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यह दस्तावेज़ अनुरोध किए जाने पर अन्य भाषाओं और प्रारूपों में उपलब्ध है।

ਇਹ ਦਸਤਾਵੇਜ਼ ਬੇਨਤੀ ਕੀਤੇ ਜਾਣ ਤੇ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਰੂਪਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

در صورت درخواست این سند به زبانها و شکلهای مختلف در اختیار شما قرار می گیرد.

یہ دستاویز دیگر زبانوں اور مطلوبہ شکلوں (فارمیٹ) میں بھی دستیاب ہے

هذه الوثيقة متاحة بلغات أخرى وباشكال غير الكتابة المقروءة وذلك عند الطلب

You may also find our other Specialist Continence leaflet series useful.

You can view or download them from the Trust's website at:

www.nottinghamshirehealthcare.nhs.uk/continence-advisory-service

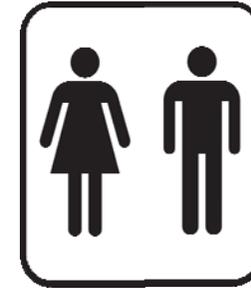
Specialist Continence Services/Community Nurse contact details:

www.nottinghamshirehealthcare.nhs.uk



Specialist Continence Advisory Service

Local Partnerships



Patient information for adults - Leaflet Number 6

Constipation

Constipation can happen to anyone at any time. It is more common if you have reduced mobility, neurological health problems, irritable bowel conditions or you are taking regular analgesia for pain.

This patient information leaflet has been given to you by your GP/Health Practitioner because you are at risk of constipation or you have recently had an episode of constipation and this will help you to understand why this may have happened and how you can reduce the risk of further episodes of constipation.

What is constipation?

Constipation can be divided into two categories:

- difficulty in evacuation/emptying bowel
- slow or delayed transit/movement of stool in bowel

Constipation occurs when you do not pass a bowel movement (poo, stool) regularly resulting in a bowel movement that can hurt because the stools have become hard and dry.

Constipation can be defined as:

- Opening bowels less than 3 x weekly
- Needing to strain to open bowels more than 1/4 of the time
- Passing small hard pellets/pebbles more than 1/4 of the time
- A feeling of incomplete bowel emptying

How can you tell if you may be constipated:

- Passing stool less frequently than you normally do
- Having to “strain” while passing stool
- Feeling unable to completely empty your bowel
- Your stools appear dry, hard and lumpy

Natural laxatives include:

- Apples
- Apricots
- Gooseberries
- Grapes (and raisins)
- Peaches
- Pears
- Plums (and prunes)
- Raspberries
- Strawberries

Activity/exercise:

- To look at ways to increase your daily activity/exercise

Pelvic floor/anal sphincter exercises:

- Pelvic floor exercises can help with bowel emptying

Medications:

- Try to avoid medications that could constipate you – discuss with your GP or Pharmacist
- It is best to use laxatives as an aid to getting into a regular routine rather than to rely on them long term
- In cases of faecal impaction laxatives will be prescribed to clear the faecal mass and empty the bowel. It is important to take actions to avoid this re-occurring

Further Information

Further useful information can be accessed on the NHS website: www.nhs.uk

Food	Portion size	Fibre content (grams)
Vegetables		
Baked beans	Half can	7.4
Red kidney beans	3 tablespoons	5.4
Peas (boiled)	3 tablespoons	3.6
French beans (boiled)	4 tablespoons	3.3
Brussel Sprouts	8 sprouts	2.5
Potatoes (boiled)	1 medium portion	2.4
Spring greens (boiled)	4 tablespoons	2.1
Carrots	3 tablespoons	2.0
Broccoli (boiled)	2 spears	1.8
Spinach (boiled)	2 tablespoons	1.7
Fruit		
Avacado pear	1 medium	4.9
Pear (with skin)	1 medium	3.7
Orange	1 medium	2.7
Apple (with skin)	1 medium	2.0
Raspberries	2 handfuls	2.0
Banana	1 medium	1.7
Tomato juice	1 small glass	1.2
Strawberries	7 strawberries	0.9
Grapes	10	0.6
Orange juice	1 small glass	0.2
Dried fruit/nuts		
Apricots (semi-dried)	3 whole	5.0
Prunes (semi-dried)	3 whole	4.6
Almonds	20 nuts	2.4
Peanuts (plain)	1 tablespoon	1.6
Mixed nuts	1 tablespoon	1.5
Brazil nuts	10 nuts	1.4
Raisins/sultanas	1 tablespoon	0.5
Quorn	1 serving	4.8

- Abnormally large stool
- Abnormally small hard stool (pellets/pebbles)
- Stomach cramps or aches
- A feeling of being bloated
- A loss of appetite
- Excessive wind with an unpleasant smell
- You may feel sick

If constipation is not treated the bowel can become over loaded. This is called faecal impaction and can result in overflow incontinence.

