



Constipation

What is constipation?

Constipation may mean hard, dry bowel movements, difficulty eliminating bowel movements, and/or infrequent bowel movements, sometimes preceded by cramping or bloating

What causes constipation?

Many factors can contribute to constipation. Painful conditions of the anus can discourage regular bowel movements, which can result in a large, hard and painful bowel. Inadequate amounts of liquid or fiber in the diet can be partly responsible. Some medications may be constipating. Poor habits, such as waiting to long to respond to the urge to move one's bowels, can be a factor. In other cases, poor muscle function of the intestine, resulting in slow movement of intestinal contents, is a factor. Abnormal function of the anal muscles may also contribute to these conditions. Anatomic changes in the intestine such as tumors, cancers and other problems can account for a change in the bowel habits. And in many cases, no definite cause can be found.

Is constipation unhealthy?

While most people have bowel movements somewhere between three times daily and every three days, some may go a week or two between bowel movements without harmful effects. However, if pain, cramping, or other discomfort develops, evaluation is needed.

How can the cause or causes of constipation be determined?

Since constipation may have one or more causes, it is important to identify the reason(s) for the constipation in order to correct the problem as simply, and specifically, as possible. Several tests of intestinal and anal function are available to help determine the cause or causes in each individual case. Examination of the anorectal area is usually the first step. Examination of the intestine, either with a flexible lighted instrument or with barium x-ray study, may also be important. A "marker study," during which small markers, given by mouth, are followed for several days with repeated x-rays, can give clues to disorders of muscle function of the intestine itself. Testing of the function of the anus and rectum during the act of elimination can be helpful in determining malfunction of the anorectal muscles, or internal disorders of the rectum such as rectocele (a pocket forming just above the anal muscle) or rectal prolapse (a portion of the rectal wall sliding down to, or beyond the anus). Such tests may include "video-defecography" (an x-ray of the function of the anorectum) or "anorectal manometry" (which tests nerves and muscles of the anorectum).

What can be done about constipation?

If there is an anatomic cause for the problem, such as a polyp or a narrow area, treatment should generally be directed to correction of the abnormality. If no anatomic cause can be found, constipation is considered to be a disorder of the function of the intestine. If specific functional causes are found, they can often be treated with drugs or other measures. If no definite cause is identified, constipation is said to be nonspecific, and treatment is begun with fiber therapy. Dietary fiber, or “bran,” consists of non-digestible plant products which should be part of a healthy diet. The amount of dietary fiber can be readily increased by use of a fiber supplement such as Metamucil. Though often referred to as “bulk laxatives,” fiber supplements are not laxatives at all, and are neither harmful nor habit forming. Fiber has many beneficial effects in addition to the relief of constipation; it may help lower cholesterol, diminish the chance of polyps or cancer of the colon, and diminish the frequency and severity of symptoms in individuals with diverticular disease, irritable bowel syndrome, or hemorrhoids. In the absence of a specific anatomic abnormality, virtually all constipation can be effectively treated by increasing consumption of dietary fiber and fluid, and use of a fiber supplement. Fiber therapy may, however, take several weeks, or sometimes even months, to become maximally effective. It may cause mild bloating or abdominal discomfort until the intestine becomes used to the increased bulk, after which symptoms rapidly improve. It is important to take the same dose of fiber supplements and fluids at the same time everyday, in order to retrain the colon and small intestine. It takes about a month of regular use to evaluate the effectiveness of a given dose of fiber. If, after a month normal bowel movements have not been restored, a telephone conference with the doctor or medical assistant will be helpful; adjustments often need to be made.

Are laxatives harmful or habit forming?

There are several types of true laxatives including osmotic laxatives (Milk of Magnesia), lubricants (mineral oil), and stimulant laxatives (cascara or Ducolax). Prolonged, regular daily use of stimulant laxatives (usually over the course of several years) may be damaging to the muscles of the intestine itself. Other types of laxatives are generally safe and not habit forming. Short term use, as directed, should not cause any significant problem.

How long will it take to fix the constipation problem?

While many people considerably improved after a month, for others, the process may take up to six months or more. There is usually no way to predict in advance how quickly a particular individual will respond to such a program.

How long will I have to take fiber?

Fiber supplements can be taken on a daily basis with no ill effects at all. In fact, the “typical American diet” would be made substantially healthier with the addition of more dietary fiber. Ultimately, the goal should be consumption of adequate fiber in your daily diet to prevent constipation; the fiber supplements are just an easy and effective way to do this.