**Constipation**

Constipation is a very common problem and affects people of all ages, although it is more common as we get older. This leaflet explains what constipation is, what can cause it and how it can be prevented or treated. If you have any concerns, please speak to either a member of staff looking after you, or your GP or nurse specialist, who will be happy to help.

**What is constipation?**

Your stomach and bowels (large and small intestines) remove nutrients and water from the food you eat. Anything your body cannot use is left behind as waste, forming solid lumps we call stool (poo). The muscles of the intestine push the stool through your bowel towards your rectum (the end section of the bowel). The stool is stored in the rectum until it is ready to leave your body.

Constipation refers to how easily stool passes out of your body and how often. Passing stool is often called a bowel movement. If this does not happen very often or if your bowel movements become less regular than normal and are hard to pass, you may be constipated.

**What is normal?**

People often think that they should pass stool every day to have a normal bowel habit. However, how often people pass stool differs from one individual to another. Most people will have a bowel movement between three times a day and three times a week.

It is when your bowel movements become **less frequent than is usual for you** that you may need to consider whether you are constipated. A normal bowel motion should be well formed, soft and easy to pass.

If you notice any persistent change in your bowel habit, such as needing to go to the toilet more often, having looser stool, bleeding from your bottom or stomach pain please visit your GP, as these symptoms could indicate other problems.

**What can cause constipation?**

Many things can cause constipation, such as:

- a lack of fibre (the non-digestible part of plant foods)
- not drinking enough
- a lack of exercise or being less active
- ignoring the urge to pass stool
- poor, or lack of, toilet facilities
- certain medicines, such as painkillers containing codeine, anti-depressants, diuretics (water tablets) and iron supplements
- pregnancy and childbirth
- psychological (emotional) factors, such as having to use a bedpan, commode or needing help to get to a toilet
- emotions such as stress, anxiety, depression and grief
- medical conditions such as diabetes, stroke, Parkinson’s disease, bowel disorders which may need further investigation
- neurological conditions
Often, a combination of the above factors may be the cause of your constipation, or alternatively, you may not know the specific cause.

Constipation is more common as we get older because as we age we tend to eat and drink less, become less active / less able to exercise, and have greater difficulty reaching a toilet. We are also more likely to be taking medicines that cause constipation, and have medical conditions that affect the bowel. People in hospital are especially prone to constipation.

**What problems can constipation cause?**

Constipation can make it painful to pass stool and may make you bloat, sluggish or have stomach cramps. If you are constipated for a long time (known as chronic constipation), you are more likely to develop other problems, such as haemorrhoids or piles (swollen blood vessels in your back passage). Rarely, stool can block your bowels. This is known as faecal impaction and can cause abdominal pain, confusion or lead to problems passing urine.

Constipation can also contribute to urinary incontinence by:

- **weakening your pelvic floor muscles** - these muscles control the opening of the urethra (tube that takes urine out of your body from the bladder) and anus (back passage). Regularly straining to open your bowels because you are constipated can weaken these muscles, gradually reducing your control of when you pass urine
- **putting pressure on the urethra, due to hard stool in your rectum** - this can make your bladder empty too early or prevent you from being able to pass urine.

**How can I prevent or treat constipation?**

There are a number of ways that you can prevent or treat constipation:

- **Increase the amount of exercise you do where possible.** Regular activity helps to move stool through the bowel and strengthens your abdominal (stomach) muscles. This will depend on how active you can be, but exercise can include walking, swimming, mobility classes, gardening, stretching or other activities such as ballroom dancing.
- **Make it easier for yourself to use the toilet.** If you have difficulty getting on or off the toilet, you may find handrails or a raised toilet seat at home helps.
- **Practice toilet training.** Every morning before or after breakfast, sit on your toilet for three to five minutes if you can. Do not strain, but lean slightly forward, with your elbows on your knees. Keep your feet on the floor or slightly raised on a foot rest or something similar, such as a phone directory. This will help to train your bowels to move regularly. If you use a footrest or similar item, please make sure you do not leave it in a place where you could trip over it.
- **Increase your daily fluid intake to about two litres** (about three and a half pints or eight cups). Increase the amount of clear fluids you drink. Include fruit juices and vegetable soup for variety and fibre.
- **Eat more foods that are high in fibre,** such as fruit, vegetables and wholemeal bread, pasta and rice. Try to have at least five servings of fruit and vegetables each day. Pre-packed foods will state on the label the amount of fibre the food provides. Experts recommend you should have 18g of fibre per day and high fibre foods are generally those with more than 3g of fibre. Fibre increases the size of your stool and acts like a sponge, absorbing water, which helps to make your stool softer and easier to pass. Because of this, you need to drink plenty of water and other fluids. You should increase the amount of fibre and liquids in your diet slowly, as any sudden increase can give you stomach pains and wind.
For more information, please ask a member of staff for a copy of the leaflet, Increasing the amount of fibre in your diet.

