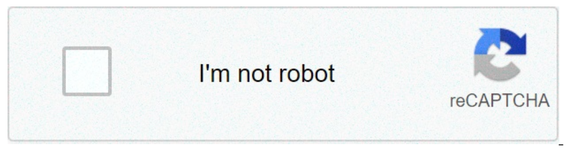

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The poo in you

Constipation is a symptom that can mean different things to different people, but the usual meaning is that a person has difficulty or infrequency with opening their bowels. Constipation affects around 1 in 7 otherwise healthy people. The two groups of people most likely to be trouble by constipation are young women and the elderly – especially those who need to take regular medicines. There is a common belief that people need to open their bowels every day, but this is not the case. Opening the bowels can vary between three times a day to three times a week in healthy individuals. Symptoms can constantly fluctuate and 3 people in every 100 adults have persistent constipation over 20 years. It is a common problem and does not usually mean that anything is seriously wrong. Most cases are temporary and will clear up with simple lifestyle measures. How do you know if you have constipation? This chart, called the Bristol Stool Chart, it is a way identifying constipation. If your poo is type 1 or type 2 on the chart, this is constipation. The poo is often hard and difficult to pass. There are three main physical causes. One of the causes is where the muscles of the intestine and large bowel stop working properly; this results in slow movement of contents through the bowel down to the rectum (leading to a reduced urge to empty the bowel and hard stools). This is termed slow transit constipation and patients have an infrequent urge to go to the toilet. Another type of constipation is called obstructed defaecation where the movement (transit) of the bowel is normal, but the person experiences symptoms of difficulty with emptying their bowel. Patients may need to strain, and feel they cannot empty. There are some patients who have both slow transit and obstructed defaecation. Finally, there is constipation-predominant Irritable Bowel Syndrome (IBS-C) when the person has difficulty with bowel opening and abdominal pain associated with not going. This type of constipation can be made worse with stress or depression. What are the causes of constipation? Medicines: Over the counter or prescription medicines (e.g. opioids, a type of pain relief drugs) often carry a side effect of constipation. If symptoms began (or got worse) after starting one of these drugs, ask your doctor to see if there are any alternatives. Please see Guts UK information on Opioid Induced Constipation (OIC) for more information. Emotion: there is a strong connection between feelings and how the gut works. This is called the gut brain connection, the gut and brain 'talk' to each other, normal signals involve feeling hungry (gut talking to brain) or getting butterflies (brain talking to gut.) Sometimes the brain and gut overshare information. Being upset or depressed can make the bowel slow down or speed up. Emotional upsets, even in childhood, may result in functional constipation many years later. Disturbed eating behaviour: eating disorders and sustained periods of erratic eating can result in constipation, even if eating behaviour returns to normal. Ignoring the natural urges to open bowels: ignoring bowel urges because of an aversion to public toilets or time or social constraints can result in changes to both how the bowel muscles work and the pattern of bowel opening. Excessive straining: this can be because of difficulty co-ordinating the muscles that empty the bowel. Irregular mealtimes reduced liquid intake and reduced physical activity: these can all worsen symptoms in people with a tendency towards constipation. Pain, or fear of pain, on passing stools. Menstrual constipation: some women notice that their bowels are more sluggish at certain times of their menstrual cycle. Pelvic floor weakness: some women develop a weakness of the pelvic floor allowing the bowel to bulge abnormally during attempting rectal emptying ("rectocele"), further interfering with the emptying mechanism. This can be especially common in women who have had children. Dilated bowel: this is a less common condition in which the bowel becomes abnormally large (dilated) creating a condition called megacolon or megarectum, which can cause constipation. This condition is different to the dilatation of the bowel seen in Inflammatory Bowel Disease (IBD). > Read our factsheet on Ulcerative Colitis Opening the bowels less than three times a week. Needing to strain to open your bowels on more than a quarter of occasions. Passing a hard or pellet-like stool on more than a quarter of occasions. Experiencing a sense of incomplete emptying after a bowel opening. Needing to use manual manoeuvres to achieve bowel emptying. Severe constipation can occasionally cause an 'overflow' of diarrhoea. The more of these symptoms you have the more likely you are to be constipated. If abdominal pain is also