

Fruits (and their juices) that have a high sorbitol content include: apples, apricots, gooseberries, grapes (and raisins), peaches, pears, plums, prunes, raspberries and strawberries. The concentration of sorbitol is about 5-10 times higher in dried fruit. Dried or semi-dried fruits make good snacks and are easily packed for transport - for example, in a packed lunch.

Exercise regularly, if possible

Keeping your body active and doing regular exercise within your limitations helps to stimulate and keep your bowel moving.

Individuals who do very little exercise or lead a sedentary life, are more likely to get constipated.

Toileting routines

- Do not ignore the feeling of needing the toilet. If you keep ignoring this feeling you can make yourself constipated.
- When you go to the toilet, it should be unhurried, with enough time to ensure that you can empty your bowel.
- As a rule, it is best to try going to the toilet first thing in the morning, or about 30 minutes after a meal. This is because the movement (propulsion) of stool through the lower bowel is greatest in the mornings and after meals.
- Positioning on the toilet is also important, especially for elderly people with constipation. Putting a small footstool under your feet is a simple way to change your toilet position to aid the passage of stools. Relax, lean forward and rest your elbows on your thighs.

Correct Position for opening your bowels



- You should not strain and hold your breath to pass a stool.

What are the treatments for constipation?

- Life style advice as discussed above.
- Laxatives.

These can be prescribed by your doctor.

Your GP will prescribe the laxative most suited to you. There are three main groups of laxatives that work in different ways:

- Bulk-forming laxatives.
- Stimulant laxatives.
- Osmotic laxatives.

The laxative recommended by your doctor will depend on factors such as the symptoms of constipation that you have, possible unwanted effects, or your other medical conditions.

Which laxative should I use and for how long?

You should use a laxative only for the duration of time prescribed by your doctor, to get over a bout of constipation. Once the constipation eases, you should normally stop the laxative unless otherwise stated by your doctor.

Some people get into the habit of taking a laxative each day 'to keep the bowels regular' or to prevent constipation. This is not advised, especially for laxatives which are not bulk-forming.

Other treatments

Laxatives are usually taken by mouth (orally).

In some cases, it is preferable also to treat constipation by giving medication via the anus (back passage).

Suppositories are pellet-shaped laxatives that are inserted into the rectum (lower bowel), via the anus (back passage).

Sometimes, an enema is needed in severe constipation. An enema is a liquid that is inserted into the rectum and lower bowel, via the anus (back passage). Enemas can be used to clear out the lower bowel (rectum) in severe constipation.

For further help and information contact

Your GP, Public Health Nurse, Continence Advisory Service.

www.hse.ie/continencecare

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Adapted from constipation in adults, patient.co.uk



CONSTIPATION IN ADULTS

This leaflet is best used
on the advice of
a Healthcare Professional.

What is constipation?

Constipation is a common problem. It means either going to the toilet less often than usual to empty the bowels, or passing hard or painful stools (also called faeces, stools, motions or poo).

Some people normally go to the toilet to pass a stool / motion 1-3 times per day. For others, 2-3 times per week is normal.

A change from your usual pattern may mean that you are constipated.

If you are constipated it causes one or more of the following:

- Faeces (stools or motions) become hard, and difficult or painful to pass.
- The time between toilet trips increases compared with your usual pattern.
- Sometimes crampy pains occur in the lower part of your abdomen.
- You may also feel bloated and feel sick if you have severe constipation.

What are the causes of constipation?

Constipation may be caused by:

- **Not eating enough fibre.**
Fibre adds bulk to the stools, and helps your bowels to work well. It is recommended to have an average of 18-25 grams of fibre per day.
- **Not drinking enough fluids.**
The bowel absorbs fluid back in to the body. It will do this even if you drink very little. If you are not drinking enough the stool becomes hard and difficult to pass. Fluid helps the stool to stay soft and easier to pass.
It is recommended to drink 1 ½ -2 litres (6-8 mugs) of fluid every day, unless you have been told otherwise by your doctor.

- **A side-effect of certain medicines.**

Examples:

- Painkillers (particularly those with codeine, such as co-codamol, or very strong painkillers, such as morphine)
- Antacids
- Antidepressants (including amitriptyline)
- Iron tablets

There are many others. See the list of possible side-effects on the leaflet that comes with any medicine that you may be taking. Tell a doctor if you suspect a medicine is making you constipated. A change of medication may be possible.

- **Pregnancy.**

About 1 in 5 pregnant women will become constipated.

- Hormone changes in pregnancy causes the gut/bowel movements to slow down.
- In later pregnancy, it can simply be due to the baby taking up a lot of room in the tummy and the bowels being pushed to one side.

- **Related to an underlying medical condition.**

Examples:-

- An underactive thyroid
- Irritable bowel syndrome
- Some gut disorders
- Conditions that causes poor mobility, particularly in the elderly.

- **Unknown cause (idiopathic)**

Some people have a good diet, drink a lot of fluid, do not have a disease or take any medication that can cause constipation, but still become constipated.

Their bowels are said to be underactive. This is quite common and is sometimes called functional constipation or primary constipation. Most cases occur in women. This condition tends to start in childhood or in early adulthood, and can persist throughout life.

Do I need any tests?

Tests are not usually needed to diagnose constipation, because symptoms are often typical.

However, tests may be advised if you have any of the following:

- If regular constipation is a new symptom, and there is no apparent cause, such as a change in diet, lifestyle, or medication. This is known as a 'change in bowel habit' and should be investigated if it lasts for more than about six weeks.
- If symptoms are very severe and not helped with laxative medication.
- If other symptoms develop such as:
 - Passing blood from your bowel,
 - Weight loss
 - Bouts of diarrhoea,
 - Night-time symptoms,
- A family history of colon cancer,
- A family history of inflammatory bowel disease (Crohn's disease or ulcerative colitis),
- Other unexplained symptoms in addition to constipation.

What can I do to ease and to prevent constipation?

Adopt the following Lifestyle Advice.

Eat foods that contain plenty of fibre

- Have the daily recommended servings of 5-7 portions of fruit and vegetables per day
- Foods high in fibre include: fruit, vegetables, cereals and wholemeal bread.
- Remember try to have 18-25 grams of fibre per day

Have plenty to drink

Aim to drink at least two litres (about 6-8 mugs) of fluid per day unless you have been told otherwise by your doctor. Water is best.

NOTE When you increase the fibre in your diet you need to make sure you increase the fluids in your diet

Sorbitol, this is a naturally occurring sugar. It is not digested very well and draws water into the bowel, which has an effect of softening the stools. So, you may wish to include some foods that contain sorbitol in your diet.