

Managing constipation

Continence Service

Information for Patients

Last reviewed: March 2023

Next review: March 2026

Leaflet number: 901 Version: 3

Why have I been given this leaflet?

You have been treated for constipation whilst in hospital. This leaflet is to give you an understanding of constipation but also to give you some guidance on how to take your laxatives when you are at home. The aim is to prevent you becoming constipated again.

What is constipation?

Constipation is a common condition that affects people of all ages. It can mean that you're **not** passing stools (faeces) regularly or you're unable to completely empty your bowel.

Constipation can also cause your stools to be hard and lumpy, as well as unusually large or small.

The severity of constipation varies from person to person. Many people only experience constipation for a short time, but for others, constipation can be a long-term (chronic) condition that causes significant pain and discomfort and affects their quality of life. Constipation is a leading cause of faecal incontinence in older adults.

What causes constipation?

There can be many causes of constipation, these include:

- not eating enough fibre, such as fruit, vegetables, cereals and wholegrains.
- a change in your routine or lifestyle, e.g. change in your eating habits, being in hospital.
- reduced mobility or lack of exercise.

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- ignoring the urge to pass stools.
- some medications e.g. painkillers (especially codeine based); iron tablets; antacids; anti-Parkinson's disease drugs; anti-depressants and some blood pressure tablets.
- not drinking enough fluids i.e. 1.5 to 2 litres (2.5 to 3.5 pints) a day.
- anxiety or depression.
- certain medical conditions e.g. Parkinson's disease, multiple sclerosis (MS), an underactive thyroid gland and irritable bowel syndrome.

What can be the symptoms of constipation?

Normal bowel habits vary from person to person. Some adults pass stool more than once a day, whereas others may only go every 3 or 4 days.

Going every day is not essential. It is the quality and quantity of the stool that is important i.e. the firmness of the stool (see the Bristol Stool Chart on page 5) and how much you pass.

Symptoms can be one or more of the following:

- Difficulty and straining to pass stools most of the time.
- Feeling unable to empty your bowel completely.
- Passing dry, hard and lumpy stools most of the time.
- Opening bowels less than 3 times a week.
- Passing small stool or exceptionally large solid stool.
- Soiling or smearing of underwear.
- Stomach ache and cramps.
- Feeling bloated/ sick.
- Loss of appetite.
- In some cases agitation and confusion.

How can I help prevent constipation?

You can do some simple things to help yourself:

- Drink a good amount of fluids - 1.5 to 2 litres (6 to 10 average mug sizes) a day.
- Try to increase fibre gradually into your diet e.g. fruit and vegetables, whole grain rice, whole wheat pasta, wholemeal bread, seeds and oats (be aware that for some types of fibre you need to have a good fluid intake). Seek advice if you are unsure.
- Aim to eat regularly 3 meals per day, especially breakfast. If you had a reduced appetite whilst in hospital, try eating 4 to 5 smaller meals to build your appetite.

Your bowels naturally want to move after eating. This is called the 'gastro-colic reflex'. This is at it's strongest especially after breakfast. Having a hot drink may also help. Try sitting on the toilet 30 minutes after a meal to fit in with the 'gastro-colic reflex'. If you need assistance to use the toilet, discuss this with your family.

- Keep yourself active as much as possible, even if it is just a walk around the garden or your room.
- Don't ignore the urge to go to the toilet as it may wear off.
- When going to the toilet, make sure you have enough time and privacy to pass stools comfortably.

Laxative medication for constipation

Some people have chronic constipation and need regular laxatives.

Laxatives for chronic constipation work better if they are taken regularly rather than waiting until it is a problem (i.e. when you haven't passed stool for 2 or more days, or when stools have become hard). If you leave taking your laxatives until you haven't passed stool for a few days, you may find that you quickly become severely constipated.

This may mean taking your laxatives every day or alternate days or even just twice a week. You need to aim for a stool that is not too hard or not too loose. You can achieve this by gradually reducing or increasing your softener laxative.