present, constipation may be part of Irritable Bowel Syndrome (IBS) (see our separate leaflet). Abdominal bloating is often part of many bowel complaints, including constipation. Read our factsheet on Irritable Bowel Syndrome Constipation is bothersome but usually not serious. If the simple measures described later do not help and your symptoms persist, then you will need to consult your GP. Also, a sudden slowing up of your bowel, especially if you are aged over 40, should also be reported. Try not to take laxatives before seeing your doctor. If you also experience any of the following symptoms, you should see you GP immediately: Your doctor will diagnose you according to the number or severity of symptoms as above. They may also want to examine your abdomen to check for any tenderness, swelling or blockage. Further investigation is usually unnecessary and will depend on your symptoms, age and possibly whether you have a history of bowel problems in your family. In rare cases the bowels may not be working properly because the bowel itself is diseased. If your doctor has any concerns, they may organise one or more of the following investigations: Blood tests: these are usually to look for anaemia, thyroid hormone or metabolic problems. Flexible sigmoidoscopy, colonoscopy, barium enema or CT scan: these are tests which allow doctors to examine the lining of your bowel and are routine procedures which are extremely safe. Bowel preparation is required prior to these procedures. Transit studies: a simple test involving an X-ray which shows the speed of passage through the bowel. A highlighting substance is ingested which shows up on X-ray. Laxatives cannot be taken during the test. Please note that a simple abdominal Xray, without the highlighting substance, is rarely helpful in diagnosing constipation. Anorectal physiology testing and proctography: rarely carried out, they indicate how the pelvic floor and the nerves and muscles around the back-passage work. No bowel preparation is required. Most treatment is self-managed and based around dietary and lifestyle changes: Dietary changes: Regular meals and an adequate fluid intake (approximately 8 cups a day) are the mainstays of treating and preventing constipation. Although drinking more than this is unlikely to make a difference. A high fibre diet: this may help some patients with constipation. This should include a mixture of high fibre foods such as fruit, vegetables, nuts, wholemeal bread and pasta, wholegrain cereals and brown rice. The aim should be to include a high fibre food at each meal along with five portions of fruit or vegetables each day. Some people may find that it helps to eat more fruit and vegetables while others might prefer cereals and grains. Eating more fibre may lead to bloating and can worsen discomfort, so it is important to increase levels slowly. Fibre is most helpful for people with mild symptoms of constipation, however if the condition is severe then continuing to increase fibre may make symptoms worse. See our information here on fibre: If you are struggling with your diet, ask your GP for a referral to a dietitian. Listening to your body: it is important to identify a routine of a place and time of day when you are comfortably able to spend time in the toilet. Respond to your bowel's natural pattern so when you feel the urge, don't delay. A warm drink with breakfast can help encourage the bowel into a pattern of regular working. Exercise: keeping active and mobile may help some people whose bowel is sluggish. Should I take laxatives and are they safe? Regular use of laxatives is generally not encouraged but occasional use is not harmful. Things to consider: The effects of laxatives are unpredictable – a dose that works today may not produce an effect tomorrow. Laxatives can cause pain and result in the passage of loose stools especially if the dose is too high. Long term use can lead to the bowel becoming progressively less responsive in some people, and in these individuals it may be important to switch to a different agent. Certain laxatives will not work in some patients. While laxatives and suppositories may ease bowel opening, they don't often help the common problems of pain and bloating. Nevertheless, the balance of scientific evidence suggests that laxatives do not cause any damage to the bowel and there is no evidence that using them puts you at risk of getting colon cancer. Sometimes doctors will advise people to take laxatives and some people do need them longer term, if your doctor has advised them, they are unlikely to be harmful in the long term. Suppositories or mini-enemas are more predictable than laxatives and tend to be very well tolerated and effective. They are especially useful for people who have difficulty with needing to strain to evacuate their bowel. It may be best to use laxatives only with proper guidance. Taking laxatives does not