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, 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:
  - Methylnatrexone for blocking the opioid receptors in the gut