Star Special

YOUR HEALTH

Treating chronic constipation

CONSTIPATION is a benign and common condition that can significantly affect quality of life. Almost everyone gets constipated at some point in his or her life. Most of the time, it lasts a short while and is not serious.

Constipation is generally described as having less than three bowel movements a week. Doctors diagnose constipation when patients experience at least two of the following symptoms during more than 25% of defaecations: straining, lumpy or hard stools, feeling that not all the stool has come out even after straining, feeling as though there is a blockage in the rectum that prevents bowel movements, needing help to empty the rectum, such as using one's finger to remove stool, and having less than three bowel movements per week.

A person can be said to have chronic constipation if these symptoms have persisted for more than three months.

Because the process of passing motion requires many parts of the body to function in a coordinated manner, problems with nerves, muscles, hormones and the bowels themselves can all give rise to constipation.

The possible causes of chronic constipation include blockage of the bowels by colon or rectal cancer, narrowing of the bowels (stricture),

pelvic floor disorders where the pelvic floor muscles do not contract and relax at the right times, hormonal problems or even taking certain medications.

With so many possible causes, it is important to see a doctor who can provide an individualised approach to evaluation and treatment.

Ignoring the problem can lead to other complications over time, such as haemorrhoids, anal fissures (tiny tears in the skin around the anus due to hard stools) or even intestines that protrude from the anus during straining (rectal prolapse).

During evaluation, the doctor will take a detailed history, examine the patient and perform the necessary tests. These may include:

- Blood tests The aim is to look for conditions such as diabetes or hypothyroidism.
- Endoscopic examinations such as colonoscopy In this procedure, the doctor uses a small, flexible tube with a camera attached at the end to inspect the entire length of the colon and rectum for any abnormalities or tumours.
- Radiological investigations Colonic transit studies can tell how long it takes for stool to pass through the colon.

Defaecography studies show movement of contrast material through the rectum while the patient strains. MRI defaecography can evaluate pelvic floor anatomy, sphincter morphology and dynamic motion without radiation.

• Anorectal manometry –

This test evaluates rectal sensation, pressures generated in the abdomen during straining, and pressures in the anal sphincter. This helps to diagnose problems such as dyssynergic defaecation and pelvic floor dysfunction. Manometry can also track patients' response to biofeedback therapy.

Once the cause is found, constipation can be treated accordingly. Once malignant causes such as colorectal cancer have been ruled out, treatment can start with simple measures such as diet and lifestyle modifications.

Patients should try to defaecate after meals, especially after the morning meal when colonic motor activity is naturally at its highest. Suppressing the urge repeatedly can lead to a diminished urge over time.

Increasing physical activity will help to increase muscle activity in the intestines as well. Even brisk walking several times a day may help improve constipation.

The recommended daily fibre



intake is 20g to 35g, which can be achieved by eating more fruits, vegetables, wholegrain cereals and bran. Drinking six to eight glasses of water a day will prevent the stools from becoming hard.

In some patients, laxatives may be suitable as the next step of treatment. Different types of laxatives act differently.

Bulk-forming laxatives such as psyllium absorb water and increase faecal mass. Osmotic laxatives increase intestinal water secretion and are not suitable for patients with kidney or heart conditions. Stimulant laxatives increase intestinal motor activity and alter electrolyte transport.

In patients with constipation due to pelvic floor muscle dysfunction, biofeedback therapy is the first-line Constipation is generally described as having less than three bowel movements a week.

Dr Law Chee Wei

treatment and is more effective than laxatives.

Biofeedback is a behavioural approach to correct dyssynergic contraction of the pelvic floor muscles and external anal sphincter during defaecation. The patient works with a therapist who uses devices to help him learn to relax and tighten muscles in the pelvic floor at the right times.

Constipation is a common problem that should not be ignored as it may have a serious underlying cause such as cancer. A detailed evaluation is important to diagnose the cause. Many treatment options are available and should be tailored to the individual cause.

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