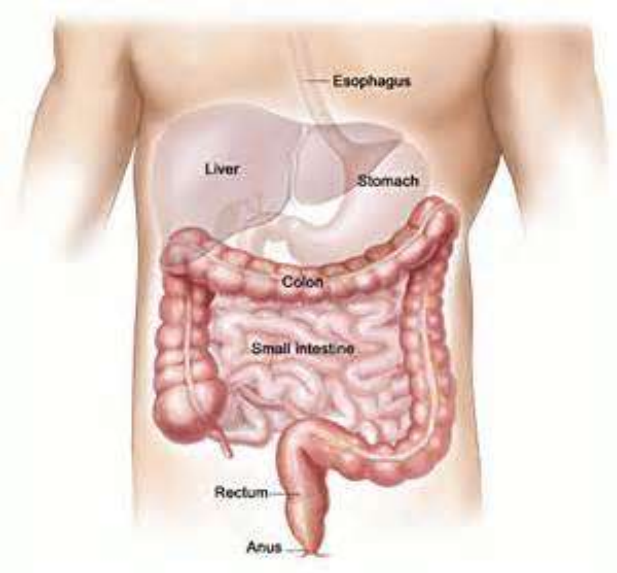
Patient Information

Pelvic Floor Service
Constipation



Introduction
This information about constipation is intended only for patients under the care of the Shrewsbury and Telford Hospital Pelvic Floor Service. It may not cover everything you want to know so please ask if you need further information.

Digestion
Understanding how your digestive system works is helpful in understanding constipation.

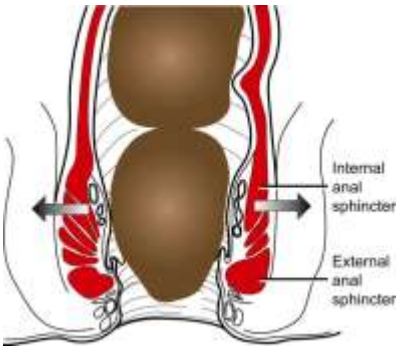
The food you eat is broken down as it passes through your stomach. It travels into your small intestine and then into your bloodstream. This process provides your body with the nutrients it needs.

The colon is a hollow muscular tube that moves waste back and forth allowing much of the fluid left in your stools to be reabsorbed back into your body. Strong contractions of your colon happen several times a day, often in response to the food you eat. They move stools towards your rectum ready for evacuation.

Eating a healthy diet including fibre rich foods and drinking enough fluids helps to keep digestion working normally. The average time it takes for food to pass through our digestive system is 3 days. For much of that time the waste is being dried out in the colon.

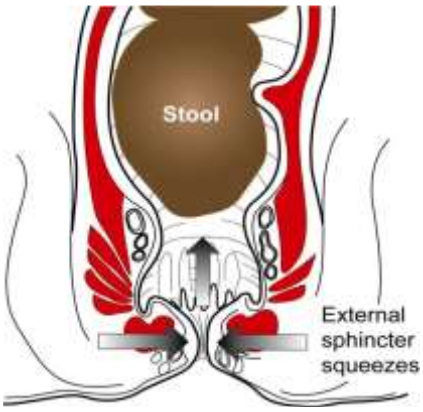
How can I tell when I want to 'go'?

For the majority of people emptying their bowels comes naturally, although it is actually a complex process involving the effective co- ordination of your pelvic floor muscles and correct toilet positioning.



As stools press on the walls of your rectum they stimulate highly sensitive nerve endings which send signals through the spinal cord to your brain so you can tell that you need to go to the toilet.

The sensation is stronger and more urgent when there are more stools in your rectum or the stool consistency is looser. Your internal anal sphincter relaxes automatically by reflex allowing the stool to move to the top of your anal canal. This area is very sensitive which means you can tell whether you have wind or stool present, and whether your stools are loose or formed.



If necessary you can squeeze your external sphincter muscle voluntarily to push the stools back up into the rectum. Your rectum relaxes to accommodate the stools and the sensation wears off until more stools enter your rectum and you get the feeling again.

Ignoring or resisting the sensation to empty your bowels over a long period allows the stools to become harder which can make it difficult to go to the toilet. Nerve sensitivity can become impaired over time resulting in difficulty sensing the urge to evacuate.

How often should my bowels work?

Normal bowel frequency is influenced by many factors including diet and lifestyle. Some people always go several times a day and for others it will be less often.

The normal range is varies from as much as **3 times a day** to **once every 3 days**. It is not essential to have a bowel movement every day so trying to achieve this by taking laxatives or spending a long time on the toilet straining to evacuate is often unnecessary.

