CONSTIPATION

What Is Constipation?

Constipation is a symptom that has different meanings to different individuals. Most commonly, it refers to infrequent bowel movements, but it may also refer to a decrease in the volume or weight of stool, the need to strain to have bowel movement, a sense of incomplete evacuation, or the need for enemas, suppositories, or laxatives in order to maintain regularity.

For most people, it is normal for bowel movements to occur from three times a day to three times a week; other people may go a week or more without experiencing discomfort or harmful effects. Normal bowel habits are affected by diet. The average American diet includes 12 to 15 grams of fiber per day, although 25 to 30 grams of fiber and about 60 to 80 ounces of fluid daily are recommended for proper bowel function. Exercise is also beneficial to proper function of the colon.

About 80% of people suffer from constipation at some time during their lives, and brief periods of constipation are normal. Constipation may be diagnosed if bowel movements occur less than three times weekly on an ongoing basis. Widespread beliefs, such as the assumption that everyone should have a movement at least once a day, have led to the overuse and abuse of laxatives.

What Causes Constipation?

There may be several, possibly simultaneous, causes for constipation, including inadequate fiber and fluid intake, a sedentary lifestyle, and environmental changes. Travel, pregnancy, or change in diet may aggravate constipation. In some people, it may result from repeatedly ignoring the urge to have a bowel movement.

More serious causes of constipation include growths or areas of narrowing in the colon, so it is wise to see the advice of a colon and rectal surgeon when constipation persists. Constipation may rarely be a symptom of scleroderma, lupus, or disorders of the nervous or endocrine systems, including thyroid disease, multiple sclerosis, Parkinson's disease, stroke, and spinal cord injuries.

Can Medication Cause Constipation?

Yes, many medications, including pain killers, antidepressants, tranquilizers, and other psychiatric medications, blood pressure medication, diuretics, iron supplements, calcium supplements, and aluminum containing antacids can cause or worsen constipation.

Furthermore, some people who are not actually constipated may become dependent on laxatives in an ill-advised attempt to have daily bowel movements, and many cause themselves harm through laxative abuse.

When Should I See A Doctor About Constipation?

Any persistent change in bowel habit - increase or decrease in frequency or size of stool or an increased difficulty in evacuating - warrants medical advise. Whenever constipation symptoms persist for more than three weeks, you should consult your physician. If blood appears in the stool, consult your colon and rectal surgeon right away.
How Can The Cause Of Constipation Be Determined?

Constipation may have many causes, and it is important to identify them so that treatment can be as simple and specific as possible. Your doctor will want to check for any anatomic causes, such as growths or areas of narrowing in the colon.

Digital examination of the anorectal area is usually the first step, since it is relatively simple and may provide clues to the underlying causes of the problem. Examination of the intestine with either a flexible lighted instrument or barium x-ray study may help pinpoint the problem and exclude serious conditions known to cause constipation, such as polyps, tumors, or diverticular disease. If an anatomic problem is identified, treatment can be directed toward correcting the abnormality.

Other tests may identify specific functional causes to help direct treatment. For example, "marker studies", in which the patient swallows a capsule containing markers that show up on x-rays taken repeatedly over several days, may provide clues to disorders in muscle function within the intestine. Other physiologic tests evaluate the function of the anus and rectum. These tests may involve evaluating the reflexes of anal muscles that control bowel movements using a small plastic catheter, or x-ray testing to evaluate function of the anus and rectum during defecation. In many cases, no specific anatomic or functional causes are identified and the cause of constipation is said to be nonspecific.

Simple SITZMARKS Test:

Patient takes one SITZMARKS capsule on day 0 by mouth with water. X-ray on day 5.
Simplified SITZMARKS Method:
(1 capsule: each capsule contains 24 markers)

**Step 1:**
1. On day 0, direct patient to take SITZMARKS capsule by mouth with water, preferably with confirmation by office observation. Instruct patient to abstain from using laxatives, enemas or suppositories of any kind for 5 days.
2. Arrange a flat-plate abdominal X-ray on day 5 to determine the location and the extent of elimination of the radiopaque markers.
3. Patients who expel at least 80% (19 or more) markers have grossly normal colonic transit.
4. Patients who retain 6 or more markers may have follow-up abdominal X-rays within several days.
5. For patients whose markers accumulate in the rectosigmoid or when markers are retained diffusely, Step 2 may be warranted.

**Step 2:** If more than 20% (5-6 markers) are retained by day 5:
1. Instruct patient to take a bulking agent (such as KONSYL) daily for 1 to 2 weeks. Encourage liquid intake to maximize product efficacy.
2. Instruct patient to take another SITZMARKS capsule in 1 to 2 weeks and repeat X-rays in 5 days to determine location and extent of elimination of the markers.

**Reading the Results:**

If over 80% of the markers are passed by day 5, colonic transit is grossly normal. If remaining markers are scattered about the colon, the condition is most likely **hypomotility or colonic inertia**. If remaining markers are accumulated in the rectum or rectosigmoid, the condition is most likely functional outlet delay, e.g., internal rectal prolapse, anismus.

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**A.** If 5 or fewer markers remain, patient has grossly normal colonic transit.

**B.** Most rings are scattered about the colon. Patient most likely has hypomotility, or colonic inertia.

**C.** Most rings are gathered in the rectosigmoid. Patient has functional outlet obstruction.