Definition of faecal impaction:

When there is no adequate bowel movement for days or weeks a large compacted mass of faeces builds up in the large bowel which cannot be easily passed. Loose liquid stool (type 6 – 7, see Bristol Stool form scale overleaf) can leak around the mass, this happens between bowel movements causing soiling of loose stool on clothing (faecal overflow incontinence). Passing a large stool can be painful and distressing. If not treated effectively this could lead to more serious complications including hospital admission.

What type of poo do you pass?

The Bristol stool form scale

Type 1		Separate hard lumps, like nuts (hard to pass)	Constipated poo
Type 2		Sausage-shaped but lumpy	
Type 3		Like a sausage but with cracks on its surface	Normal poo
Type 4		Like a sausage or snake, smooth and soft	
Type 5		Soft blobs with clear-cut edges (passed easily)	
Type 6		Fluffy pieces with ragged edges, a mushy stool	
Type 7		Watery, no solid pieces ENTIRELY LIQUID	

Causes of constipation

Constipation usually occurs when stool remains in the colon (large bowel) for too long causing the stool to become hard and dry. Later in this leaflet you will learn about simple life-style changes which will help you reduce the chance of this happening.

Fibre chart

Food	Portion Size	Fibre Content (grams)
Fibre supplements		
Bran (wheat)	1 tablespoon	2.5
Breakfast		
All-Bran	1 medium sized bowl	9.8
Shredded Wheat	2 pieces	4.3
Bran Flakes	1 medium sized bowl	3.9
Weetabix	2 pieces	3.6
Muesli (no added Sugar)	1 medium sized bowl	3.4
Muesli (swiss style)	1 medium sized bowl	2.9
Fruit "n" Fibre	1 medium sized bowl	1.4
Porridge (milk or water)	1 medium sized bowl	2.3
Corn Flakes	1 medium sized bowl	0.3
Bread/rice/pasta		
Crispbread, rye	4 crispbreads	4.2
Wholemeal pitta	1 piece	3.9
Pasta (plain, fresh cooked)	1 medium portion	3.8
Wholemeal bread	2 slices	3.5
Naan bread	1 piece	3.2
Brown bread	2 slices	2.5
Granary bread	2 slices	2.3
White bread	2 slices	1.3
Brown boiled rice	1 medium portion	1.6
White boiled rice	1 medium portion	0.2
Salad vegetables		
Pepper (green/red)	Half	1.3
Onions (raw)	1 medium	1.1
Olives (in brine)	1 tablespoon	0.9
Tomato (raw)	1 medium/7 cherry	0.8
Lettuce (sliced)	1 bowl	0.7

Toileting routine

- Make time to go to the toilet
- Go to the toilet when you get the “urge”
- Never ignore the urge
- Eating food stimulates a gastro-colic reflex which pushes the food through the bowel towards the back passage
- The gastro-colic reflex is strongest in the morning
- Bowels tend to work about 30 minutes after a meal
- To establish a bowel routine sit on the toilet 15 – 30 minutes after a meal even if you do not have the urge and try to open your bowels

Fluids:

- Aim to drink 1.5 - 2 litres per day or 7 – 8 mugs/day including water. Increase fluid intake if you are exercising or when it is hot
- Reduce the amount of caffeine, alcohol and fizzy drinks you consume

Diet:

- Balanced diet containing whole grains, fruit and vegetables (5 portions/day)
- Adults should aim to consume 18 – 30 grams of fibre per day
- Increase fibre intake gradually to minimise flatulence and bloating
- Eat regular meals – including breakfast

Risk factors which increase the chance of constipation:

- Not having enough drinks
- Not eating enough fibre – fruit/vegetables/cereals
- Increasing fibre intake when fluid intake is low
- A change to your routine/lifestyle/eating habits
- Lack of toileting routine for bowels
- Having limited privacy when using the toilet
- Ignoring the urge to pass stool - this can lead to a loss of bowel sensation
- Lack of opportunities to use the toilet when you get the urge
- Reduced mobility or lack of exercise
- Having a high temperature
- Being under or over weight
- Anxiety and depression
- Constipation can be a side effect of medication
- Slow/sluggish bowel – this can be identified by a sweet corn test. Eat a portion of sweet corn, note time eaten and then time passed in the toilet (normal transit time 1 – 3 days)

If you experience constipation it is important that you address it rather than ignoring it and hoping it will go away by itself.

Most cases of constipation are not caused by a specific condition, it may be difficult to identify the exact causes.

Common medications that can cause constipation:

- Strong pain killers – codeine / morphine
- Diuretics (water tablets)
- Iron supplements
- Anti depressants
- Anti epileptic medications
- Aluminium antacids (medicine to treat constipation)

Constipation may be a sign of underlying conditions such as:

- Anal fissure – a small tear or strain inside the anus
- Inflammatory bowel disease – a condition that causes the bowel to become inflamed

Lifestyle advice can help to prevent constipation

Posture on the toilet

- A good sitting position on the toilet can help to promote an effective bowel movement



Tips to help open you bowels:

- Relax and take your time
- Blowing – quick, strong blows
- Say “stoppp”
- Gently massage across top of stomach and down left side
- Gentle rocking