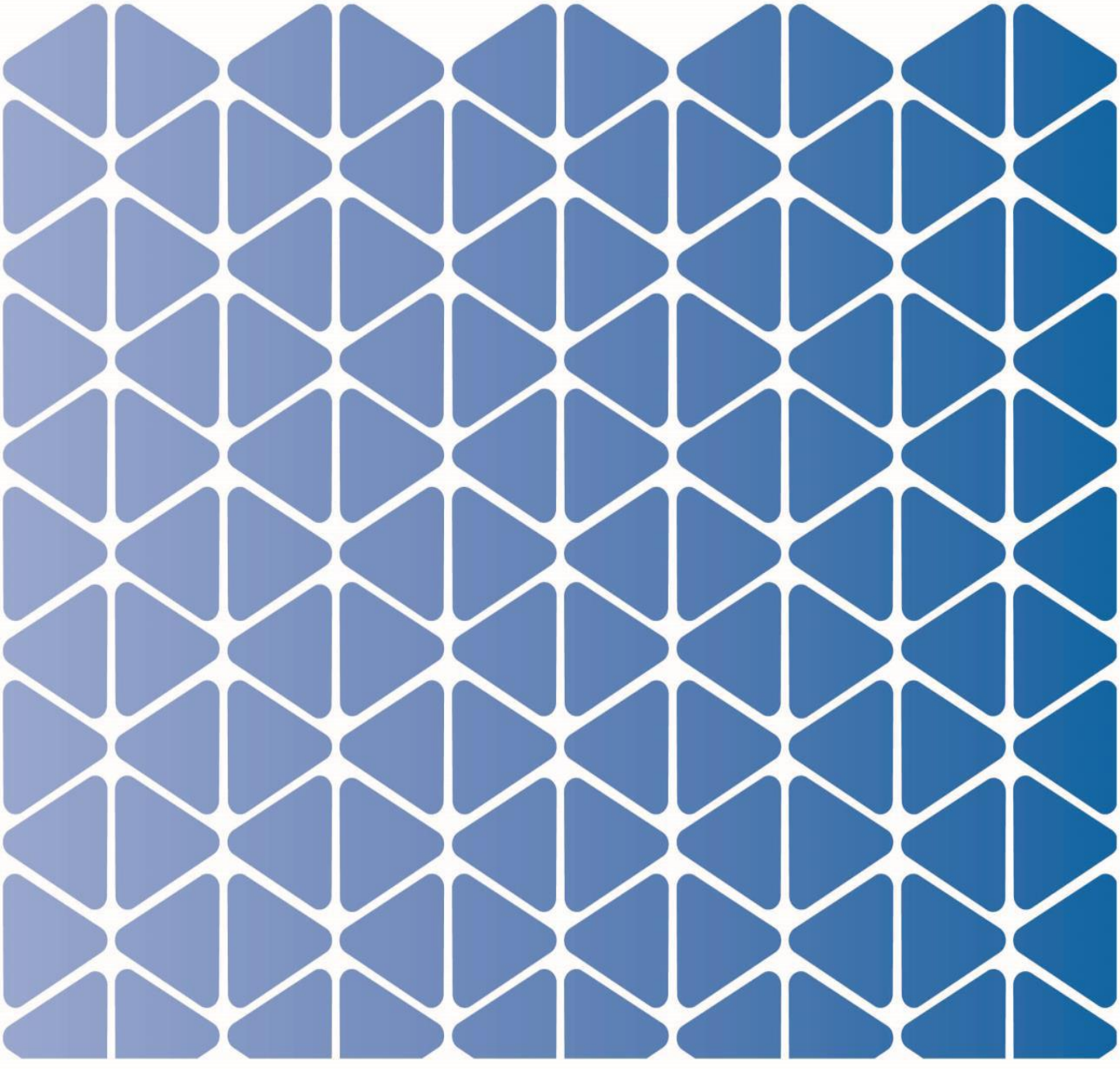
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

Constipation in adults



What is Constipation?

Constipation can affect people of any age. You may have constipation if you are passing stools less often than usual for you or if you are finding it more difficult to fully empty your bowels. Your stools may be hard and lumpy or small pellet sized lumps. In most cases constipation can be improved through simple and consistent lifestyle changes. It is important to remember that you can be opening your bowels and still be constipated.

Signs and Symptoms of constipation

- Fewer bowel movements than what's normal for you.
- Opening bowels fewer than 3 times a week.
- Passing small or large, dry, hard stools
- Straining when passing stools.
- Pain when passing stools.
- A bad taste in the mouth and bad breath

In addition to the above you may also experience

- Abdominal pain and bloating
- Leaking of liquid or loose stools (sometimes the solid stool can cause a blockage around which liquid stool can leak)
- Decreased appetite and lethargy.

Why do I have constipation?

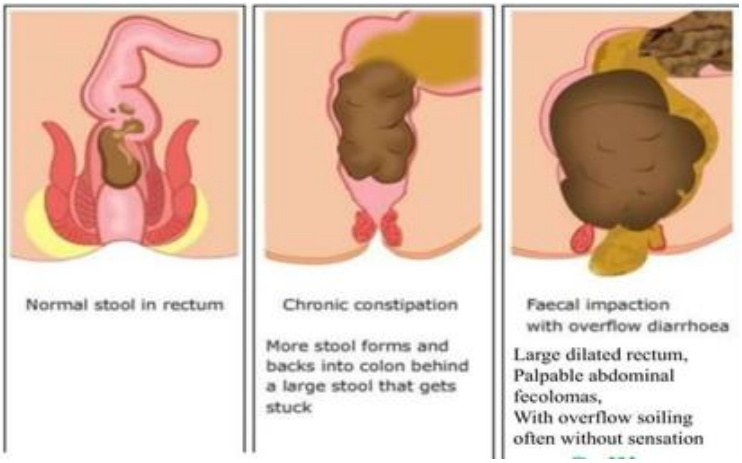
There are many reasons for people developing constipation.

