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What is constipation?

Constipation is when you have infrequent or hard-to-pass bowel movements (meaning they are painful or you have to strain), have hard stools, or feel like your bowel movements are incomplete. Infrequent means less than three bowel movements a week.

Most of the time, constipation can be treated medically.

People define constipation based on family, culture and their own experience, so it can have different meanings.

It is normal to have some constipation at times because of what you eat or other habits.

If you have ongoing pain with bowel movements or blood in your stool, call your doctor.

What causes constipation?

In most cases, constipation is a symptom, not a disease. It is more common in non-White than White populations and also in people who have lower socioeconomic status, lower parental education rate, less physical activity, depression, physical and sexual abuse, and stressful life events.

Here are the common causes of constipation

– Poor diet

Not eating enough veggies, fruits and whole grains can make the stools hard and difficult to pass.

Changes in your diet, like when you travel, along with inactivity can also lead to constipation.

+ Medications

Many medications can cause constipation. Let your doctor know all the medications you are on, or let your doctor know if you have had constipation in the past before starting a new medication.

Some examples of medicine that can cause constipation are:

- Pain medications (mainly narcotics).
- Some antacids.
- Antispasmodic drugs, which suppress muscle spasms.
- Antidepressant drugs.
- Tranquilizers.
- Iron supplements.
- Anticonvulsants, for epilepsy.
- Anti–Parkinson's disease drugs.
- Calcium channel blockers, for high blood pressure and heart conditions.

+ Irritable bowel syndrome (IBS)

Also known as IBS with constipation or IBS-C, this condition is one of the most common causes of constipation in the U.S. IBS-C is associated with more belly pain than some other causes of constipation. Read more about IBS.

+ Poor bowel habits

You can start a cycle of constipation by not going when you have the urge to move your bowels (like when you are too busy or don't want to use a public toilet). After a while, you may stop feeling the need to go at all. This leads to constipation.

+ Pelvic floor dysfunction

When the muscles in the pelvic floor don't relax as they should to allow easy passage of stool, it causes constipation and the feeling like you have to go, but nothing comes out. This is treated by biofeedback and retraining of these muscles through pelvic floor physical therapy.

Bowel movements: What is "normal"?

- Each person has a different normal bowel function.
- You do not need to have a bowel movement every day.
- The frequency of bowel movements in healthy people varies from three movements a day to three a week.
- Stools should be passed without too much effort, straining or pain with passage.
- You must figure out what a normal bowel routine is for you. Try keeping a journal.

When to call your doctor for constipation

Most people have short periods of constipation at some point. Most of the time, it can be helped through diet, drinking more water, exercise and over the counter (OTC) medications. If you are feeling constipated, try those first. Sometimes, though, it doesn't go away or keeps coming back.

You should talk to your doctor about your constipation when:

1. Your symptoms last longer than three weeks.

2. Your symptoms are really bad or disabling.

3. You have bad stomach pain when you pass stool.

4. You notice that your stools are consistently thinner.

5. You see blood in your stool, particularly if it is mixed with stool or you notice that your rectal bleeding (blood on the toilet paper) does not go away or comes back often.

6. Your stools are black.

7. You are found to have anemia (low iron in your blood, which can make you feel weak and tired.)

8. Along with other symptoms, you start losing weight without trying to.

When you talk to your doctor, tell them about all medications, even OTC drugs, you are taking, as they could be a cause of constipation.

Your doctor will decide if tests are needed to figure out if your constipation is the symptom of an underlying health problem.

Getting tested for constipation

If your doctor decides your constipation is bad enough, there are a few tests that can be done. To start, your doctor may take samples of blood, urine, and stool.

Other tests your doctor might do

− X-ray

An X-ray of your belly can be helpful to see if there is a large amount of stool inside your bowels due to constipation.

+ Lower GI endoscopy

- A colonoscopy may help find diseases, like colon cancer or diverticular disease, in the rectum and colon.
- To get ready for this test, the bowel is emptied of stool with a clear-liquid diet and laxatives, usually the day/evening before.
- Once in the doctor's office, hospital or outpatient center, you will be given medicine to block pain and make you feel relaxed and sleepy.
- Your doctor will place a long, thin (about the width of your little finger), flexible tube with a tiny camera on the end through the anus to look at the rectum and intestine.
- Learn more about colonoscopy.

+ Colonic transit time

- This test can be done to find out how long it takes for stool to move through your colon.
- For the test, you swallow a pill with about 24 tiny pellets or markers that scatter in the large intestine.
- After a few days, one or two X-rays are taken to see how many pellets are still in your system.
- There are many ways to do this test, and your doctor will decide which is best for you.

