

What is Constipation?

Almost everyone gets constipated sometime or other – it is a very common condition. Constipation means different things to different people. Some regard it as the infrequent passage of stools. To others it is difficulty passing a stool, or the passage of hard stools. Some people believe it is vital to have one bowel action every day.

The normal range of bowel frequency varies from three bowel actions per day to one bowel action every three days.

When Should I See my Doctor?

Constipation becomes an abnormal symptom when:

- There is a persistent change in your normal bowel habit.
- It is associated with bloating or crampy abdominal pain.
- There is bleeding from the back passage.
- You find yourself spending long periods of time straining on the toilet.
- You need to use your fingers in the back passage, or even in the front passage (in women) to get your bowels going.
- You have the feeling that there is a “ball” blocking the passage of motion in the back passage.
- There is absolute constipation when you do not pass any motion or wind over several days.

If you have these symptoms, contact your family doctor who may order some tests or refer you to a Specialist Colorectal Surgeon.

What Causes Constipation?

The causes of constipation are many and varied and may be combined together.

Most causes of constipation relate to lifestyle issues:

- low fibre high fat diet
- low fluid intake
- sedentary lifestyle (little exercise)
- change in daily routine
- stress and anxiety.

Other factors that can aggravate constipation are:

- pregnancy
- overuse of laxatives
- side effects of medication especially strong pain killers.

Underlying conditions causing constipation include:

- Blockage in the bowel by a growth or narrowing
- Sluggish large bowel muscle (Slow transit constipation)

- Disruption of the supporting muscles of the rectum in women, allowing stool to go the wrong direction, into a pocket in front of the rectum (rectocele).
- Poor relaxation of the anal sphincter muscle when you are having a bowel motion (obstructed defaecation).
- Other disorders that interfere with bowel or sphincter function.

What Tests May I Need to Have?

Your General Practitioner may organise these tests or refer you to a Specialist Colorectal Surgeon.

1. Examining the back passage and the inside of the bowel. This is done to determine if there is a blockage and you may need to have:
 - Internal examination of the anus with the doctor's finger and a rigid telescope (sigmoidoscope).
 - Internal examination of the whole large bowel with a flexible telescope – flexible sigmoidoscopy or colonoscopy.
 - X-ray examination of the large bowel – barium enema.
 - Dynamic imaging of the pelvic floor and rectum using either X-Rays (Defaecating proctogram) or MRI (Dynamic Pelvic Floor MRI), to get an image of what occurs during defaecation.
2. Tests to determine if there is a muscle problem:
 - A whole gut transit time. This is performed either by you taking a tablet containing markers, then having a series of x-rays or having a nuclear medicine scan after taking combined liquid and solid meal (containing Radio Isotope) and scans are then taken. These tests require x-rays or scans over a period of 5-6 days.
 - Muscle test on the back passage (Ano-rectal manometry). A catheter is placed in the anus and measurements of your muscles made including a balloon test.
 - Electrical tests on the muscle (EMG). These tests may be uncomfortable but they are occasionally necessary.

How is Constipation Treated ?

Maintaining a healthy diet and lifestyle:

- low fat/high fibre diet
- regular fluid intake
- regular exercise

What is fibre?

Fibre comes from the cell walls of plants and once in the bowel remains undigested. It acts like a sponge soaking up water in the bowel adding bulk to the bowel contents and increasing the passage of digested food through the bowel.

How much fibre do we need?

Most Australians eat about 20gms of fibre per day but the recommended daily intake to remain healthy and have a regular bowel habit is 30gms per day.

Which foods are high in fibre?

- Breads
- Cereals
- Vegetables
- Nuts, seeds, legumes (lentils/beans)
- Fruit

Foods that are high fibre are generally low in fat. A high fibre low fat diet is ideal.

What else can I do to help my bowels?

- Fluids – Drink plenty of water (2 litres per day). This increases the sponge effect of the fibre.
- Fitness – Have regular exercise, 20 minutes, three times per week – walking is best. This stimulates bowel function.
- Fibre supplement – Many natural fibre products are available at your pharmacy to add extra fibre. A formula for fighting constipation – the 5 Fs:
- High Fibre
- Low Fat diet
- Fluid
- Fitness
- Fibre Supplement

What May my Doctor do to Treat Constipation?

- **Blockage or bowel obstruction** Surgery may be required to remove the affected part of the bowel causing the blockage. Your Colorectal Surgeon will explain the details of these procedures.
- **Bowel Muscle Problem – Slow transit Constipation** Majority of patients can be treated by a combination of dietary manipulation and laxatives. Occasionally surgery may be required to remove the large bowel (the sluggish bowel) and join the small bowel to the rectum. A stoma bag is very rarely required.
- **Sphincter Muscle Problem – Obstructed defaecation** Treatment is a combination of diet, laxatives and biofeedback.

Biofeedback consists of exercises that re-train the pelvic floor and anal sphincters. This is usually done under the supervision of a trained nurse or physiotherapist.

- **Rectocele** Physiotherapy techniques can help manage difficult defaecation due to a rectocele. Sometimes surgical repair of the rectocele can help.
- **Non-specific** Often despite all investigation performed no specific cause can be found for the constipation though the symptoms persist. This can be frustrating both for yourself and the doctor but usually a combination of change in lifestyle, diet and laxatives will improve the situation.

General Advice

Should you be concerned about any symptoms or the information contained in this brochure, please feel free to discuss this with your Specialist Colorectal Surgeon or your General Practitioner.

Colorectal Surgical Society of Australia and New Zealand (CSSANZ)

Members of the Society are surgical specialists practising exclusively in colorectal surgery - the management of diseases of the large bowel (colon), rectum, anus and small bowel. After completing general surgery training they have completed a further period of training and research in colorectal surgery. The Society's mission is the maintenance of high standards in colorectal surgery and colonoscopy in Australia and New Zealand through the training of colorectal surgeons and the education of its members, and to promote awareness, prevention and early detection of colorectal diseases in the community.

The CSSANZ Foundation is a trust with a board of governors whose objective is to support high quality research projects for colorectal surgeons in training and our members. Donations to the CSSANZ Foundation are fully tax deductible in Australia and can be sent to:

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