- Diet: Not eating enough fibre (found in fruit, vegetables and grains)
- Lack of fluids and dehydration will cause your stools to become harder.
- Repeatedly ignoring the urge to open your bowels
- Lack of exercise and regular movements
- Some neurological problems like Parkinson's disease or Multiple Sclerosis
- Some medications such as pain killers, antidepressants and iron supplements. It is important not to stop any medications without consulting your GP or pharmacist.
- Following major surgery

Complications of constipation

Elderly and malnourished people are more likely to experience complications of constipation.

- **Rectal bleeding -** Straining to pass stool can cause tears in the rectal lining, leading to bleeding
- **Impaction and overflow diarrhoea -** this is a condition in which a solid ball of stool builds up in the rectum. This can present with diarrhoea as only liquid stool can make its way past the obstructing stool. It is seen most often in people who are unable to move around easily, dietary reasons and those taking lots of medications. This can often be misdiagnosed as diarrhoea, when in fact the underlying issue is constipation.



What can I do to help my constipation?
There are a number of changes you can make to your diet and lifestyle that can help reduce the symptoms of constipation and prevent them happening again.

Drinking enough fluids
Aim to drink 1.5-3 litres of fluid each day, unless you have been told to follow a fluid restriction by your health care professional. This will ensure you are well hydrated to keep your stool soft and ease bowel movement.

Diet and Constipation

- Try to have regular meals to help your digestive system to work more smoothly.
- Aim to eat between 5-7 portions of vegetables and fruit each day. This will help to ensure your stool remains soft as well as forming a gel type substance that can help move food along the digestive tract. The skins of fruit and vegetables can also provide fibre to bulk to your stool. Introduce fibre gradually.
- Include some wholegrain or wholemeal carbohydrates (for example brown rice, brown pasta, granary or wholemeal bread etc.). The “husks” cannot be absorbed and add bulk to your stool. High fibre food can help move the stool down the gut. If you notice that increasing fibre causes worsening symptoms, you may have a digestive problem and should seek advice from a dietician or your GP.
- Some foods have a natural laxative effect for some people. You could try any of the following: prunes or prune juice, liquorice, golden flaxseed and coffee (or other caffeinated drinks).

Lifestyle
It is important to try to make time for your bowels each day. Most bowels respond best to a regular habit. About 30 minutes after eating is the most likely time for the bowel to work. This is because of the “gastro-colic response” which means that eating sets waves of activity in motion in the bowel.

Laxative medications
You may be advised to take laxatives to relieve your constipation. There are 4 main types of laxatives that work in different ways.

- **Osmotic** - These include lactulose and macrogols (for example Movicol, Laxido, CosmoCol). These work by increasing the amount of fluid in stools which helps to soften them and increase their volume: adequate fluid intake is therefore essential. Movicol and Laxido can be made more palatable by mixing with squash or even warm chocolate milk.

- **Stimulant** - These include bisacodyl, senna and sodium picosulfate. These laxatives work by stimulating the nerves that control the movement of stools through the bowels, speeding up the passage of the faeces through the bowel. If your stools are soft but difficult to pass then these laxatives should be trialled. Stimulant laxatives can take 6-12 hours to start to work; they are often given at night to have an effect the following morning. They do not need to be taken regularly, they can be taken daily, alternate days or when required.

- **Bulk forming** - These include ispaghula husk (Fybogel), methycellulose (Celevac) and sterculia (Normacol). These are often the laxatives that are used first; they are of particular value in adults with small hard stool if fibre cannot be increased in the diet. They have the same action as dietary fibre and help by increasing the volume and softness of the stool. The increased stool volume stimulates stretch receptors in the bowel and movement of the stool. These types of laxatives take 2-3 days to start to work.

- **Stool softeners** - These laxatives (Docusate) work as wetting agents, attracting water and fats to lubricate stools and make them softer. They allow fluid to penetrate the surface of hard stools making them easier to pass. These laxatives take 1-3 days of regular use to start working.

- **Suppositories or enemas -** These are inserted into the anus. They work by softening the stool and causing the muscles of the rectum to contract, making stool easier to pass. They are different to oral laxatives because they provide fewer side effects and will work directly on the bowel wall. They can act more quickly than oral laxatives and are less likely to cause diarrhoea. They can be used to help establish a more regular bowel pattern.

If you are very constipated, you may need a “disimpaction” regime, which would consist of much higher doses of laxatives for a while to aid a “good clearout”. Following on from that, maintenance doses are likely to be needed. It can be worth keeping your own bowel chart, to monitor the effects of any medication. You can then work out an appropriate regime, where you open your bowels regularly and easily, but without getting too loose.

We have our own trust guidelines for the management of constipation in adults. The treatment depends partly on the underlying cause and whether it is longstanding (more than 3 months), or a new problem. Your health care professional can refer to these guidelines to suggest the most appropriate treatment.

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

Correct position for opening your bowels

The position in which you sit on the toilet to empty your bowels can make a big difference to your constipation. It is important that your pelvic floor muscles are able to relax in order for you to empty your bowels. To optimise this, try the following position.

If you are having problems with faecal incontinence, it is important to mention this to your health care professional for advice and support and also because district nurses can arrange an assessment and potentially help with access to incontinence pads.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.