Types of laxatives:

There are 3 main types of laxatives as detailed below. Sometimes a combination of these laxatives is needed:

- **Stimulant laxatives** work by making the bowel muscles contract by stimulating the nerves that control the muscles lining your digestive tract. This pushes stool (faeces) through the bowels, helping your bowels to empty more effectively. This type of laxative works better with a soft formed stool.

Stimulant laxatives include senna, bisacodyl, sodium picosulfate, and docusate sodium.

- **Softener laxatives** work by softening your stools by increasing the amount of water in your bowels. This then makes the stool easier to pass.

Softener laxatives include lactulose, macrogol (Laxido, Movicol, CosmoCol), and docusate sodium.

- **Bulk-forming laxatives** work in the same way as dietary fibre. They increase the "bulk" or weight of your stools by helping them retain fluid, encouraging your bowels to push the stools out.

Bulk-forming laxatives include ispaghula husk (Fybogel). You will need to drink 1.5 litres of fluid per day with this type of laxative.

How to take laxatives after your discharge from hospital

Please read your laxative instructions on how to take them (some may need mixing in a measured quantity of water) and what the maximum amount is that you can take per day.

The Bristol Stool Chart (overleaf) is used by health care professionals to grade the type of stool that a person passes. It has 7 different types of stool, ranging from hard constipated stool (type 1 or type 2) to loose diarrhoea stool (type 6 or type 7).

How frequently you pass stool can be important; anything from 3 times a week to 3 times a day is classed as “normal”. However, the quality and quantity of stool that you pass is also very important. The aim is to pass a good amount of type 3 or type 4 stool whether you go every day or 3 times a week. When you do pass stool, it should be pain free and easy to pass.

Use the Bristol Stool Chart (overleaf) and the information below to help you to decide how often you need to take your softener laxative:

- Look at your stools every day or after each bowel movement.
- Decide what type it fits on the Bristol Stool Chart.
- You are aiming to have a Type 3 or 4 stool.
- If it is not Type 3 or 4, follow the instructions for your stool type.
- If you need to increase or decrease your softener laxative, do it **gradually**, checking your stool type every day or after each bowel movement.
- Once you have found the right dose for you stay on that regime. This may mean that you have to take your laxative as often as 2 or 3 times a day, or as little as only twice a week.

Remember:

If you have chronic constipation, it is preferable to take laxatives regularly rather than waiting until it is a “problem”. If you leave taking your laxatives until you haven’t passed stool for a few days, you may find that you quickly become severely constipated.








Read your laxative instructions on how to take them (some may need mixing in a measured quantity of water) and what the maximum amount is that you can take per day.

If you are on the maximum dose of laxatives but have not passed stool for more than 3 days, seek medical advice.

If you continue to have type 7 diarrhoea after stopping your laxatives, or you notice blood in your stools, seek medical advice.

Speak to your pharmacist, local health care professional or GP surgery if you have any questions, or need advice on how to take your laxatives or if your laxatives are not working.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)	Increase softener
Type 2		Sausage-shaped but lumpy	Increase softener
Type 3		Like a sausage but with cracks on the surface	Stay on current softener dose
Type 4		Like a sausage or snake, smooth and soft	Stay on current softener dose
Type 5		Soft blobs with clear-cut edges	Reduce softener
Type 6		Fluffy pieces with ragged edges, a mushy stool	Reduce softener
Type 7		Watery, no solid pieces. Entirely Liquid	Stop laxatives for 1 to 2 days Seek advice

Further information

You can find more information on constipation and the adverse consequences of constipation on the NHS website:

- www.nhs.uk/conditions/constipation/
- www.nhs.uk/conditions/laxatives/Pages/Introduction.aspx

Good toilet habits

Sit on the toilet in a squatting position:



When sitting your colon is at 90 degrees. The intestine is pinched and blocked.



Use a footstool to elevate your feet for a squatting position. When squatting your colon is at 35 degrees. This allows for easier bowel emptying.

Use a toileting footstool:

Using a footstool when sitting on the toilet can help make it easier to pass stool. This item is not available on the NHS but can be found and purchased online by searching for 'toileting footstool'.



The advice above can help prevent:

- straining
- constipation
- incomplete bowel emptying
- faecal smearing
- frequent visits to the toilet to empty your bowels

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