+ Anorectal motility study

- If your doctor thinks you might have pelvic floor dysfunction (for example, if you strain a lot or feel unsatisfied after going to the toilet), this test is done.

- For this test, a small tube is placed in the rectum, and you are asked to contract and relax the muscles while the data of how you use your muscles is tracked.
- In addition, you may be asked to expel (push out) a balloon from the rectum.

How to treat constipation

The first step in treating constipation is to know that normal bowel function varies widely, from three bowel movements a day to three a week. You must figure out what is normal for you to notice a change in your normal bowel habits.

Above all, know that feeling better takes time and effort.

A diet with fresh fruits, veggies and a lot of water, along with regular exercise, is a good start for most people with constipation or irregular bowel habits. Every day you should:

- Eat a well-balanced diet with whole grains, fresh fruits and veggies.
- Drink plenty of fluids (especially water).
- Exercise regularly.
- Set aside time after breakfast or dinner to go to the bathroom.
- Go to the bathroom when you feel like you have to. Don't ignore the urge to have a bowel movement.

Over the counter (OTC) medicines for constipation

There are many options to help treat constipation — in addition to the daily habits above — that can be found over the counter, without a prescription. These options come in many forms, such as pills, powders (to mix with liquid), enemas or suppositories. Talk with a health care professional about your options.

– Bulking agents (fiber)

Bulking agents, or bulk-forming agents, pull fluid into your intestines, which makes stool bigger or bulkier. The bigger stool causes the colon to contract and push it out. You must take bulking agents with lots of water, or else they may back up and block your bowel. Bulking agents can cause bloating (swelling) and belly pain.

Examples include:

- Psyllium.

- Methylcellulose.
- Polycarbophil.

+ Osmotic agents

Osmotic agents help stool to keep fluid within it. The more fluid in your stool, the softer it will be, and the more bowel movements you will have. Osmotic agents can cause dehydration (fluid loss) or mineral imbalance, so older adults and people with heart or kidney failure need to be careful with these medications. Talk to a doctor first.

Examples include:

- Miralax®.
- Milk of magnesia.
- Saline laxative (magnesium citrate).

+ Lubricants

Instead of keeping fluid in the stool, lubricants coat the outside of stool, which helps it pass more easily.

Examples include:

- Fleet® mineral oil enemas.

+ Stool softeners

Stool softeners do not necessarily give you the urge to go, but they help bring fluids into stool, which softens them. Stool softeners are often recommended to help people not strain while having a bowel movement (such as after a surgery or after childbirth).

Examples include:

- Colace®.
- Surfak®.

+ Stimulant laxatives

Stimulant laxatives make the intestines contract and move stool along.

Examples include:

- Dulcolax™.
- Senokot™.

Prescription medications for constipation

If none of the OTC options help, you and your doctor may talk about trying a prescription medicine next.

− Chloride channel activator (lubiprostone)

Used for people with IBS-C or in people with no known cause of constipation. This medicine helps to put more fluid in your GI tract, which can:

- Help with belly pain.
- Soften stool.
- Make it so there is less of a need to strain to pass stool.
- Make it so you have bowel movements more often.

+ Guanylate cyclase-C agonist (linaclotide, plecanitide)

Used for people who have no known cause of constipation or who have constipation that doesn't go away for a long time. This medicine can:

- Help make it so you have bowel movements more often and regularly.
- Help with belly pain.
- Soften stool.
- Make it so there is less of a need to strain to pass stool.

+ Drugs for opioid-induced constipation

There are specific prescription drugs that treat opioid-induced constipation (OIC), such as naloxegol, naldemedine or methylnaltrexone. Your doctor can tell if these are right for you.

Biofeedback therapy for constipation

If your health care provider finds an issue with your pelvic floor muscles, they may prescribe biofeedback treatment of the pelvic floor muscles.

Pelvic floor physical therapy, which can teach you exercises to retrain your body, may also be recommended.

Surgery for constipation

If you are a candidate for surgery, your health care provider will tell you about the benefits and

risks.

Complications of constipation

Constipation can feel very bothersome, but it is not often a serious health problem. In some cases, though, it may be a warning of a serious hidden health issue, so be sure to tell your health care provider about your symptoms.

Possible complications of constipation:

- Hemorrhoids (swollen anal tissue).
- Fissures (cracks in the skin).
- Bleeding.
- Fecal impaction. (This may come with loss of control of stool, with liquid stool flowing around the hard impaction.)
- Rectal prolapse. (Straining way too much can make a small amount of intestinal lining push out from the rectal opening. This does not happen often. This could cause mucus to come out and stain underpants.)

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