

### Lifestyle advice continued...

Eat foods containing plenty of fibre. Fibre from food stays in your gut and adds bulk and softness to the stools.

You may have some bloating and wind at first, and it can take up to four weeks to help your constipation. So it is best to increase your fibre slowly and make it a long term change. You will also need to drink lots of water with your high fibre foods.

*High-fibre foods include:*

- **Fruit and vegetables.** Aim to eat at least five portions of different fruit and vegetables each day
- **Oats, nuts and seeds**
- **Wholegrain cereals, bran and wholemeal pasta, bread etc \***

Sorbitol is a sugar, which soften the stools and acts like a natural laxative. Sorbitol is found in fruits (and juices) such as apples, apricots, gooseberries, grapes (and raisins), peaches, pears, plums, prunes, raspberries and strawberries. The amount of sorbitol is about 5-10 times higher in dried fruit.

\* Sometimes bran and wholemeal may cause more bloating and cramps and worsen constipation in patients with IBS

### More information available at:

[www.patient.co.uk/health/constipation-in-adults-leaflet](http://www.patient.co.uk/health/constipation-in-adults-leaflet)  
[www.nhs.uk/Conditions/Constipation](http://www.nhs.uk/Conditions/Constipation)  
[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

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## Patient Information leaflet Constipation



## What is constipation?

Constipation is common. Usual symptoms include stools (faeces or motions) becoming hard, and difficult or painful to pass. The time between toilet trips increases compared with your usual pattern. You may also feel bloated and feel sick if you have severe constipation.

### Bristol Stool Chart

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

Type 1, 2 or 3 on the Bristol stool chart show some level of constipation, with Type 1 the most severe.

**Note:** there is a large range of normal bowel habit, from 2-3 times per day to 2-3 times per week. It is a **change** from **your** usual pattern and the **hardness** and pain passing the stools that defines constipation.

## What causes constipation?

- **Not eating enough fibre (roughage)** is a common cause (See below)
- **Not drinking enough**, as stools require water to keep them soft and easily passed (See below)
- **Some medicines** can cause constipation as a side-effect. For example, painkillers like co-codamol, codeine and morphine slow down your gut movements, and you may need a laxative to start it moving again. You may wish to check the patient information leaflet or with your Pharmacist.
- **Various medical conditions** can cause constipation. For example, an underactive thyroid, irritable bowel syndrome, and conditions that reduce your mobility and exercise.
- **Pregnancy.** Hormonal changes in pregnancy can slow down the gut movements, and in later pregnancy, the baby pushes the bowels making it more difficult for the stools to move.
- **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 common (up to 1 in 6 people) and mostly occurs in women. This condition starts in childhood or early adulthood, and persists throughout life.

## What can I do to reduce my constipation? (Lifestyle advice)

Have plenty to drink. Aim to drink about 8-10 cups (2 litres) of fluid per day. This will allow some to stay in the gut and soften the stools. Most drinks will do, but alcoholic drinks can be dehydrating.

Exercise regularly. Keeping your body active helps to keep your gut moving. It is well known that people with low mobility or bed-bound (even if just temporary) are more likely to get constipated.

Toileting routines. Do not ignore the feeling of needing the toilet. Some people suppress this feeling if they are busy. It may result in a backlog of stools which is difficult to pass later.

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 of stools through the lower bowel is greatest in the mornings and after meals.

How you sit on the toilet is also important. A small footstool under your feet is a will help the passage of stools.

Relax, lean forward and rest your elbows on your thighs. You should not strain and hold your breath to pass stools.

