



FAQs on
CONSTIPATION

WHAT IS CONSTIPATION?

- Less number of bowel movements.
- Less volume or weight of stool.
- Straining whilst emptying.
- Feeling of incomplete evacuation or the need for enemas, suppositories or laxatives in order to maintain regularity can all form symptoms.

Constipation is defined as patient **experiencing at least two of the following symptoms** over the preceding 3 months (Rome Criteria).

- Fewer than three spontaneous bowel movements per week.
- Straining for more than 1 in 4 excretion attempts.
- Lumpy or hard stools in 1 in 4 excretion attempts.
- Sensation of incomplete defecation in 1 in 4 excretion attempts.
- Sensation of blockage in 1 in 4 excretion attempts.
- Manual manoeuvring required to excrete in 1 in 4 attempts.

In majority, it is normal for bowel movements to occur from three times a day to three times a week. A minority may go once in a week or more without experiencing pain and discomfort.

Normal bowel habits are affected by diet, fluids and lifestyle.

The average diet includes 12 to 15 grams of fiber per day, although 25 to 30 grams of fiber and adequate fluid intake daily are recommended for proper bowel function. Exercise is also beneficial to proper function of the colon.



About 80 percent of people suffer from constipation at some time during their lives, and brief periods of constipation are normal. Widespread beliefs, such as the assumption that everyone should have a movement at least once each day, have led to overuse and abuse of laxatives.

CAUSES for CONSTIPATION?

There may be several causes for constipation:

- Inadequate fiber and fluid intake
- Sedentary lifestyle and environmental changes.
- Constipation may be aggravated by travel, pregnancy or change in diet.
- In some people, it may result from repeatedly ignoring the urge to have a bowel movement.

Serious causes include:

- Growths or areas of narrowing in the colon (it is wise to seek advice of a colon and rectal surgeon when constipation persists).
- Individuals with spinal cord injuries often experience problems with constipation.

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CAN MEDICATION CAUSE CONSTIPATION?

Yes, many medications, including pain killers, antidepressants, tranquilizers, and other psychiatric medications, blood pressure medication, diuretics, iron supplements, calcium supplements and aluminium containing antacids can slow the movement of the colon and worsen constipation.

Any persistent change in bowel habit, increase or decrease in frequency or size of stool or an increased difficulty in evacuating needs evaluation.

“Whenever constipation symptoms persist for more than three to four weeks or if blood appears in the stool, consult your physician right away”

HOW CAN THE CAUSE OF CONSTIPATION BE DETERMINED?

Constipation may have many causes, and it is important to identify them so that treatment can be as simple and specific as possible. Your doctor will want to check for any anatomical causes, such as growths or areas of narrowing in the colon.

Digital Examination: Examination of the anorectal area is usually the first step, since it is relatively simple and may provide clues to the underlying causes of the problem. Examination of the intestine with either a flexible lighted instrument or barium x-ray study may help the problem and exclude serious conditions known to cause constipation, such as polyps, tumours, or diverticular disease. If an anatomical problem is identified, treatment can be directed towards correcting the abnormality.

Other tests to identify specific functional causes to help direct treatment.

Marker Studies in which the patient swallows a capsule containing markers that show up on x-rays taken repeatedly over several days may provide clues to disorders in muscle function within the intestine.

Other physiological tests evaluate the function of the anus and rectum. These tests may involve evaluating the reflexes of anal muscles that control bowel movements using a small plastic catheter, x-ray testing to evaluate function of the anus and rectum during defecation.

In many cases, no specific anatomical or functional causes are identified and the cause of constipation is said to be nonspecific.

HOW IS CONSTIPATION TREATED?

Diet : The vast majority of patients with constipation are successfully treated by consuming high fibre foods like wheat, whole grain breads and certain fruits and vegetables high in non-absorbable fiber (spring onions, cabbage, spinach, leafy vegetables, etc) along with increased fluids.

Lifestyle Changes : Your physician may also recommend lifestyle changes. Fiber supplements containing indigestible vegetable fiber are often recommended and may provide many benefits in addition to relief of constipation. They may help to lower cholesterol levels, reduce the risk of developing colon polyps and cancer, and help prevent symptomatic haemorrhoids.

Supplements : Fiber supplements may take several weeks, possibly months, to reach full effectiveness, but they are neither harmful nor habit forming, as some stimulant laxatives may become with overuse or abuse. Other types of laxatives, enemas or suppositories should be used only when recommended and monitored by your colon and rectal surgeon.

Bowel training : Designating a specific time each day to have a bowel movement also may be very helpful to some patients. In some cases, bio-feedback may help to retrain poorly functioning anal sphincter muscles. Only in rare circumstances are surgical procedures necessary to treat constipation. Your colon and rectal surgeon can discuss these options with you in greater detail to determine the best treatment for you.

COLON AND RECTAL SURGEON:

Colon and rectal surgeons are experts in the surgical and nonsurgical treatment of colon and rectal problems. They have completed advanced training in the treatment of colon and rectal problems in addition to full training in general surgery. Colon and rectal surgeons treat benign and malignant conditions, perform routine screening examinations and surgically treat problems when necessary.

CONSULTING COLORECTAL SURGEON

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