

Chapter 32 - Constipation

Episode Overview:

- 1) List 6 treatment options for the management of constipation

Wisecracks:

- 1) What are 6 broad categories for the causes of constipation?
-

Rosen's in Perspective

Constipation as lots of different definitions:

- straining
- hard/infrequent stools
- pain during BMs,

Always have the patient define what they mean by constipation

Chronic constipation > 3 months

Constipation + inability to pass flatus = obstipation

Constipation is most common in

- Women
- Elderly
- low SES
- high BMIs
- low fiber
- sedentaryism
- multiple medication

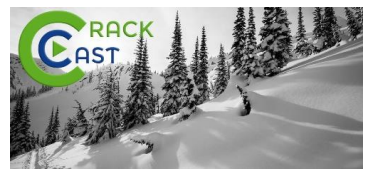
GI tract normally sees 10 L of fluids and secretions. The **small intestine absorbs all but 500 ml**

- The colon uses these residues from the ileum to ferment and salvage nutrients and water.
- Stool evacuation and transport depends on:
 - Neurotransmitters
 - Colonic reflexes

Diagnostic approach:

PRIMARY causes

- Congenital
 - Hirschprung's disease
 - imperforate anus



- Anorectal atresia / aganglionosis
- IBS

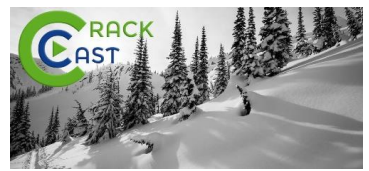
SECONDARY causes

- Neurologic
 - MS, parkinsons
 - Spinal cord injury
- Metabolic
 - Diabetes,
 - Hypercalcemia / hypokalemia / hypoMag
 - Hypothyroidism
- Myopathies
 - Systemic sclerosis / amyloidosis
- Structural
 - Tumour or stricture
 - Intussusception
 - Rectocele / rectal prolapse
- Medication related
 - Opiates
 - Iron / calcium
 - Antidepressants
 - Diuretics
 - Antipsychotics
 - Anticholinergics
 - Antiepileptics
 - Antiparkinson agents
- Psych
 - Abuse, eating disorders, affective disorders
- Other:
 - Dehydration / immobility / dietary factors
 - Pregnancy / post-operative pain

Diagnostic algorithm

Pivotal findings:

- History
 - ..usually tells you the dx
 - Alarm symptoms:
 - Fever, anorexia, vomiting, blood in stool, wt loss,
 - Onset in age > 50 yrs
 - Thorough review of medications! And OTC agents
- Physical examination
 - Key to do:
 - Abdominal exam
 - Rectal exam
 - Fissures, hemorrhoids, rectal prolapse,
 - DRE for masses, proctitis, gross blood
- Ancillary testing
 - Usually need advanced imaging if abdominal pain is significant - xray not useful
 - Very little blood work actually needed
 - Should screen for colon CA in anyone > 50 yrs.



- **Constipation should be a diagnosis of EXCLUSION in patients with abdominal pain**

Empirical management:

See box 32-2 and table 32-1

- Treat underlying contributing factors as needed:
 - Anorectal fissures, abscesses,
 - Withholding medications!
- Core program for everyone!
 - **Fiber**
 - **Fluids**
 - **Exercise**
- Treatment agents:
 - 1) bulking agents - fiber that is indigestible
 - Psyllium (metamucil) - up to 20 g daily WITH plenty liquids
 - Prunes,
 - figs
 - 2) osmotic salts
 - Sodium phosphate - 30 ml prn.
 - Mag. citrate - **milk of magnesia** - 30-45 ml daily
 - 3) sugars
 - Lactulose -
 - **PEG 3350** - 17 g BID
 - Golytely or miralax
 - 4) stool softeners
 - Mineral oil - 5 - 15 ml qhs
 - Colace 100 mg BID - of little use
 - 5) stimulant laxatives
 - Senokot 8 - 34 mg daily
 - 6) suppositories and enemas
 - For poop in the rectum
 - Glycerin suppositories
- Warm tap water enemas for large amounts of stool in the rectum
- Fecal disimpaction for severe constipation

Disposition

- People with medically necessary medications causing constipation NEED to be on a regular regimen
- Some people need special medications for chronic constipation
 - Relistor or Amitiza
- In palliative patients use of:
 - Methlynatrexone for blocking the opioid receptors in the gut