# Constipation in Adults - Full Clinical Guideline

Ref No: CG-T/2024/028

## Purpose

The purpose of these guidelines is to provide registered practitioners with an evidence based clinical direction to assess and manage adult patients across University Hospitals 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

Is common and can affect people of different ages. Patients describe constipation as being problematic due to infrequent passing of stools, difficulty passing stools often involving straining, or a feeling of incomplete bowel evacuation.

Stools are often hard or lumpy, dry and may be abnormally large or small in volume.

For chronic constipation to be diagnosed symptoms must be present for at least 3 months[1]

### Bristol Stool Chart Scale[2]

A visual aid that identifies stool types in the assessment of constipation

**DRE -** Digital Rectal Examination

**HCP** - Health Care Professional

## Implementing the Guidelines

In all cases the cause of the constipation and/or the possibility of symptoms ("red flags") indicating a more sinister problem such as malignancy need to be investigated by HCP prior to embarking on treatment. These symptoms may include unexplained changes in bowel habits, rectal bleeding, weight loss, abdominal pain or iron deficiency anaemia. If any of these symptoms are present the patient may need a referral to an appropriate specialist.

## Assessment

Undertaking a detailed bowel assessment will enable the HCP to identify the level of constipation and plan the treatment accordingly. Assessment should include, understanding a patients bowel routine, the duration of the constipation, the impact of the constipation such as rectal discomfort, excessive straining, feelings of incomplete emptying, faecal incontinence and any treatments tried to date.

**A DRE should be part of the initial assessment, this is to check for faecal impaction, haemorrhoids or rectal prolapse.**

Discussion on a patient's diet and fluid intake, their lifestyle including level of activity / mobility should also take place and may be enough to alleviate the problem.

Review of current medication must also be part of the initial assessment as these could be contributing to symptoms.

## Lifestyle Advice

**All** patients should be given lifestyle advice (see Appendix 2).

## Positioning

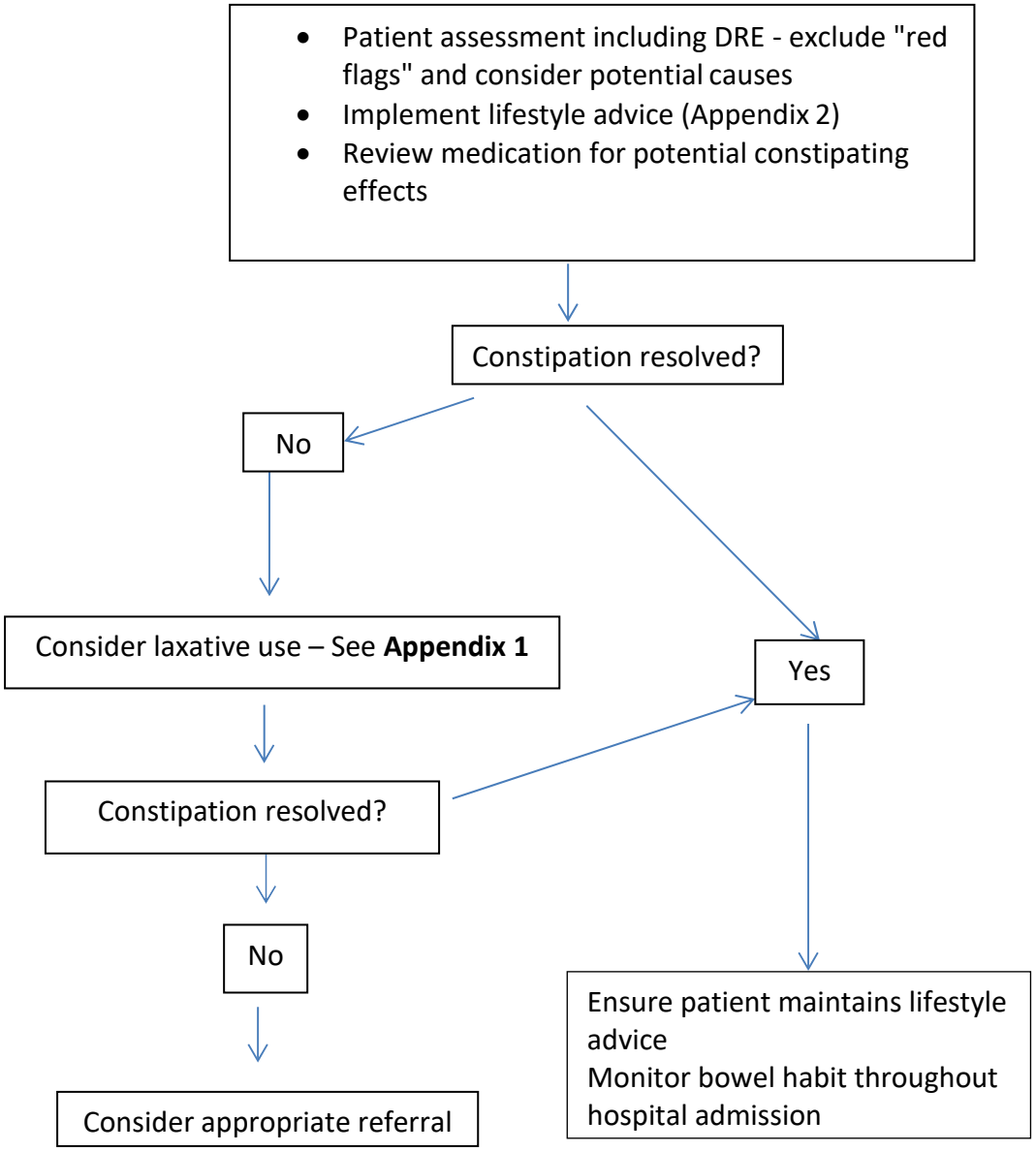
If the patient is unable to sit on a toilet/commode, consider transferring or hoisting the patient over the toilet/commode rather than using a bedpan.