result in weight loss, they work on the large bowel and most of the goodness from food is absorbed in the small bowel. Recently, commercial products containing laxatives such as 'weight loss or skinny tea' have become commercially available, these products do not result in weight loss and are therefore not advised to be used. Taking high doses of laxatives long term can be harmful. If you suspect an eating disorder is the reason that you are taking excessive laxatives, please discuss this with your GP. www.beateatingdisorders.org.uk If you remain troubled with constipation despite strict adherence to the measures described before, you may need further treatment. These can include: Medicines: novel non-laxative drug therapies are proving helpful for some people who don't tolerate or don't respond to laxatives. Some of these are licensed for use in selected people with constipation symptoms despite lifestyle changes and use of laxatives. Adult people with constipation caused by opioids who do not respond to laxatives might respond to a drugs called PAMORA see our information on Opioid Induced Constipation here: ask your GP if this applies to you. Biofeedback: available in some centres, people are trained to co-ordinate rectal and abdominal muscles better in order to help the bowel empty rather more effectively. Surgery: it is usually best to avoid surgery because many people do not have a successful outcome. Indeed, there are some people who develop new symptoms after an operation such as diarrhoea, bowel obstruction or incontinence. Pelvic floor surgery for conditions like rectocele and rectal prolapse (see above) may be a possibility but would need a specialist assessment to decide this. Psychological treatments: These can be extremely helpful in reducing the symptom burden of some people who experience emotional influences on their constipation. Although people often worry about it, there is no reason to believe that constipation causes a 'poisoning' of the system. It can cause feelings of sluggishness and bloating, but there is no evidence that bugs or toxins leak from the bowel into any other part of the body. Another common idea is that constipation may lead to cancer but there is no evidence that long-term constipation increases the chances of getting bowel cancer. It is important to remember that the vast majority of cases of constipation are easily resolved with simple diet, lifestyle or medication change. However if constipation does not respond to different treatments there can be medium to long term effects including: Haemorrhoids or fissures: bleeding from haemorrhoids, or more rarely a fissure (painful tear) at the anus, is the commonest complication of constipation. Rectal prolapse: chronic straining can lead to the rectal wall protruding out through the anus. Faecal impaction: elderly or immobile patients may get so badly constipated that they quite literally get bunged up and this will need prompt treatment by either the GP or hospital. Diverticular disease: this is where small hard stools lead to increased intestinal contractions, creating pressure which causes the inner section of the intestine to bulge through the protective outer tube of muscle which surrounds it, creating a little pouch of intestine (see our leaflet on Diverticular Disease). Could any of my medications be causing my constipation and if so is there an alternative? What dietary or lifestyle changes do you suggest I introduce? Are laxatives suitable for me and if so which one would be best for me to use? How will my constipation be monitored? Are there any over the counter remedies which will reduce the chances of me getting haemorrhoids or an anal tear? For more information about research in this area please contact Guts UK. This video from Colorado Children's Hospital about constipation is a great tool that the whole family will understand. James knew he had to go. But when he got to the boys' bathroom at school, he sat down on the toilet and nothing happened. He waited a couple of minutes and . . . still nothing. He tried pushing, but it kind of hurt. After a while a little poop came out, but it was small and hard, sort of like marbles. James flushed, zipped up, and washed his hands. He didn't feel much better. Why? He was a little constipated. What Is Constipation? Constipation (say: con-stuh-PAY-shun) is not having a bowel movement (pooping) as often as you usually do or having a tough time going because the poop is hard and dry. Normal poop is sort of soft and easy to pass, so it shouldn't be too hard to have a bowel movement. When you poop, what ends up in the toilet is the last step of digestion (say: dye-JES-chun), a process that started way back with the grilled cheese sandwich you had for lunch. After you chew and swallow food, it heads to your stomach. From there it's on to the small intestine (say: in-TES-tin), then the large intestine (or bowels), and finally out of the body through the rectum and anus. All these parts make up your digestive system. As food moves through this system, your body soaks up water and nutrients it needs from the food. What's left over comes out as poop. Flush it and away it goes! You probably don't think about this when you go to the bathroom. In fact, you may not think about what you do in the bathroom much at all. But when you're not going like you normally do, it might be on your mind a lot and you may feel uncomfortable. Some people think they're constipated if they don't poop every day, but everybody's bathroom habits are different. One kid might go three times a day, and another kid might only go once every 3 days. So the real sign of whether you're constipated is if you're going less than you normally do, or if it's hard to poop.What Are the Symptoms? Besides not pooping as often as you usually do, you may feel full and have less of an appetite if you're constipated. Your belly may stick out a little, too. When you do go to the bathroom, you may feel like you have to work really hard to get the poop out, and it might hurt a little to go. If your poop is hard and dry, pushing it out may cause tiny tears in the skin of your anus. If this happens, you might see a bit of blood on the toilet paper when you wipe. After you're done, you may have only gone a little and feel like you still have to go. Sometimes when a kid's really constipated, some watery poop like diarrhea might leak out around the hard poop that's still inside. This can cause a messy accident, even for kids who stopped having accidents a long time ago. If you think you're constipated, or if you see blood on the toilet paper after you wipe, tell your parents. It's probably no big deal, but it's a good idea to let them know what's going on.Why Do Kids Get Constipated? Constipation is pretty common and different things can cause it. Reasons why kids get constipated include: Unhealthy diet. If you fill your diet with fatty, sugary, or starchy foods and don't eat enough fiber, your bowels may slow down. Fiber — found in fruits, vegetables, and whole grains — can keep your poop from getting hard and dry. So reach for a pear! Not enough exercise. Moving around helps food move through your digestive system. If you don't get enough active playtime — like running around outside — you could get constipated. Not enough fluid. Drinking water and other liquids keeps poop soft as it moves through your intestines. When you don't drink enough, the poop can get hard and dry and you might get stopped up. Not going to the bathroom when you need to. Sometimes kids don't go to the bathroom when they have to. Maybe they don't want to use the bathroom at school or maybe they just don't want to stop what they're doing right then. But if you make a habit of ignoring your body's signals that it's time to go, that might make it harder to go later on. Stress. Kids might get constipated when they're anxious about school or something at home. This can happen during scary events, like starting at a new school, or even if you're just worried about a lot of homework and tests coming up. Being away from home for more than a few days may make you feel a little stressed, too. If you think stress is plugging things up for you, talk to an adult you trust about it. Irritable bowel syndrome. Some kids have a condition called irritable bowel syndrome (IBS). It can act up when they're stressed or when they run into certain triggers, like fatty or spicy foods. A kid who has IBS may have constipation sometimes and diarrhea sometimes, as well as belly pain and gas. How Is It Treated? If you're constipated, you probably won't need any special treatment. Chances are you'll soon start going regularly again on your own. If your doctor decides you should come in for a visit, he or she might suggest some medicine or a change in diet to get you going. But don't take any medicine for your constipation unless your doctor recommends it. Other than some medicine, the doctor might order an X-ray or other types of tests that check out your digestive system. But usually constipation is just constipation. You eventually poop and feel better. What Can I Do to Help Myself? You can follow these steps when you're constipated and even when you're not! Drink plenty of water. This can keep your poop from getting too hard and dry. Eat more fiber. Fruit, vegetables, and whole grains, such as oatmeal and popcorn, all add fiber to your diet. And fiber can keep things moving. Ask your parents to use olive oil and other healthy oils in their cooking. This can help make you pass poop more easily. Exercise. Throw a ball with your friends, ride your bike, or shoot a few hoops. Activity helps you go to the bathroom regularly. In other words, if you get moving, your bowels will, too! Reviewed by: Rupal Christine Gupta, MD Date reviewed: October 2014