## Aetiology of constipation:

- **General:**
  - Poor diet (lack of fibre)
  - Dehydration
  - Immobility
  - Pain (especially post-operative)

- **Medication**
  - Opiates
  - Calcium channel blockers (Verapamil)
  - Anticholinergics (Tricyclic antidepressants, phenothiazines)
  - Iron supplements

- **Anorectal disease**
  - Anal fissure
  - Rectal prolapse

- **Irritable bowel syndrome**

- **Metabolic**
  - Hypercalcaemia
  - Hypothyroidism
  - Hypokalaemia

- **Intestinal obstruction**
  - Colorectal carcinoma
  - Strictures (Crohn’s)
  - Diverticular disease

- **Slow bowel transit/motility disorders**

- **Neuromuscular**
  - Nerve injury/trauma
  - Systemic sclerosis
  - Aganglionosis (Chagas’ disease, Hirschprung’s disease)

- **Psychological**
  - Different environment
  - Previous trauma/abuse

## History in constipation:

- **Presenting complaint**
  - Infrequent passage of stool (< 3x weekly)

- **History of presenting complaint**
  - Frequency, nature and consistency of stool
  - Pain on defecation
  - Straining or discomfort
  - Recent change in bowel habit
  - Constipation alternating with diarrhoea
  - Any associated blood or mucus
  - Tenesmus (sensation of incomplete evacuation on defecation)
  - Abdominal pain
  - Systemic features

- **Past medical history**
- Previous bowel surgery
- Inflammatory bowel disease

- Medications
  - See list of causes

- Allergies

- Family history
  - Colorectal carcinoma

- Social history
  - Diet
  - Smoking
  - Psychological history

**Examination of constipation:**

- Most examinations will be normal
- Lymphadenopathy, abdominal mass, anaemia would be suspicious for colorectal carcinoma
- Digital rectal examination is essential: look for fissures/haemorrhoids, impacted stool, blood/mucus

**Initial management of constipation:**

- Most patients present with mild symptoms and need little more than taking a thorough history and a proper examination.
- Blood tests:
  - FBC, Calcium, U+Es (dehydration), Thyroid function tests
- Abdominal X-ray (often performed in hospital to rule out obstruction)
- The management for most patients will be reassurance plus advice to eat plenty of fibre and keep well hydrated.
- Laxatives can be used for mild-moderate symptoms if general measures do not work:
  - Bulking agents e.g. Bran, Ispaghula hulk, methycellulose
  - Stimulant laxatives e.g. Senna (2 tablets/7.5mg at night), Bisacodyl, glycerol suppositories, docusate sodium (also has softening properties, up to 500mg daily in divided doses)
  - Stool softeners e.g. arachis oil enemas, liquid paraffin
  - Osmotic laxatives e.g. Lactulose (initially 10-15 ml twice daily but can be increased, especially in hepatic encephalopathy), phosphate enemas (useful if faecal impaction present or pre-endoscopy)

**Further management of constipation:**

- A few patients will need further investigation and support.
- Colonoscopy and biopsies
- Barium enema
- CT abdomen
- Bowel transit studies
- Anorectal physiology studies
- Behaviour therapy

**Common questions concerning constipation:**

- What are the metabolic causes of constipation?
  - Hypothyroidism, Hypercalcaemia, Hypokalaemia
- Which medications commonly cause constipation?
  - Opiates
- Calcium channel blockers (Verapamil)
- Anticholinergics (Tricyclic antidepressants, phenothiazines)
- Iron supplements

**What are the various types of laxatives used in constipation?**
- Bulking agents
- Stool softeners
- Stimulant laxatives
- Osmotic laxatives