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

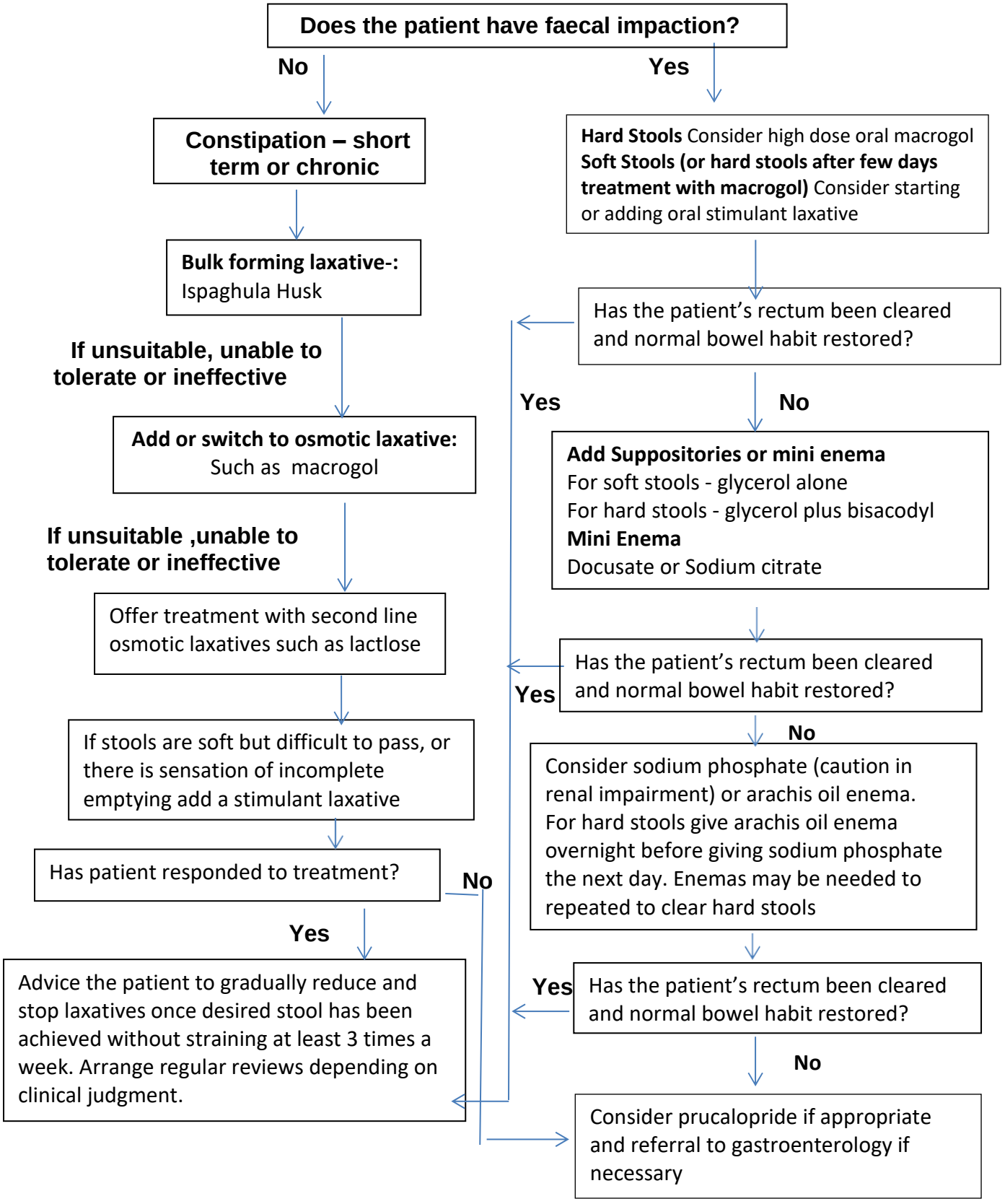
See Appendix 1

# Constipation management in adults: Acute or Chronic



## Appendix 1

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




**Please note if a patient has opioid - induced constipation do not prescribe bulk- forming laxatives, offer an osmotic laxative and stimulant.**

**Appendix 2**

**Patient Information**

# Constipation

## Diet and Fluids

Eat a healthy, balanced diet at regular meals to help stimulate the bowels. Skipping meals, particularly breakfast can lead to a slow-moving bowel or irregular bowel emptying.

You should aim for a minimum of 30g of fibre per day.

Any increase in dietary fibre should be done gradually to prevent discomfort and bloating 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

Ensure adequate fluid intake throughout the day especially if dehydration is suspected.

## Toilet habits

It is important to make time for your bowels and they respond well to routine. Try not to rush and allow time to ensure effective emptying. Regularly ignoring the urge to have your bowels emptied will significantly increase your chances of constipation.

Using the following technique will help you to effectively empty your bowel[4]:

- Make sure you are comfortable on the toilet
- 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 your forearms resting on your thighs
- Let your tummy relax forwards
- Do not hold your breath, relax and breath normally
- Relax the anus

Do not spend lengths of time on the toilet straining. If your bowels don't open try again at the same time the next day. 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 where possible will reduce your risk of constipation.

## Documentation Control

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|---|---|
| Development of Guideline: | Amy Goodman – Clinical Nurse Specialist (Continence) |
| Consultation with: | |
| Approved By: | Bill Speake – 17/01/19<br>Klara Garsed – 25/03/19<br>James Kerr (Pharmacist) – 09/01/19<br>Continence Team – 14/01/19<br>Medical Division – 26/03/19<br>***<br>Surgery Division - April 2024<br>Trustwide Clinical Guideline Group - April 2024 |
| Review Date: | March 2026 |
| Key Contact: | Amy Goodman – Clinical Nurse Specialist (Continence) |

## References

1. NICE (National Institute for Health and Care Excellence) (2023) Constipation. Available at: http://cks.nice.org.uk/topics/constipation/ (Accessed: December 2023)
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. 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