Constipation in Adults - Full Clinical Guideline

Ref No: CG-T/2014/028

Purpose

The purpose of these guidelines is to provide registered practitioners with an evidence based clinical direction in order to assess and manage adult patients within University Hospital of Derby and Burton NHS Foundation Trust, who present with clinical symptoms that indicate an altered bowel habit indicative of constipation. **For non-cancerous spinal cord injured patients please refer to:- Guidelines for the Care and Management of Patients with Non-Cancerous Spinal Cord Injuries.**

Aim and Scope

The guidelines

- Are applicable to all adults who present with clinical symptoms and/or history of constipation
- Indicate predisposing factors to constipation, assessment of the type of constipation and, on identification, provides guidelines on implementing a plan of care.
- Aim to establish a regular, comfortable defaecation using the least number of drug therapies and relieve the discomfort associated with constipation
- Minimise the risk of laxative dependence
- Ensure that practitioners take an active role in the prevention of recurrence of constipation

DEFINITIONS USED

Constipation:
The Rome IV Criteria[1] - . States that to define constipation the patient's symptoms
1. Must include **two or more** of the following:
a. Straining during more than one-fourth (25%) of defaecations
b. Lumpy or hard stools (Bristol Stool Form Scale 1or 2) more than one-fourth (25%) of defaecations
c. Sensation of incomplete evacuation more than one- fourth (25%) of defaecations
d. Sensation of anorectal obstruction/blockage more than one-fourth (25%) of defaecations
e. Manual manoeuvres to facilitate more than one-fourth (25%) of defaecations (such as digital evacuation, or support of the pelvic floor)
f**.** Fewer than 3 spontaneous bowel movements per week.

2. Loose stools are rarely present without the use of laxatives
3. Insufficient criteria for irritable bowel syndrome

Bristol Stool Chart Scale[2]**:** a visual aid that identifies stool types in the assessment of constipation

DRE – Digital Rectal Examination

IMPLEMENTING THE GUIDELINES

Assessment

In all cases the cause of the constipation and/or the possibility of symptoms indicating a more sinister problem such as malignancy need to be investigated by medical staff prior to embarking on treatment. Undertaking a detailed bowel assessment will enable the healthcare practitioner to identify the level of constipation and plan the treatment accordingly. **A Digital Rectal Examination should be part of the initial assessment. Investigation of the patient's diet and fluid intake, as well as their lifestyle, routine and habit should also be part of the first steps in treating constipation, and may be enough to alleviate the problem.** Reviewing medication must also be part of the initial approach. Many medications e.g. opiates, tricyclic antidepressants, antimuscarinics and calcium containing antacids can have an impact on the bowels

LIFESTYLE ADVICE

All patients should be given lifestyle advice-(see Appendix2)

Personal Habit: - Bowel elimination is a routine activity of daily living and should not be seen as any less important than any other part of a treatment or rehabilitation plan. Specific foods or drinks may physically or psychologically stimulate defecation. Similarly an established routine exercise may be the stimulant, either of which, when missing, can contribute to constipation..

