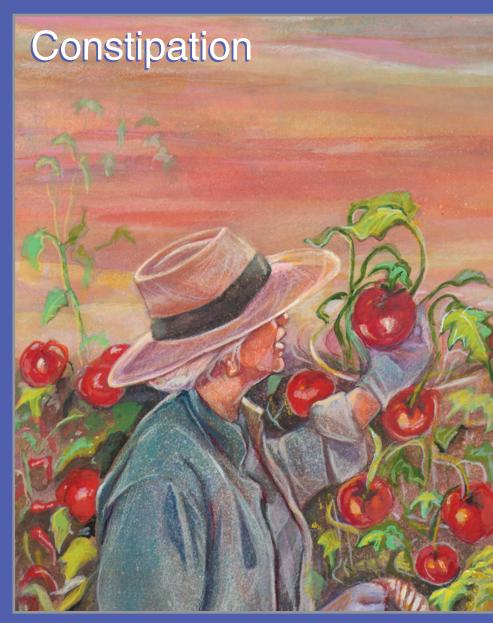
What I need to know about







What I need to know about Constipation





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What is constipation?

Constipation* means different things to different people. You may have constipation if you have three or fewer **bowel** movements in a week or if stool is hard, dry, painful, or difficult to pass. Some people with constipation lack energy and feel full or bloated.

Some people think they have constipation if they don't have a bowel movement every day. However, bowel habits are different for everyone. The foods you eat, how much you exercise, and other factors can affect your bowel habits.

At one time or another, almost everyone gets constipated. In most cases, it lasts for only a short time and is not serious. When you understand what causes constipation, you can take steps to prevent it.

^{*}See page 13 for tips on how to say the words in **bold** type.

What causes constipation?

To understand what causes constipation, it helps to know how the large **intestine** works. The large intestine removes most of the water from stool and changes it to a solid waste. The large intestine then moves the stool through the **rectum** and **anus** as a bowel movement.

Constipation occurs when stool passes through the large intestine too slowly. When stool stays in the large intestine too long, the intestine removes too much water, and the stool becomes hard and dry.

Some lifestyle habits that may cause constipation include

- changing your normal diet, exercise, or travel habits
- ignoring the urge to have a bowel movement
- feeling a lot of stress
- eating a low-fiber diet
- not drinking enough liquids
- taking calcium or iron supplements
- taking medicines such as painkillers with codeine; diuretics, also known as water pills; medicine for depression; and some antacids

Some medical conditions that may cause constipation include

- pregnancy or having given birth
- problems with the muscles and nerves in the intestine, rectum, or anus
- irritable bowel syndrome, a condition in which the nerves that control the muscles in the intestine don't function correctly; the intestine becomes sensitive to food, stool, gas, and stress
- diabetes, a condition in which a person has high blood sugar, also called hyperglycemia, because the body cannot use blood glucose, or blood sugar, for energy
- hypothyroidism, a condition in which the thyroid gland does not produce enough hormone to meet the body's needs and many of the body's functions slow down

What tests are done to find the causes of constipation?

To find out why you have constipation, your doctor will perform a complete physical examination. The doctor may also order one or more tests if a serious problem is suspected as the cause of constipation.

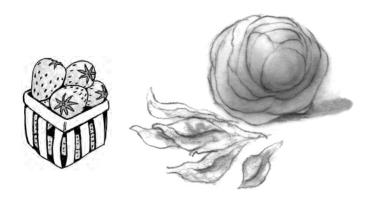
- **Sigmoidoscopy.** The doctor puts a thin, flexible tube called a sigmoidoscope into the rectum. This scope can show the last third of your large intestine.
- Colonoscopy. The doctor looks at the entire large intestine with a long, flexible tube with a camera that shows images on a TV screen. The tube is like a sigmoidoscope but longer. You receive medicine to help you sleep during a colonoscopy.
- Colorectal transit study. For this test, you swallow small capsules that can be seen on an x ray as they move through the large intestine and anus.
- Anorectal function test. The doctor inserts a small balloon into the anus to see if you are able to push it out.
- **Defecography test.** The doctor inserts a soft paste into the rectum. The doctor asks you to push out the paste while an x-ray machine takes pictures of the rectum and anus.

What can I do about constipation?

You can take several steps to prevent and relieve constipation.

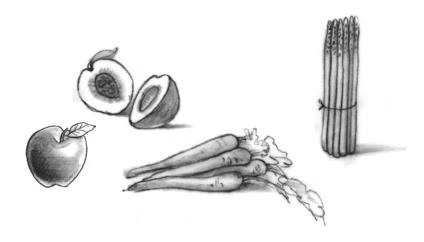
1. Eat more fiber.

Fiber helps form soft, bulky stools and is found in many vegetables, fruits, and grains. Be sure to add fiber to your diet a little at a time so your body gets used to it. Limit foods that have little or no fiber such as pizza, ice cream, cheese, meat, snacks like chips, and processed foods such as instant mashed potatoes or frozen dinners.