Your stool consistency will vary depending on how long it has been in your colon and how much water has been absorbed.

The Bristol Stool chart shows variations in stool consistency. The ideal stool should be Type 4 - smooth, soft and easy to pass and you should feel empty and comfortable afterwards.

Understanding constipation

Constipation is a term that can be used to describe when your stools are either too hard, passed infrequently or there is difficulty with empting your bowels. In most cases this results from an abnormal bowel function. It is not common for constipation to be related to an underlying disease and it is not associated with an increased risk of bowel cancer.

Anyone can become constipated although it affects twice as many women as men. It is more common in older adults and during pregnancy. It is also more common if you are less active or on constipating medicines.

Causes of constipation

There are many causes of constipation. Common examples include a lack of dietary fibre or a change in your normal routine such as going on holiday. Hormonal changes, a sedentary lifestyle and some medicines are also common causes.

Rectocele – a weakness often found in women where the rectal wall bulges forward towards the vagina often as a result of straining due to chronic constipation, prolonged labour during childbirth or heavy lifting. Stools can get trapped in the bulge resulting in difficult and incomplete emptying and sometimes faecal seepage.

Evacuation is often assisted either by supporting the perineum (the area between the vagina and anus) or by pressing inside on the back wall of the vagina to reduce the bulge.

Medications – many medications including over-the-counter preparations can cause constipation. Common culprits include codeine based painkillers, anti-depressants and iron supplements. Others include certain heartburn, blood pressure and heart medicines.

Diet and lifestyle –, irregular meals or poor fluid intake. Some people avoid using public toilets or feel inhibited about using a toilet when other people are around or there are limited opportunities or access to toilet facilities in the workplace.

Nerve damage or disease – includes spinal cord injury, back problems or neurological problems such as multiple sclerosis or Parkinson's disease

Fear of pain – difficulty evacuating due to piles or a fissure (a split in the lining of the anal canal)

Surgery – due to a combination of painkillers and reduced mobility. Damage to the pelvic nerves during pelvic surgery

Psychological problems – major life stresses for example bereavement or divorce, abuse or emotional or psychological distress may result in constipation

Pregnancy – caused by changes in hormone levels and increasing size of the uterus during pregnancy

Eating disorders – a prolonged reduction in food intake may cause the bowel to become sluggish even after recovery

Complications of constipation

Often people with constipation describe abdominal bloating and discomfort associated with constipation although pain and vomiting are rare. People often say they feel sluggish but there is no evidence that people with constipation experience a build up of ‘toxins’.

Sitting on the toilet for long periods and straining can aggravate haemorrhoids but they are not caused directly by constipation. Complications are unusual in younger, fitter people but are more common in the elderly.

Faecal impaction – solid lumps of stool build up in the rectum. It may be masked by diarrhoea as only liquid stool is able to pass the impacted stool. This is more common in people who are less mobile and are on constipating medications.

Rectal prolapse – often associated with a long history of constipation or weak pelvic floor. The rectal wall telescopes down on itself and may protrude through the anus either during evacuation or all the time. May cause a feeling of something ‘coming down’ and difficulty evacuating sometimes with mucus discharge or faecal leakage.

Investigations

If simple treatment options have failed and you are referred for more specialised investigations. They may include:

Colonic investigations – your doctor may decide to look into your colon with a bendy telescope (flexible sigmoidoscopy or colonoscopy) or a CT scan to look for a cause for your symptoms.

Anal manometry – a test which tells us how well the muscles and nerves in your rectum and anal canal are working.

Endoanal ultrasound – a scan of the anal sphincter muscles

Transit study – an x-ray test to measure the rate that food passes through your colon.

Proctogram – paste is inserted into your rectum and x-rays are taken as you evacuate behind a screen. This shows how well your pelvic floor moves and how effectively you empty. It can also reveal any rectal weakness causing a prolapse (intussusception) and any bulging (rectocele)..

Impact of constipation

Chronic onstipation can have a significant impact on your quality of life. It can make you feel irritable and lethargic, interfere with your sex life due to discomfort or make you feel bloated or unattractive and interfere with your social life.

