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SELF-CARE INFORMATION ON CONSTIPATION

Constipation is a common condition. It means either going to the toilet less often than usual to empty your bowels or passing hard or painful stools (also called faeces, motions, or poo).

Whilst troublesome, constipation is not usually a serious disorder, however, there may occasionally be other underlying problems causing constipation, and investigations can sometimes be required.

Lifestyle and eating habits have a large bearing on this problem.

- Irregular hours, shift work, ignoring the urge to go to the toilet, and rushing to school/work.
- Eating fast food and avoiding food which is rich in fibre or roughage.
- Drinking inadequate amounts of fluid.
- Not being active or exercising regularly

After being broken down in the stomach food enters the small intestines where the nutrients are extracted and absorbed. The remaining liquid matter then enters the colon (or large intestines) where water is absorbed from the stool. If waste material is passed too slowly through the colon, 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 stricture of the colon.

Other risk factors for constipation include medication side effects (e.g. from codeine or iron) and anxiety/depression.

Treatments

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 regular meals
- Drinking plenty of clear 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), chickpeas, beetroot, broccoli – cooked, cauliflower – cooked, tinned tomatoes, no seeds or skins.
- *Bread and cereals* - Oats, porridge, 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 causing constipation

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. Some cough medicines 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 usually needed. Occasional use of a suitable laxative may be helpful for some, but regular use should be avoided as your bowel may become dependent 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. They take two to three days to work. Examples include ispaghula husk.
- *Stimulant laxatives* – These work to speed up the movement of your bowel, helping to push the stool along your gut. They take six to eight hours to work. Examples include senna and bisacodyl.
- *Osmotic laxatives* – These make your stools softer by increasing the amount of water in your bowels. They take two to three days to work. Examples include lactulose and macrogols.
- *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 – an injection of fluid into the lower bowel by way of the rectum.

When to contact your GP

- If your constipation does not resolve after 6 weeks.
- If symptoms are very severe and not helped with laxative medication.
- If it is a child who you suspect of being constipated (you could also talk to your health visitor).
- If you are pregnant (you could also talk to your midwife).
- If other symptoms develop or are already present, e.g.
 - passing blood or mucous from your bowel
 - weight loss
 - bouts of diarrhoea
 - night-time symptoms
 - a family history of colon cancer or inflammatory bowel disease (Crohn's disease or ulcerative colitis)
 - unexplained symptoms in addition to constipation

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 GP as a dietitian referral may be required.

Useful contacts

- Ask your pharmacist
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/

If you have further questions:

Call the ***practice*** on *01285 653184 or 01285 653122*

If you require ***urgent*** medical advice, call *111 (24 Hrs)*

In an ***emergency*** call ***999***