

CONSTIPATION

Constipation refers to changes in stool frequency, size, consistency, and ease of passage which results in an overall decrease in the amount of stool. Common causes include insufficient fiber and liquid in the diet, decreased activity level, rectal disorders (e.g., painful *hemorrhoids*, or tears in the anal tissue) that may cause pain with bowel movements, loss of nerve supply to the colon or rectum, rectal or colon tumors; and medical tests that require the use of *barium*. Occasional constipation may accompany any change in routine, such as when traveling. Risk increases with decreased activity for any reason (e.g., surgery, long illness), decreased fluid or fiber in the diet, chronic or long-term use of laxatives, certain disorders with accompanying nerve damage, and the use of some drugs including certain prescription pain medications, blood pressure medications called calcium channel blockers, *tricyclic antidepressants*, and drugs to treat *Parkinson's disease*.

Symptoms *may* include:

- An inability or difficulty in normal passage of stool
- Abdominal discomfort, pain or cramps
- Bloating or a sense of fullness in the rectum and lower abdomen.

What *your doctor* can do:

- Diagnose the problem by asking about your symptoms, doing a physical exam, possibly ordering laboratory blood tests and x-rays.
- Treat any underlying problem.
- For constipation with no underlying disease, treatment includes increasing fluids, especially water, to at least 8 glasses a day and increasing daily intake of dietary fiber.

What *you* can do:

For both treatment and prevention of constipation:

- Increase your fluid intake, especially of water, to at least 8 glasses daily.
- Increase your fiber intake to include whole grain cereals and breads; fresh, unpeeled fruits and vegetables; and beans and peas.
- Avoid foods that tend to increase constipation including cheese and other dairy products.
- Schedule regular daily bowel movements, preferably shortly after a meal. Even if you do not have an urge for a BM, sit no less than 10 minutes at your scheduled time. The bowels tend to respond to routine.
- Keep as active as you can; regular exercise improves bowel function.
- A stool softener may be used for simple constipation.
- Avoid the use of laxatives unless prescribed by your doctor. Laxatives can be habit-forming; causing dependence that can make constipation worse in the long run.

What you can expect:

- Constipation can become a chronic problem if the underlying cause is not removed.
- Possible complications include *fecal impaction* (a hard, immovable mass of stool that can cause obstruction of the intestine); intestinal rupture, fatal rupture of the heart muscle while straining to have a bowel movement in a person who has had a recent heart attack, *rectal prolapse* (protrusion outside the body of the rectum), and aggravation of *hemorrhoids*.

Contact your doctor if your normal bowel pattern changes, if constipation occurs while under treatment for other conditions, or if symptoms of fecal impaction occur. If you are over 40 and develop unexplained constipation, blood in your stool (stools that look very dark), ribbon-like stools, or unexplained weight loss, contact your physician for an evaluation of the colon to check for polyps or a tumor.