

Constipation and problems with emptying your bowel

Contenance Series Information leaflet 6

What is Constipation?

A person is constipated when they pass stools less than twice a week, or strain to pass stools or have hard stools at least a quarter of the time. Constipation is not harmful in itself, but it can be very uncomfortable, and as a result of chronic (long-term) constipation, you may develop one or more of the following conditions:

- Haemorrhoids (piles) – small swollen blood vessels in the back passage, which can bleed occasionally.
- Fissure – split in the back passage which may bleed or is painful when passing stools.
- Rectal prolapse – the lining of the rectum (bottom part of the bowel) falls down through the back passage.

Some factors may make constipation worse:

- Lack of fibre in diet.
- Poor fluid intake.
- Certain medications.
- Bad bowel habits i.e. can't go to the toilet in public.
- Shift work.
- Immobility.
- Uncoordinated straining.
- Change of diet/ or change of environment.
- Ignoring the need to open your bowels.
- Emotional upsets.

All of these can be factors when admitted to hospital.

Patient Information

Contenance Service 0208 539 5522 Extension 5509

Whipps Cross Road, Leytonstone, London, E11 1NR www.whippsx.nhs.uk

When should I seek medical advice?

Constipation is a common problem, and most bowel disorders are minor, but some are more serious. Always seek advice from your doctor when:

- You have a sudden and unexplained change in bowel habit that lasts for more than a few weeks and does not return to normal.
- You bleed from the back passage.
- You have unexplained weight loss.
- You feel very tired.

What can I do about it?

- Talk about your problem. Don't be embarrassed – remember doctors, nurses and physiotherapists are trained to deal with such problems.
- Take PRIDE in your bowels!
 - P Privacy and space will help you to relax. Try not to strain, and don't sit on the toilet for long periods.
 - R Regularity is important, but don't worry if you're not one of those people who empty their bowel every day.
 - I Ignore your bowels at your peril! If you put off opening your bowels too often you can make yourself constipated.
 - D Do some exercise - regular exercise can help your bowel to work better.
 - E Eat and drink properly. Have regular meals, with plenty of fibre (fruit and vegetables), and drink lots of water.
- If you take medication, check with your pharmacist or doctor whether these could be affecting your bowel habit.
- Try the following tips for emptying your bowel correctly.

Tips for emptying your bowel correctly

When sitting on the toilet, your knees need to be slightly higher than your hips. You can achieve this by placing a box, upside down washing bowl or a couple of books under your feet.

1. Lean forward over your knees, keeping a small hollow in your back.
2. Now relax your pelvic floor muscles. These are the muscles that form a sling running from the front to the back of your pelvis.
3. Breathe in, and then breathe out through your mouth, allowing your tummy and waist to swell outwards.
4. Repeat this several times.
5. Lean backwards and repeat the breathing pattern.
6. Lean forwards and repeat.

Once you have finished opening your bowels, squeeze your pelvic floor muscles tightly.

Overflow? Constipation with impaction

This is probably most common among older and disabled people. When you become constipated, especially when the faeces / poo become extremely hard or “impacted”, your body tries to soften the stool by adding liquid to it. This can result in a type of diarrhoea, known as “spurious diarrhoea”, which is characteristically orange or light brown in colour.

Faecal incontinence of this type is characterised by periods of no bowel movement followed by a few days of incontinence. A number of treatments may be offered such as: oral laxatives, enemas and suppositories or a mixture of all three.

Assessment

With so many different possible causes, a detailed assessment is essential so that the right one is identified and treatment can commence. Any assessment should include a medical examination of the rectum, to ensure that there is no serious or rarely, life-threatening condition.

The general principle of any treatment is to treat the underlying condition.

Remember: incontinence is a symptom and not a disease. With this principle in mind, you will understand that the treatment will depend on what is identified as the cause of the problem.

Where can I get more information?

Whipps Cross Continence Service	0208 539 5522 Extension: 5509
Waltham Forest Continence Service	0208 430 8258
Redbridge Continence Service	0208 822 3871
Newham Continence Service	0208 475 2011
West Essex Continence Service	01279 698901
Bladder and Bowel Foundation	01536 533255
www.bladderandbowelfoundation.org	