Positioning

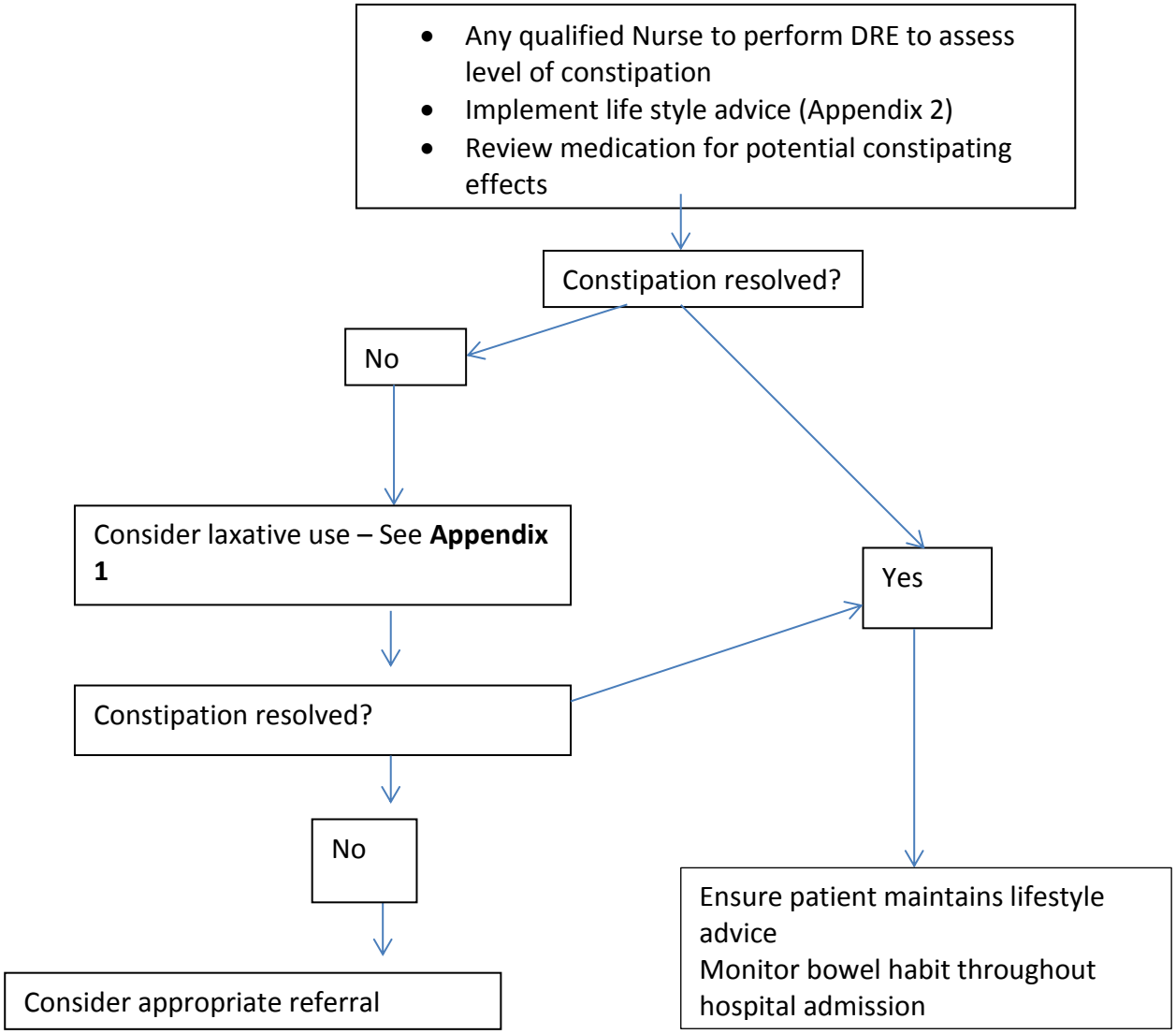
If the patient is unable to sit on a toilet/commode, consider hoisting the patient over the toilet/commode rather than using a bedpan.

If the basic measures prove ineffective then consideration may be given to introducing laxatives. It should be emphasised to the patient that lifestyle advice should also continue

