Identifying 'Red Flags'

Following assessment if any of the following 'red flags' are identified then the patient should be refered for further investigations :

- Unexplained change in bowel habit
- Rectal bleeding in the absence of hemorrhoids etc
- Palpable mass in abdomen or pelvis
- Family history of colon/rectal cancer
- Unexplained weight loss or other abdominal symptoms
- Severe intractable constipation non responsive to treatment

For further information or advice contact Bladder and Bowel UK

Bladder and Bowel UK, working under the umbrella of Disabled Living, provides impartial advice and information regarding resources, products and services for children and adults with bladder and bowel problems

www.bladderandbowel.uk

Helpline: 0161 607 8219

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Bladder & Bowel UK

Supporting people with bladder and bowel problems

part of Disabled Living

Facts about constipation in adults

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Q. What is constipation?

A. Constipation is usually defined using the Rome 111 criteria:
To meet criteria 2 or more of the following need to be present:

- Straining*
- lumpy or hard stools*
- sensation of incomplete evacuation*
- Sensation of anorectal obstruction*
- Manual manoeuvres to facilitate*
- Fewer than 3 defecations per week

*Criteria fulfilled for the past 3 months
Symptom onset more than 6 months prior to diagnosis
Loose stools rarely present without laxative use
There are insufficient criteria for IBS (Irritable Bowel Syndrome)

Q. Is all constipation the same?

A. No there are different sub types

IDIOPATHIC (no known cause)
Slow Transit Constipation
Pelvic Floor Dysfunction
Normal Colonic Transit Constipation

SECONDARY (caused by underlying problem/drugs)
Primary Diseases of the Colon / Rectum
Irritable Bowel Syndrome
Peripheral /Centra/ Neurogenic
Behavioural/life style/diet/poor positioning
Non-Neurogenic
Drugs

DYSFUNCTIONAL EVACUATION
Structural
Physiological

Q. How can we find out what type of constipation it is?

A. Asking the right questions is important such as:
- What do you mean by 'constipation?'
- What is your diet/fluid intake on a daily basis?
- How long have you experienced these symptoms?
- Frequency of bowel movements
- What is the consistency? (Using Bristol Stool Form chart)
- Any abdominal pain?
- Any other symptoms?
- What bother you most about it?
- Use of manual maneuvers to assist with defecation?
- Any limitation of daily activities?
- Are you taking any medications?
- What treatment have you tried?
- What investigations have been done?

Q. What is the treatment for constipation?

A. Successful treatment should focus on underlying problem
The Map of Medicine suggests a treatment algorithm which can be adapted for local use.

- If dietary /lifestyle/correct positioning changes do not lead to improvement then laxatives (such as macrogols) should be introduced.
- If faecal impaction is present then the bowel should be emptied first
- Patients with slow transit may benefit from the addition of stimulant laxatives if neuromuscular function is intact
- Those with pelvic floor dysfunction often do not respond well to laxatives and may benefit from biofeedback and referral for further investigations
- For those women with intractable chronic constipation treatment with newer Prokinetic agents (e.g. Resolor) has been shown to be of some benefit
- Following specialist assessment Transanal irrigation or sacral neuromodulation may be considered for those individuals when all else fails