



How to Identify and Prevent Complications Secondary to Constipation

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This handout has been designed for educational purposes and is meant to inform persons served and their guardians of the importance knowing more about how to prevent constipation and its potential complications based upon the most current standard of preventive care recommendations.

*It is ultimately the responsibility of a health care provider to advise and determine what type of recommendations or treatment an individual requires based on a comprehensive understanding of the individual's medical history and presentation.

Potential Risk Factors:

- Changes in a woman's hormones make them more prone to constipation. Pregnancy slows down the passage of stool which increases the risk.
- Individuals with developmental disabilities
- Individuals who are elderly
- Not drinking enough water
- Not eating enough high-fiber foods as high-fiber foods help to keep food moving through the digestive system.
- Taking certain medications such:¹
 - Nonsteroidal anti-inflammatory drugs including such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®).
 - Strong pain medicines such narcotics containing codeine, oxycodone (Oxycontin®) and hydromorphone (Dilaudid®).
 - Antacids containing calcium or aluminum, such as Tums®.
 - Iron pills used in the treatment of Iron deficiency anemia
 - Allergy medications as antihistamines (like diphenhydramine [Benadryl®]).
 - Certain blood pressure medicines, including calcium channel blockers (like verapamil [Calan SR], diltiazem [Cardizem®] and nifedipine [Procardia®]) and beta-blockers (like atenolol [Tenormin®]).
 - Antidepressants, including the selective serotonin reuptake inhibitors (like fluoxetine [Prozac®]) or tricyclic antidepressants (like amitriptyline [Elavil®]).
 - Other psychiatric medications such as clozapine (Clozaril®) and olanzapine (Zyprexa®).
 - Anticonvulsants also known as anti-seizure medications such as phenytoin and gabapentin.

- Antinausea medications such ondansetron (Zofran®).
- Having certain neurological (diseases of the brain and spinal cord) such multiple sclerosis, spinal cord injury, Parkinsons, stroke, and other that may result in decreased mobility. Additionally, disorder originated on the digestive tract or that may impact digestive functions such hypothyroidism, diabetes, colorectal cancer, irritable bowel syndrome, diverticular disease, history of intestinal obstruction, volvulus, colonic atresia, intussusception, imperforate anus or malrotation, amyloidosis, lupus, scleroderma, pregnancy.
- Stress
- Resisting the urge to have a bowel movement
- Not getting enough exercise

How Is Constipation Prevented?

Most cases of mild to moderate constipation can be managed at home. It is important to become mindful of what you eat and drink. Some recommendations to help relieve your constipation include:

- Drink two to four extra glasses of water a day. Avoid caffeine and alcohol, which can cause dehydration.
- Add fruits, vegetables, whole grains, and other high-fiber foods to your diet. Eat fewer high-fat foods, like meat, eggs, and cheese.
- Eat prunes and/or bran cereal.
- Keep a food diary and single out foods that constipate you.
- Get moving, exercise.
- Check how you sit on the toilet. Raising your feet, leaning back or squatting may make having a bowel movement easier.
- Add an over-the-counter supplemental fiber to your diet (like Metamucil®, Citrucel®, and Benefiber®).
- If needed, take a very mild over-the-counter stool softener or laxative (such as docusate [Colace®] or Milk of Magnesia®). Mineral oil enemas, like Fleet®, and stimulant laxatives, like bisacodyl (Dulcolax®) or senna (Senokot®), are other options. There are many laxative choices. Ask your pharmacist or doctor for help in making a choice. Know you should not use laxatives for more than two weeks without calling your doctor as the overuse of laxatives can worsen your symptoms.
- Do not read, use your phone or other devices while trying to move your bowels. Move your bowels when you feel the urge. Do not wait.
- Bowel training before or after meals for those with developmental disabilities and children may be helpful, speak to your doctor about it!

What are Signs and Symptoms?

If you have not had a bowel movement for more than 3 days and experience:

- Abdominal pain
- Behavior changes especially in individuals with developmental disability and dementia.
- Gas
- Early satiety
- Poor feeding
- Vomiting

Can Constipation Be Treated?

Keeping good self-care to avoid its recurrence. Other more severe treatment approaches for individuals who continue to experience episodes regardless of self-care approaches may include:

- a. Medications or enemas prescribed by your primary care physician (PCP)
- b. Biofeedback treatment of the pelvic floor muscles
- c. Surgery

Is Constipation Ever an Emergency?³

It could be if you have not had a bowel movement for days and you also feel bloated and/or have abdominal pain.

Other warning signs to watch for are:

- Vomiting
- Blood in your stool
- Unexplained weight loss
- Sudden diarrhea

If you experience any of the above, go to the nearest emergency room.

When Should I Call My Doctor?

Speak to your healthcare provider if:

- Constipation is a new problem, and you haven't gone in one week²
- If you see blood in your stool
- If your stools are black
- If you are found to have anemia or you start losing weight without trying to
- If you have severe stomach or rectum pain with bowel movements
- If you History of constipation, but current symptoms for three weeks

- If trials of laxatives have failed, specialized testing should be considered²

Remember, talk openly and honestly with your doctor about your bowel movement regularity and any questions or concerns you may have!

References:

1. <https://my.clevelandclinic.org/health/diseases/4059-constipation>
2. <https://patient.gastro.org/constipation/>
3. How to Know When Constipation Is an Emergency – Cleveland Clinic