Treatment

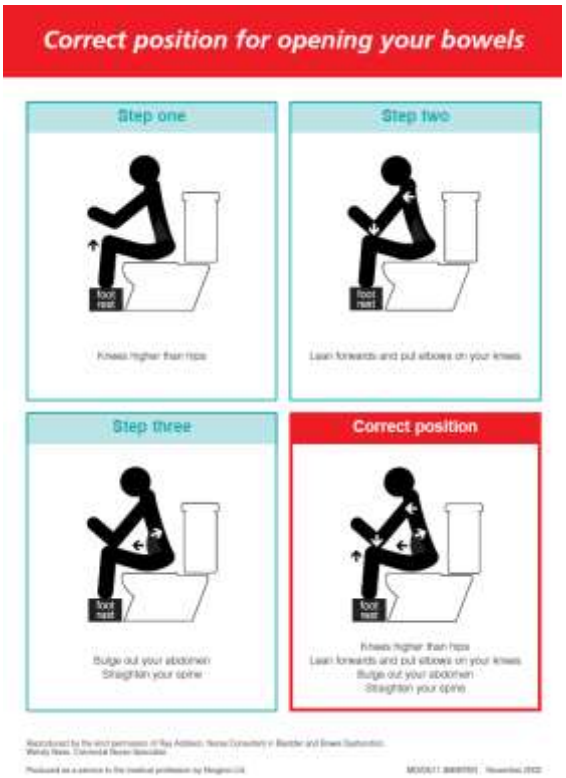
Lifestyle

Try to regulate your bowel habit by getting into a regular routine. If you have a busy lifestyle try to allow time to go to the toilet and choose a time when you are not in a rush to do other things. Find a toilet you are comfortable using where you are not inhibited by lack of privacy or time. Your bowel is generally more active after meals so this is a good time to try.

Try to increase your activity levels if you are inactive. Even small changes on a regular basis, such as taking the stairs or going for a short walk can be helpful. If you are able, consider taking up an activity such as swimming, cycling or joining a gym.

Around 20 minutes after breakfast and a hot drink (sooner if you feel the urge to go) sit on the toilet and try to empty you bowels as follows:

Toilet posture



- Firstly make yourself comfortable on the toilet with no distractions. A small footstool may help to open up your pelvic floor and help you to relax your muscles (available from discount shops).
- Keep your feet apart and flat to the floor or on a footstool and rest your elbows on your thighs so you are leaning forwards slightly.
- Breathe normally to the bottom of your lungs, keeping your mouth open - holding your breath encourages straining.
- As you breathe in use your tummy muscles to bulge your waist outward and your abdomen forwards – you can feel this by putting one hand on your tummy and the other on your waist. Then 'brace' your tummy to prevent it from bulging any further forwards.
- Use deep breaths to increase abdominal pressure and push down towards your anus to let the stool out. Concentrate on relaxing your anus to allow the stool to pass. Do not push from above without allowing your anus to relax.
- Do not spend more than 10 minutes on the toilet as your pelvic floor muscles will get tired. If you are unsuccessful after a few attempts try again later or the following day. Try to go to the toilet at a regular time each day.

Medication

You may benefit from taking an anti-spasmodic tablet available over-the-counter such as Mebeverine if you have a lot of abdominal discomfort. Painkillers, especially codeine, are best avoided as they can worsen constipation. Other constipating medications include iron supplements and some medications for heartburn, high blood pressure, depression or heart problems. Please tell us if you are on any prescription or over the counter medications. We may be able to advise on possible alternatives.

Eating and drinking

The best stimulant for your bowel is a healthy diet eaten regularly. If you often skip meals especially breakfast your bowels can become sluggish. Try to drink 8 to 10 mugs of fluid every day. Excessive alcohol or caffeine (tea, coffee or cola) can be dehydrating.

A high fibre diet is not always the answer. Too much fibre can cause bloating and discomfort especially if your bowel transit is slow. Try fruit and vegetables (soluble fibre) rather than cereals and bread (insoluble fibre) especially if you suffer from bloating.

Natural laxatives - these include prunes, prune juice, figs, fig juice, molasses, black licquorice, chocolate, coffee, alcohol (within safe limits) and spicy food. In addition to their fibre content, the sugars in fruit such as apples, peaches, pears, cherries, raisins and grapes are also beneficial.

The recommended amount of dietary fibre is 20 to 35g/day. In addition to fibre rich foods raw bran (two to six tablespoons) can be added with each meal followed by a glass of water or another beverage. Start slowly and build up gradually to avoid abdominal discomfort and wind. If you respond poorly or do not tolerate increased fibre a laxative may be necessary instead.

Laxative medication
A fibre supplement may be helpful but some people respond better to suppositories or enemas. These help to regulate function when used intermittently rather than relying on them as a regular option. Long-term laxative use causes the bowel to become less responsive so that increased doses of the laxative are needed. If you stop taking laxatives it may take a while for the bowel to start working on its own again.