LAXATIVES

See Appendix 1

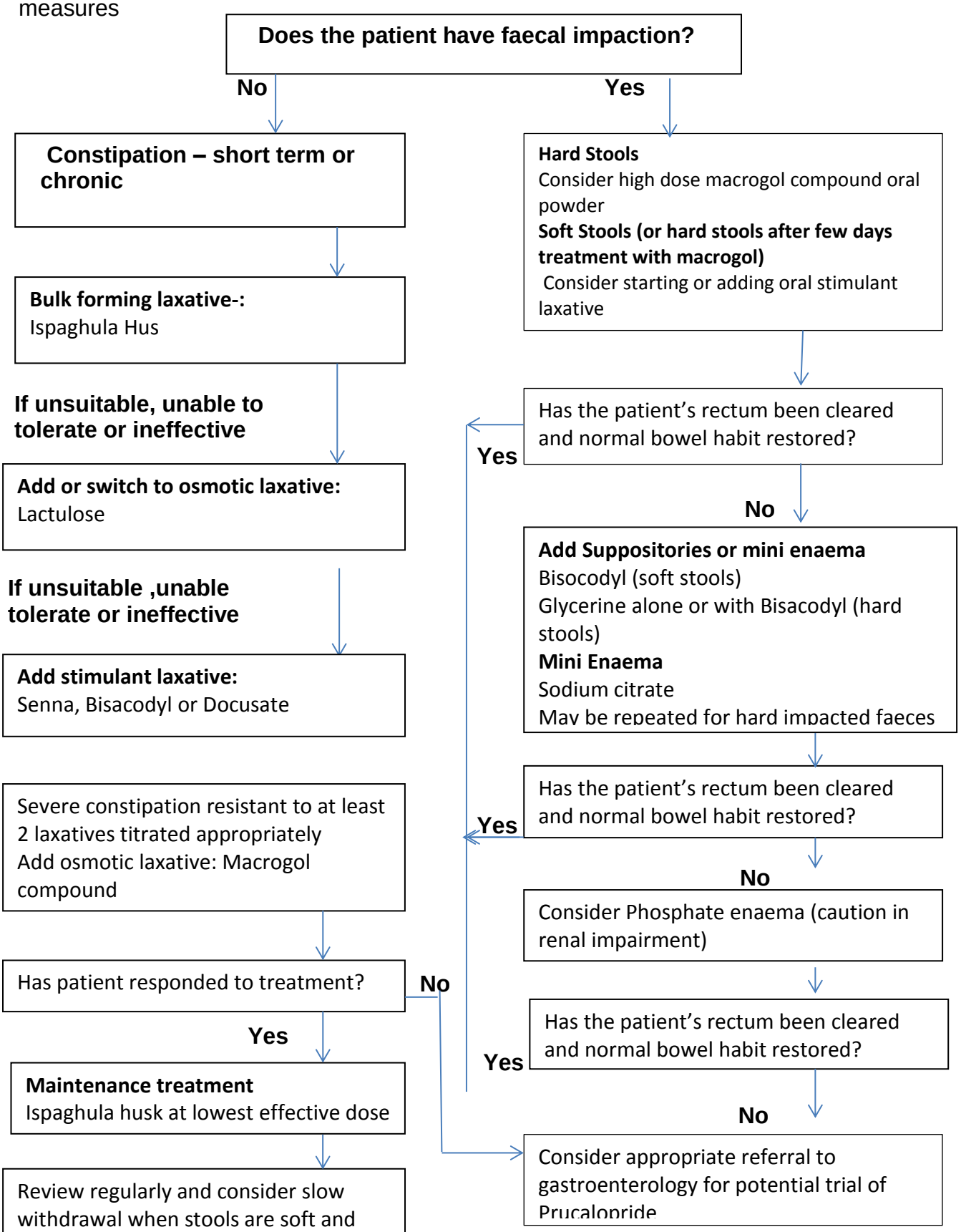
Constipation management in adults: Acute or Chronic



Appendix 1

Laxative Use

Recommended medication in line with trust formulary. To be used alongside lifestyle measures



Appendix 2

Constipation Patient Information

Fibre

You should aim for a minimum of 18g of fibre per day

Any increase in dietary fibre should be done gradually to prevent discomfort due to wind and should be done with caution in the frail elderly.

You can increase your fibre intake by eating more:

- Fruit
- Vegetables
- Pulses
- Wholegrain pasta, rice, bread
- Seeds and nuts
- Oats

Toilet habits

Never ignore the urge to go to the toilet. Regularly ignoring the urge will significantly increase your chances of constipation.
Using the following technique will help you to effectively empty your bowel.[4]:

- Sit on the toilet with your feet on a stool so that your knees are higher than your hips
- Feet should be flat on the stool and your knees slightly apart
- Lean forward with you r forearms resting on your thighs
- Let tummy relax forwards

Be aware that using a raised toilet seat can often make constipation worse as you will not be able to adopt a suitable sitting position to empty your bowel efficiently.

Exercise

Keeping mobile and active will reduce your risk of constipation

Documentation Control

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Consultation with:	
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Review Date:	March 2022
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REFERENCES

1 **Rome IV criteria for FGIDs — an improvement or more of the same?**

- Ruchit Sood[1] & Alexander C. Ford[1]*Nature Reviews Gastroenterology & Hepatology* **volume 13**, pages 501–502 (2016)) GASTROENTEROLOGY Vol. 130, No. 5 pp 1480-1491.

[2] First published : Lewis S.J and Heaton K.W (1997) Stool form scale as a useful guide to intestinal transit time. Scandinavian Journal of Gastroenterology. 32:920-924.

[3] Department of Health (2003) Information and resources relating to the *5 A DAY* programme are available at www.dh.gov.uk (Accessed July 2014) (Internet).

[4] Royal College of Nursing (2012) Management of lower bowel dysfunction, including DRE and DRF. RCN guidance for nurses. RCN. London pg-18.

FURTHER READING

Royal College of Nursing (2012) Management of lower bowel dysfunction, including DRE and DRF. RCN guidance for nurses. RCN. London