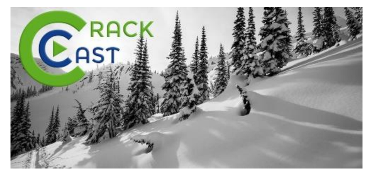


Chapter 32 - Constipation

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

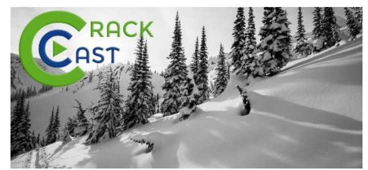
GI tract normally sees 10 L of fluids and secretions. The **small intestine absorbs all but 500 ml**

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

<u>Diagnostic approach:</u>

<u>PRIMARY causes</u>

- Congenital
    - Hirschprung's disease
    - imperforate anus



        - Anorectal atresia / aganglionosis
    - IBS

SECONDARY causes

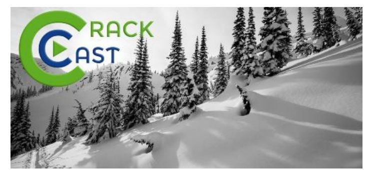
- Neurologic
    - MS, parkinsons
    - Spinal cord injury
- Metabolic
    - Diabetes,
    - Hypercalcemia / hypokalemia / hypoMag
    - Hypothyroidism
- Myopathies
    - Systemic sclerosis / amyloidosis
- Structural
    - Tumour or stricture
    - Intussusception
    - Rectocele / rectal prolapse
- 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, abcesses,
    - 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