There is no evidence that laxative use increases the risk of bowel cancer however long-term use can result in significant loss of minerals from the bowel especially in the elderly and unwell.

Bulk forming – Psyllium products including Fybogel, Isogel and Normacol increase stool frequency and soften consistency. Start slowly and build up to minimise excess wind and maintain adequate hydration.

Osmotic - Lactulose or Macrogols (Movicol) increase fluid in stools but may cause abdominal bloating and wind. Avoid Lactulose if you have irritable bowel syndrome (IBS).

Stimulant –Bisocodyl (Dulcolax), Docusate, Sodium Picosulphate and Senna may cause abdominal cramps.

Stool softeners – Docusate (Dioctyl). Evidence for their effectiveness is weak and suggests that bulk-forming laxatives work better.

Bowel cleansing preparations – Moviprep and Picolax are used only when constipation is unresponsive to other laxatives. They draw water from the body into the bowel so maintaining adequate hydration is important.

Suppositories or enemas – Glycerine suppositories work by direct rectal stimulation and soften the stool. Bisocodyl suppositories and Micralax or Phosphate enemas work by causing the rectum to contract. You may not be keen on the idea of inserting a suppository or enema however there are a number of advantages to using them:

- More predictable action compared to laxatives without the risk of causing diarrhoea
- Work directly on the rectum
- Can encourage a more regular bowel action especially if used every 1 to 3 days
- Low risk of side effects as very little is absorbed by the body.

They must be inserted into the rectum for the maximum effect. Disposable gloves and lubricant gel can be obtained from your local pharmacy.

If you are on a habit training programme and/or have not evacuated for 3 days and you feel really uncomfortable you may insert 1 to 3 glycerine suppositories rectally using a finger. It is usual to insert them whilst lying on your left side or sitting on a toilet. Within around 10 or 15 minutes you should feel the urge to evacuate.

New drugs Prokinetic medications act on the bowel wall to speed up stool transit and are suitable for moderate to severe constipation only when other laxative preparations at the highest dose have failed. They can cause nausea, diarrhoea and bloating at first.

Rectocele splinting
A pocket in the rectum (rectocele) is most commonly seen in women after having a baby by vaginal delivery or a result of chronic constipation or repeated heavy lifting. The retocele bulges forward.towards the vagina causing stools to get trapped and evacuation becomes difficult. You may be shown how to support the back of your vagina to prevent it from bulging forwards during bowel emptying.

Biofeedback is a form of bowel training involving 4 to 6 sessions on a one-to one basis with a nurse or physiotherapist using a computer programme to relax the pelvic floor muscles. It can be effective if you squeeze your anal sphincter muscle involuntarily rather than relaxing it during evacuation or have muscle spasm which interferes with your ability to empty your rectum.

Pelvic Floor Exercises – strengthening the pelvic floor provides better support for the bladder, bowel and reproductive organs. This helps to reduce prolapse symptoms and improve evacuation. If required, you will be shown how to do these exercises and how often to practice them.

Rectal irrigation is for long-term bowel management. Warm water is used to flush out your bowels with an irrigation device available on prescription. Requires assessment for suitability and training.

Botox is an injection into one of the pelvic floor muscles to relax muscle spasm.This procedure is done in theatre under a general anaesthetic and may require periodic repeat injections to maintain benefit.

Contact details for further information

Pelvic Floor Nurse Specialist
Royal Shrewsbury Hospital
Telephone: 01743 261083 (24hr answerphone)

The Pelvic Floor Society
A national multi-professional body involved in supporting excellence in clinical practice, education and research, clinical standards, patient information and engagement in the commissioning of pelvic floor services.
Telephone: 020 7973 0307
Website: www.thepelvicfloorsociety.co.uk

Bladder and Bowel Foundation
For more information about bladder and bowel conditions, treatment and support
Telephone: 0870 770 3246
Website: www.bladderandbowelfoundation.org

Constipation Advice
Website: www.constipationadvice.co.uk

Further information is available from;

- **Patient Advise and Liaison Service (PALS)**
  PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

  Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

  Princess Royal Hospital, Tel: 01952 282888

Other Sources of Information

- **NHS 111**
  A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.
  Telephone: 111 (free from a landline or mobile)
  Website: www.nhs.uk

- **Patient UK**
  Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.
  Website: www.patient.info

- **Self-Help UK**
  This is a directory of self-help groups and charities.
  Website: www.selfhelp.org.uk

Website: www.sath.nhs.uk

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