



Constipation

Service User Information Leaflet

Produced by: Pelvic Health Physiotherapy Service

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**Aim of this leaflet**

To give you information about the causes and treatment of constipation.

**What is Constipation?**

* When your bowels open fewer than three times a week.
* Pain or straining on passing a stool.
* Stools which are hard and dry. Stools may be a larger clump or small pellets.

**Symptoms of Constipation**

* Feeling uncomfortable or bloated in the abdomen.
* Having to strain to empty your bowels. This can cause piles which may appear at the back passage and bleed.
* Women may find intercourse uncomfortable if the bowel is very full.

**Causes of Constipation**

* Irregular meals and too much processed food.
* Not enough fibre in the diet.
* Not drinking enough (less than 1.5 litres per day).
* Not allowing time to open your bowels each morning.
* Ignoring the urge to empty your bowels.
* Inactivity.
* Uncoordinated straining. Some people do not strain effectively and may also fail to relax the muscles around the back passage when they strain.
* Shift work.
* Stress and anxiety.

**Conditions that may make constipation worse**

* Pregnancy and childbirth.
* Painful anal condition such as piles.
* Emotional upset, anxiety or depression.
* Underactive thyroid gland.
* Obstruction to the bowels by scarring, inflammation or tumours.
* Surgery.
* Weak pelvic floor.
* Poor toilet facilities.

**What can I do about it?**

* Eat enough fibre.
* Make sure you drink enough (1.5 to 2 litres a day or 6 to 8 mugs).
* Eat breakfast and have a hot drink to stimulate the gut.
* Eat regularly.
* When you get the urge to empty your bowel, go to the toilet immediately.
* Allow yourself plenty of time for toileting in your morning routine.
* Take regular exercise. Keep active!
* Find out how to strengthen your pelvic floor.

**Fibre in the diet**

Fibre acts like a sponge. It soaks up water as it passes through the gut. This makes stools both solid yet soft enough to pass.

**How to eat more fibre**

* Make changes to your diet slowly over several weeks.
* Eat wholemeal or wholegrain bread rather than white.
* Use brown pasta and rice instead of white.
* Eat high fibre breakfast cereals like Weetabix, Shredded wheat, Shreddies or real porridge (not instant porridge).
* Fresh fruit makes a good snack. Aim for 2 portions daily.
* Try to have at least 2 servings of vegetables daily.
* Pulses and lentils are a good source of fibre. They can be added to stews, soup and salads.

**Supplementing fibre intake**

Your physiotherapist or pharmacist can give you advice on products such as Golden Linseed or Lepicol. These offer supplementary fibre if dietary changes are not enough.

**Positioning on the toilet**

If you can get into a good position on the toilet it will make emptying your bowel much easier. Try to recreate the squatting position that our bowels are designed for.



* Get your knees higher than your hips.
* A foot rest can be useful.
* Lean forwards and put your elbows on your knees.
* Bulge your tummy forward.
* Straighten your spine.

**Laxatives**

A few people will need to take a regular laxative. This should only be done if advised by your doctor.

**Bulk forming laxatives** work by increasing the bulk of the stool to stimulate the gut. It is important to drink plenty of fluid when taking this medication. Examples are Fybogel and Regulan.

**Osmotic laxatives** help to keep fluid in the stool and increase its bulk. It is important to drink plenty of fluid when taking this medication. Common examples are Laxido and Lactulose.

**Stimulant Laxatives** help to get the gut to work faster. An example is Bisacodyl. This type should be used short term only.

**Are laxatives harmful?**

* Constipation is usually improved by a good diet and drugs are not needed however, occasional use of a suitable laxative is harmless.
* Regular use should be avoided unless directed by a health care professional.
* Laxatives can cause abdominal pains and a feeling of needing to empty the bowel urgently if used in large doses.

**When should you see the doctor?**

* If constipation does not get better with simple treatments and is causing you trouble.
* Changes in bowel habit occurring for no obvious reason in people aged over 40 years.
* If there is also rectal bleeding.
* If there are also new abdominal symptoms such as pain or bloating.

**Further tests and investigations**

If your constipation isn’t improved by some of these measures, you may be referred to see a specialist doctor who deals with constipation. They may decide to do some tests to find out why you have constipation. These may include:

* Colonic transit studies (to see how long food takes to pass through your gut)
* Anorectal physiology/proctography (to assess how your bowel functions when you open your bowels)
* Flexible sigmoidoscopy/colonoscopy (to look inside the bowel)
* MRI (to look for any prolapse of the bowel when it empties)

All of these would be discussed with you by the doctor.