What can I do if I am still constipated?
If you are still constipated after following the previous suggestions, you may wish to consider using laxatives. These are medicines that encourage bowel movement. However, they should not be considered until you have tried all the advice above. They are often taken for short periods of time, until bowels are regular.

Laxatives may be taken by mouth (orally) or they may take the form of a ‘suppository’ and be inserted into your back passage. There are several types of laxatives:

<table>
<thead>
<tr>
<th>Type</th>
<th>How they work</th>
<th>Possible side-effects</th>
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<tbody>
<tr>
<td>Bulk-forming laxatives (Fybogel®)</td>
<td>These work in a similar way to fibre. They add bulk to your stool and soften it, encouraging bowel movement. The laxative effect usually works within 24-36 hours.</td>
<td>Flatulence (wind), bloated stomach, hypersensitivity</td>
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<tr>
<td>Stimulant laxatives (senna or bisacodyl)</td>
<td>These speed up bowel movement and usually work within 8-12 hours.</td>
<td>Stomach cramps</td>
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<tr>
<td>Osmotic laxatives (lactulose)</td>
<td>These reduce the amount of water absorbed by your intestines, so stool is softer and larger. They generally work within one to three days.</td>
<td>Wind, stomach cramps, stomach pain</td>
</tr>
<tr>
<td>Iso-osmotic laxatives (Movicol®)</td>
<td>These trap fluid in the bowel to soften the stool and encourage movement of the muscles in the intestine. They work within 4-6 hours and are generally used for more severe constipation.</td>
<td>Bloated stomach, pain, nausea (sickness)</td>
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What is a suppository?
A suppository is a form of solid medication which is inserted into the rectum and which dissolves at body temperature.

Suppositories are used to treat constipation, but may also be used to treat haemorrhoids or 'itchy bottom'.

How do I insert a suppository?
1. Wash your hands
2. Lie on your side on the bed or other flat surface
3. Lubricate the blunt end of the suppository with a lubricating gel
4. Insert the suppository blunt end first into the anal canal
5. Clean the anal area
6. Allow the suppository to remain in the anal canal for the length of time specified in the manufacturer's instructions - it is usually easier to remain lying down.
7. When the time is up, visit toilet to defecate (poo).

Often people feel the urge to go to the toilet immediately after inserting the suppository. Although it may be difficult, try to hold on to allow the suppository time to work. Occasionally patients can feel a burning or warm sensation – this is normal and will soon wear off.
Please speak to your doctor before starting to take laxatives, as some types may interfere with other medications you are taking. Your doctor will be able to recommend the best type of laxative for you and can discuss with you how to use them in more detail.

Further information on how to use these laxatives and their possible side-effects can be found in the manufacturer’s information leaflet that comes with the medicine. Please read this and ask your doctor, nurse or pharmacist if you have any questions.

**Where can I get more information?**

You may also find the following organisations helpful:

- **Incontact** provides support and advice for people with bowel and bladder problems and has a network of local groups
  
  **t:** 0870 770 3246 or **e:** info@incontact.org

- **CORE** is a charity offering information on digestive disorders.
  
  **t:** 020 7486 0341  **e:** info@corecharity.org.uk or  **w:** www.digestivedisorders.org.uk

**Contact us**

If you have any questions or concerns about constipation, and have been to the elderly care bladder and bowel clinic or have been an inpatient at the hospital, please contact **Carlene Igbedioh** (continence nurse specialist) on **020 7188 2083**. If you have not been to the elderly care bladder and bowel clinic and are not an inpatient, please call **Monica Lyons** (colorectal nurse specialist) on **020 7188 4192**.

**Further sources of information**

**Pharmacy medicines helpline**

For information about any medicines that you have been prescribed at Guy's and St Thomas' hospitals, you can speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday.

**PALS**

If you need information, support or advice about our services, you can contact our Patient Advice and Liaison Service (PALS). Ask a member of hospital staff to direct you to the PALS office or phone **t:** 020 7188 8801 at St Thomas’, or **t:** 020 7188 8803 at Guy’s.  **e:** pals@gstt.nhs.uk

**Language Support Services**

If you need an interpreter or information about the care you are receiving in the language or format of your choice, please call **t:** 020 7188 8815, **fax** 020 7188 5953 or **e:** languagesupport@gstt.nhs.uk

**Knowledge & Information Centre (KIC)**

If you want more information about health conditions, support groups and local services, or want to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.  **t:** 020 7188 3416 or **e:** kic@gstt.nhs.uk  **w:** www.kic.gstt.nhs.uk