High-fiber Foods

Fruits	Vegetables	Breads, Cereals, and Beans
apples peaches raspberries tangerines oranges pears	acorn squash broccoli brussels sprouts cabbage carrots	black-eyed peas kidney beans lima beans cold whole-grain cereal (All-Bran, Total, Bran Flakes)
prunes	spinach zucchini	hot whole-grain cereal (oatmeal, Wheatena) wheat or 7-grain bread

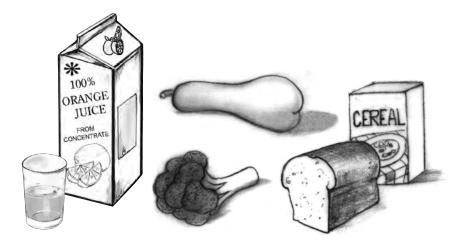


Your doctor may suggest you take fiber pills or powder to help soften and bulk up the stool. You can buy fiber products in a pharmacy or grocery store without a prescription. Some fiber products are flavored while others are not. Be sure and take the fiber with plenty of water as directed.

Some people have gas and bloating at first when taking extra fiber. Let your doctor know if you are having problems that do not go away after a few days.

2. Drink plenty of water and other liquids such as fruit and vegetable juices and clear soups.

Liquids have little effect on stool form; however, drinking enough fluids is important because **dehydration** can cause constipation. Try not to drink liquids that contain caffeine or alcohol if you feel thirsty or dehydrated.



3. Get enough exercise.

Regular exercise helps your digestive system stay active and healthy. Exercising 20 to 30 minutes every day may help.



4. Visit the restroom when you feel the urge to have a bowel movement. Allow yourself enough time to relax.

Sometimes people feel so hurried that they don't pay attention to their body's needs. Make sure you visit the restroom when you feel the urge to have a bowel movement. If you usually have a bowel movement at a certain time of day, visit the restroom around that time. Reading a book or magazine in the restroom can help you relax. If you cannot have a bowel movement within 10 minutes, get up and return the next time you get the urge.

5. Use laxatives only if a doctor says you should.

Laxatives are medicines that help you pass stool. Most people who are mildly constipated do not need laxatives. However, if you are doing all the right things and you are still constipated, your doctor may recommend a laxative for a limited time. Your doctor will tell you what type is best for you. Laxatives come in many forms including liquid, chewing gum, and pills.

6. Check with your doctor about any medicines you take.

Some medicines can cause constipation. Be sure to ask your doctor if any medicines you are taking could cause constipation.

7. Follow any special treatments your doctor recommends.

If you have problems with the muscles and nerves that control bowel movements, your doctor may suggest **biofeedback**. Biofeedback is a painless process that uses sensors in the rectal area to help you feel the stool and move it out of the rectum. Doing biofeedback with a trained therapist has been shown to help some people with constipation.

Points to Remember

- Constipation may be present if you have three or fewer bowel movements in a week or if the stool is hard, dry, painful, or difficult to pass.
- Constipation affects almost everyone at one time or another.
- In most cases, following these simple steps will help prevent constipation:
 - Eat a variety of foods, especially vegetables, fruits, and grains.
 - Drink plenty of liquids.
 - Exercise regularly.
 - Visit the restroom when you feel the urge to have a bowel movement.
- Fiber pills and powders may help relieve constipation.
- Most people with mild constipation do not need laxatives. However, your doctor may recommend a laxative for a limited time if you have constipation that does not improve.
- Some medicines can cause constipation.

Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases' (NIDDK) Division of Digestive Diseases and Nutrition supports research into digestive conditions, including constipation. Researchers are studying how the intestine, rectum, and anus function. They are also studying new medications and behavioral techniques, such as biofeedback, to treat constipation.

Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research. For information about current studies, visit www.ClinicalTrials.gov.

Pronunciation Guide

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anorectal function test (AY-noh-REK-tuhl)
  (FUHNK-shuhn) (test)
anus (AY-nuhss)
biofeedback (BY-oh-FEED-bak)
bowel (boul)
colonoscopy (KOH-lon-OSS-kuh-pee)
colorectal transit study (KOH-loh-REK-tuhl)
  (TRAN-zit) (STUHD-ee)
constipation (KON-stih-PAY-shuhn)
defecography test (DEF-uh-KOG-ruh-fee) (test)
dehydration (DEE-hy-DRAY-shuhn)
diabetes (DY-uh-BEE-teez)
hypothyroidism (HY-poh-THY-royd-izm)
hyperglycemia (HY-pur-gly-SEE-mee-uh)
intestine (in-TESS-tin)
rectum (REK-tuhm)
sigmoidoscopy (SIG-moy-DOSS-kuh-pee)
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The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1980, the Clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals, and the public. The NDDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about digestive diseases.

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This booklet is also available at www.digestive.niddk.nih.gov.

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