary. Another common fallacy is that wastes stored in the body are absorbed and are dangerous to health, produce medical diseases or shorten life span.

These misconceptions have led to a marked overuse and abuse of laxatives and procedures such as colonic irrigation. Every year, Americans spend hundreds of millions of dollars on laxatives. Many are not needed — routine use of some stimulant laxatives can cause dependency and frequent use of colonic flushes may lead to complications.

IS CONSTIPATION SERIOUS?

Although it may be extremely bothersome, constipation itself usually is not serious. However, particularly if it occurs over a short period of time, it may signal and be the only noticeable symptom of a serious underlying disorder such as cancer. Constipation can lead to complications, such as hemorrhoids caused by extreme straining or fissures caused by the hard stool stretching the sphincters. Bleeding can occur for either of these reasons and appears as bright red streaks on the surface of the stool. Fissures may be quite painful and can aggravate the constipation that originally caused them. Fecal impactions tend to occur in very young children and in older adults, and may be accompanied by a loss of control of stool, with liquid stool flowing around the hard impaction.

Occasionally, straining causes a small amount of intestinal lining to push out from the rectal opening. This condition is known as rectal prolapse and may lead to secretion of mucus that may stain underpants. In children, mucus may be a feature of cystic fibrosis.

CAUSES OF CONSTIPATION

In most cases, constipation is a symptom, not a disease. Like a fever, constipation can be caused by many different conditions. Most people have experienced an occasional episode of constipation that has corrected itself over time and with proper diet. The following is a list of some of the most common causes of constipation:

- **Poor Diet.** A main cause of constipation may be a diet high in animal fats (meats, dairy products, eggs) and refined sugar (rich desserts and other sweets), but low in fiber (vegetables, fruits, whole grains), especially insoluble dietary fiber, which helps move bulk through the intestines and promote bowel movements. Some studies have suggested that high fiber diets result in larger stools, more frequent bowel movements and, therefore, less constipation.
- **Irritable Bowel Syndrome (IBS).** Also known as IBS with constipation or IBS-C, it is one of the most common causes of constipation in the U.S. Some people develop spasms of the colon that delay the speed with which the contents of the intestine move through the digestive tract, leading to constipation. IBS-C differs from usual constipation because it is associated with abdominal pain.
- **Poor Bowel Habits.** A person can initiate a cycle of constipation by ignoring the urge to have a bowel movement. Some people do this to avoid using public toilets, others because they are too busy. After a period of time, a person may stop feeling the urge. This leads to progressive constipation. Children may also suppress the urge during toilet training or when going to unfamiliar rest rooms, as in school, and this can progress to constipation later in life (see below). Studies show that suppressing the urge to have a bowel movement may slow down the transit through the colon or lead to incomplete relaxation of the pelvic floor muscles, thus holding back stool.
- **“Pseudo-Constipation.”** The false belief that one is constipated is very common and results from misunderstandings about what is normal and what is not. If recognized early enough, this type of constipation can be cured by the patient’s physician explaining that the frequency of his or her bowel movements is normal. One example is when a person has a bowel movement less frequently than once a day. While this is still normal, it is believed to be abnormal. Another example is when an individual feels abdominal discomfort and tries to have a

bowel movement but can't, however the stool has not yet reached the rectum to be properly eliminated.

- **Travel.** People often experience constipation when traveling long distances, which may relate to changes in lifestyle, schedule, diet and drinking water, or some evacuation difficulties when using other toilets.
- **Pregnancy.** Pregnancy is another common cause of constipation, which may be partly due to hormonal changes during pregnancy.
- **Fissures and Hemorrhoids.** Painful conditions of the anus can produce a spasm of the anal sphincter muscle, which can delay a bowel movement.
- **Medications.** Many medications can cause constipation. These include pain medications (especially narcotics), antacids that contain aluminum or calcium, antispasmodic drugs, antidepressant drugs, tranquilizers, iron supplements, anticonvulsants for epilepsy, antiparkinson drugs and calcium channel blockers for high blood pressure and heart conditions.
- **Colonic Motility Disorders.** The peristaltic activity of the intestine may be ineffective, resulting in colonic inertia or outlet obstruction.
- **Colonic Inertia.** With this condition, the transit through the large intestine is very slow, leading to buildup of stool in the large intestine and even enlargement of the colon. Individuals with this condition may not have a bowel movement for weeks at a time. Treatment involves vigorous oral flushes of fluid (see below) or sometimes surgery. This is a relatively rare cause of constipation.
- **Pelvic Floor Dysfunction.** Some individuals may develop spasms or an inability to properly evacuate the stool. This can be due to structural changes, such as a tumor, that will require specific treatment. It may also be a functional problem where the muscles in the pelvic floor (levator muscles) don't properly relax to allow easy passage. This is treated by biofeedback of these muscles.

Some less common causes include:

- **Laxative Abuse.** People who habitually take large dosages of stimulant laxatives become dependent upon them and may require increasing dosages until, finally, the intestine becomes insensitive and fails to work properly.
- **Hormonal Disturbances.** C