

Patient information

Constipation

Constipation is very common in both children and adults.

Constipation can be defined as infrequent or hard pellet stools, or difficulty in evacuating stools. Whilst troublesome, constipation is not usually a serious disorder, however, there may be other underlying problems causing constipation and investigations can sometimes be required.

Today's lifestyle and eating habits have a large bearing on this problem.

- Late rising in the morning (or shift work) and rushing to school/work.
- Eating fast food and avoiding food which is rich in roughage.
- Drinking inadequate amounts of fluid.

Food leaves the stomach and enters the small intestines (in a liquid form) where the nutrients are extracted and absorbed. The remaining liquid matter (mainly waste products) then leaves the small intestines and enters the colon (or large intestines).

The colon is 5-6ft long and its primary function is to withdraw the water from the liquid stool, so that by the time it reaches the rectum, there is a soft-formed stool. When food passes through the colon too quickly, not enough water is absorbed and diarrhoea may result. In contrast, if waste material is passed too slowly, too much water is absorbed leading to constipation. A sluggish or poorly contracting bowel can be caused from many conditions such as; pregnancy, anal fissures and haemorrhoids, certain drugs, travel, stress and mechanical obstructions such as tumours, advanced diverticulosis or stricturing of the colon.

After serious causes of constipation have been excluded, chronic constipation usually responds to simple measures, such as adding fibre, bran or a bulking agent to the diet. General guidelines for treating constipation include:

- Eating regularly
- Drinking plenty of liquids each day (ideally water)

- Regular walking and performing aerobic exercise.

Foods that are high in fibre are essential in correcting and preventing constipation. Fibre is necessary to promote the wave like contractions that move food through the colon. High fibre foods expand the inside walls of the colon, easing the passage of waste. As fibre passes through the intestine undigested, it absorbs large amounts of water, resulting in softer and bulkier stool.

There are two kinds of fibre, **soluble fibre**, which is normally soft moist fibre, found in fruit (but not the skins), vegetables and pulses and **insoluble fibre**, which is mainly the outer shell of seeds, grains, fruits and vegetables. It is the tougher less digestible fibre; it will not 'mash-up' and can be stringy or coarse.

A high fibre diet should contain both types of fibre.

Foods to include (high in soluble fibre)

Fruits

Apples (not skins), fresh, stewed, naked, tinned; pears (not skins); bananas – ripe; stone fruit – plums, peaches and nectarines (avoid skins); tinned fruit – except citrus fruit; melon; strained fruit juices, tomato juice.

Vegetables

Carrots, parsnips, turnips, swede, baby peas and split peas, beans, lentils, root vegetables, avocado, potatoes (without skins), chick peas, beetroot, broccoli – cooked, cauliflower – cooked, tinned tomatoes, no seeds or skins.

Bread and cereals

Oats, porridge, Ready Brek®, wholemeal bread, white bread, white rice, white pasta.

Miscellaneous

Tahini, hummus.

Foods to take care with (high in insoluble fibre)

Fruits

Citrus fruits, cherries, grapes, berry fruits, e.g. strawberries, raspberries, kiwi fruits, green banana.

Vegetables

Spinach, asparagus, cabbage, brussel sprouts, mange tout, large/old peas, sweetcorn, broad beans, tomatoes, cucumber, lettuce, red-green-yellow pepper, courgette, marrow, sugar snaps, asparagus, aubergine, artichoke.

Bread and cereals

Weetabix, Shredded Wheat, Bran Flakes®, granary or seed loaves, wholegrain bread, brown rice, wholemeal pasta, digestive biscuits, whole grain biscuits.

Miscellaneous

Nuts, seeds, peanut butter.

Medication

The following medications can also lead to constipation in some people:

- Antacids which contain aluminium or calcium taken for indigestion
- Iron tablets
- Medication for under active thyroid gland
- Some pain killers such as Codeine
- Cough medicines which also contain Codeine
- 'Nerve' treatments – some antidepressant drugs – certain tranquillisers
- Drugs given to affect muscle function such as some given for abdominal pain, bladder relaxation or Parkinsonism.

Laxatives

Constipation is usually improved by a proper diet and an adequate intake of fluids, drugs are therefore not needed. Occasional use of a suitable laxative may be helpful for some, but regular use should be avoided as your bowel may become dependant on them.

Regular laxatives should only be used when recommended by a doctor. Laxatives may fall under the following categories:

- Bulk laxatives – concentrated fibre preparations are helpful for those who find it hard to change their diet.
- Stimulant laxatives – bisacodyl, senna

- Osmotic laxatives – mineral salts (which retain water in the bowel to soften the stool)
- Lactulose, lactitol or sorbitol – sugars which humans can't digest. They act a bit like fibre and a bit like an osmotic laxative.
- Suppositories inserted into the rectum, which soften the stool and stimulate bowel action.
- Enemas – a few people, especially those with severe nerve damage in the spine, have to use enemas.

Sudden or gradual change in bowel habit, occurring for no obvious reason in people aged approximately forty years or more should be reported to the doctor (especially if there is rectal bleeding or new abdominal symptoms such as pain or distension).

This leaflet has been designed as a guide to help your current problems. It is not advised to follow the restrictions permanently. If you have any specific dietary requirements, please inform your health provider as a dietitian referral may be required.

For further information please contact:

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