



Constipation: a practical treatment plan

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Describe the difficulty

There is a wide range of normal bowel frequency: some people go several times a day and others every few days. Constipation usually means hard or infrequent stools, a blocked feeling or incomplete emptying. It becomes a problem when it interferes with daily life or functioning. A short record of bowel motions, symptoms and treatments can help. Normal frequency varies widely; hard stools, blockage and incomplete emptying can be more useful clues than how often you go.

Review causes and medicines

Tell me about opioids, iron, other medicines and previous treatments. Do not stop prescribed medicines yourself. Opioid treatment may need a preventive bowel plan. Pregnancy, swallowing problems, heart or kidney disease can change the safest choice.

Adjust food and fluid gradually

Psyllium may help when appropriate, with the required fluid. Fresh green kiwifruit is another food option if tolerated. Avoid dehydration and follow prescribed fluid restrictions. More fibre is not always helpful, especially with suspected blockage or impaction. Coffee, including caffeinated coffee, can stimulate a bowel movement in some people and may help constipation. A morning cup is reasonable if you tolerate it; decaffeinated coffee may also help. Too much caffeine can worsen urgency, diarrhoea or reflux.

Make emptying easier

Try going after a meal, support your feet and avoid prolonged straining. A small footstool helps some people. If soft poo is still hard to pass, I may recommend tests of the muscles used to empty your bowel. Treatment can involve learning to relax and coordinate these muscles.

Use an agreed medicine plan

Macrogol (Movicol or Molaxole) softens stool. Senna (Senokot) or bisacodyl (Dulcolax) stimulates bowel movement. A specialist may consider prucalopride (Resotrans) or another prokinetic in selected cases; prucalopride is not funded in New Zealand. Dose and side effects need review.

Recognise leakage and warning symptoms

Watery leakage can occur around retained stool and needs review. Do not automatically take loperamide or remove stool manually. Severe pain, vomiting, swelling or inability to pass wind needs urgent assessment. Do not add fibre or laxatives. Bleeding, weight loss, iron deficiency or a persistent new change also need review. Constipation alone does not usually mean there is a serious condition in the colon. I may recommend colonoscopy if there is bleeding, unexplained iron deficiency, weight loss, a persistent new bowel change, relevant family history or another reason for investigation.

Call 111 if you collapse or are too unwell to travel safely. Do not wait for a routine appointment or an email reply.



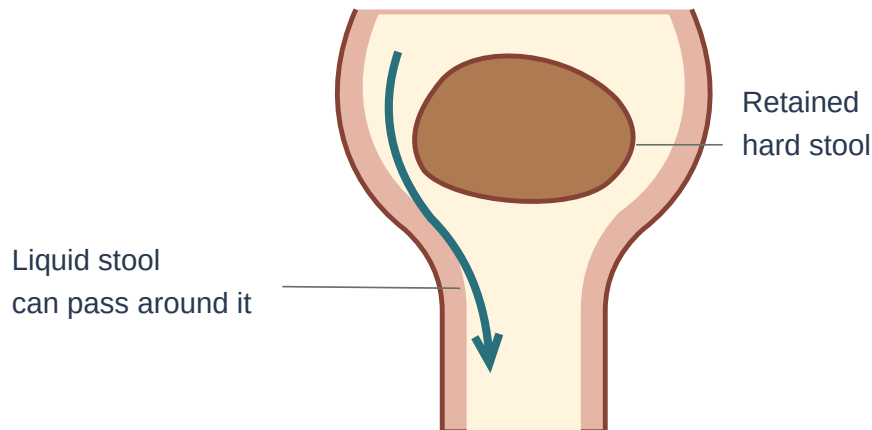


Hard stool, difficult emptying or both?

Why loose leakage can occur

Loose leakage can occur around retained hard stool

One possible explanation. Loose stool has many other causes.



Frequent small leaks do not always mean the bowel is empty.

An examination may be needed before changing the treatment.

Sometimes liquid stool leaks around retained hard stool. This can be mistaken for diarrhoea. Your GP may need to examine you before changing laxatives or adding an anti-diarrhoeal medicine.

Read this illustration alongside the advice in this guide.

