CONSTIPATION

Treatment and advice

Québec

WHAT IS CONSTIPATION?

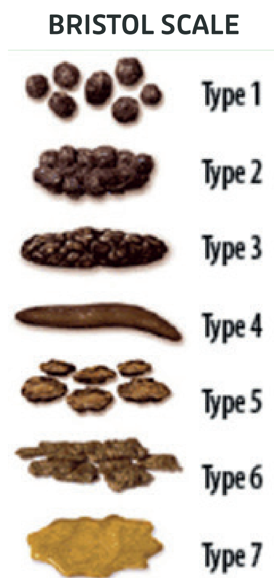
Constipation is characterized by the evacuation of hard, dry, or small-volume stools. It is also associated with a reduced frequency of bowel movements. It may also be accompanied by a sensation of incomplete bowel evacuation (the feeling that the gut has not been completely emptied for full relief) or by difficulty evacuating stools.

Each person has their own rhythm for bowel movements. Stool consistency is the main criterion for determining whether constipation is an issue (see Bristol Scale in the image). The longer fecal matter remains in the colon, the more dehydrated it becomes, resulting in difficulty transiting through the intestine and evacuating during bowel movements.

There are two types of chronic constipation:

- **Slow-transit constipation** is characterized by the slow movement of stools through the intestine;
- **Pelvic-floor constipation** (also known as anismus) is associated with a voiding disorder and occurs when the voluntary anal sphincter muscle, used to retain stools and control the urge to defecate, fails to fully relax.

BRISTOL SCALE



[Image source: Lewis, Heaton (1997). “Stool form scale as a useful guide to intestinal transit time”. Scand. J. Gastroenterol. 32 (9): 920–924wikipeLewis, Heaton (1997). “Stool form scale as a useful guide to intestinal transit time”. Scand. J. Gastroenterol. 32 (9): 920–924]

Many factors can contribute to constipation:

- Insufficient dietary fibre intake
- Insufficient water intake
- Irregular meal schedule
- Irregular sleep schedule
- Ageing
- Lack of exercise
- Changes in living habits or lifestyle (e.g., travel)
- Hormonal changes
- Stress
- A specific health condition (e.g.: hypothyroidism, diabetes, neurological disorder, etc.)
- Side effect of medication

HOW DO YOU TREAT CONSTIPATION?

Your physician will examine the possible causes of your constipation and will probably prescribe medications. Many over-the-counter and prescription laxatives are available. Your physician and pharmacist will be able to give you advice.

You will be given many other recommendations, including:

- Increasing your dietary fibre intake (see below).
- Limiting your sugar and fat intake. These satisfy our energy needs but reduce appetite for fibre.
- Drinking 1.5 to 2 litres daily (6 to 8 cups) to optimize fibre intake.
- Eating three meals daily at regular hours and, if needed, two to three snacks, to spread fibre intake throughout the day.
- Taking advantage of the gastrocolic reflex, which occurs 30 to 60 minutes after meals. This intestinal contraction improves bowel movements. As intestinal motility is greater in the morning, it is important to have good sleep hygiene and regular meal hours. Both are major factors in improving effective intestinal motility and stool evacuation.
- Taking your time on the toilet and use the proper sitting technique (see below).
- Exercising to improve motility.

INCREASING YOUR FIBRE INTAKE

Dietary fibre is the plant matter that is partly or totally resistant to digestion. Dietary fibre helps to increase stool bulk, improve consistency, and promote intestinal motility.

It is recommended to consume 25 to 35 g of fibre daily. Fruits, vegetables, nuts, seeds, legumes, pulses and whole-wheat products contain fibre.

To increase your daily fibre intake:

- Choose bread that is high in dietary fibre.
- Opt for whole-wheat pasta.
- Eat legumes.
- Select your cereal carefully.
- Sprinkle ground flax or chia seeds on your food.
- Add nuts, bran cereal, carrots, or raisins to sandwiches and salads.
- Add wheat or oat bran to soups, salads, spaghetti, yogurt, muffins, pancakes, cereal, and casseroles.

If you cannot increase your fibre intake, you might consider a commercial psyllium or inulin-based fibre supplement.

To prevent bloating and flatulence, start by adding 5g of fibre (1 teaspoon) daily for 8 to 10 days. Then gradually increase the quantity up to 25 to 35 g daily.

TAKING FIBRE SUPPLEMENTS (E.G., : METAMUCIL©)?

Dosage:

- Take the prescribed quantity once daily, preferably in the morning.
- Start with ½ to 1 teaspoon daily for 8 to 10 days.
- To facilitate the adaptation, gradually increase the quantity as tolerated up to a maximum of 1 tablespoon per dose, 3 times daily.
- Dissolve the powder in a large glass of water or another cold beverage.
- Stir and drink immediately.

If you experience abdominal discomfort, return to the previous dose. It is not necessary to take the maximum dose.

You can wait until your intestine has adapted to the previous dose before increasing the dose again, or you can continue administering a lower dose. Take the dose that works best for you each day.

BOWEL EVACUATION TECHNIQUE

For effective stool evacuation, it is necessary to adopt the right position when sitting on the toilet:

- Feet raised on a small stool, knees above the hips (bent approximately 30° degrees);
- Legs spread apart, toes pointing inwards;
- Back leaning forward slightly in relaxed position.
- In a calm ambiance, take the time to relax and breathe. Release the perineum* (downward movement sensation) and anus (opening sensation).

**Men: The perineum corresponds to the area between the base of the scrotum and the anus. Women: The perineum corresponds to the area between the posterior vaginal opening and the anus.*

- Breathe in through your nose, inflating your abdomen.
- Breathe out through your mouth, blowing air into your clenched fist, drawing your navel toward your spine. The abdominal wall should remain parallel to the spine.
- Repeat this controlled exhalation 4 to 6 times: it helps to evacuate more fully.

Incorrect position

Seated with knees bent 90° or greater

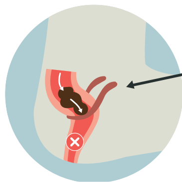
Strained bowel movement (pushing to evacuate)

Correct position

Squatting position with knees bent 30°

Relaxed bowel movement

What occurs in your intestine in the above position

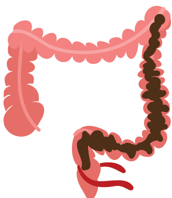


Rectum side view

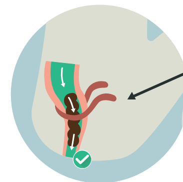
Strained puborectal muscle

Stools trapped in the rectum

Intestine front view



Stools trapped in the left colon

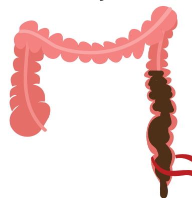


Rectum side view

Relaxed puborectal muscle

Stools easily evacuated

Intestine front view



Stools easily evacuated

If practising this technique does not yield the desired results, the physician may recommend pelvic floor rehabilitation for effective bowel movements.

NOTES

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