Presentation of Constipation

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

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- 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 carcrinoma
- 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

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- 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

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