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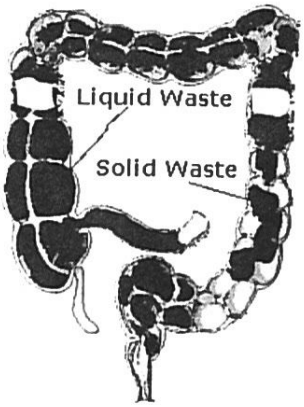
Constipation

To understand constipation, you have to understand how the large intestine creates feces (stool). Food flows through the small intestine as a liquid mixture of digestive juices and the food you eat. By the time it reaches the large intestine, all the nutrients have been absorbed. The large intestine has one main function: to absorb water from the waste liquid, and turn it into a waste solid (stool).



Common Causes

Sometimes too much water is absorbed by the large intestine, leaving a very hard and dry stool that can't be passed without straining. That's constipation. Constipation itself is unpleasant enough, but when compounded by hemorrhoids created from straining, it can be miserable. Listed below are some common causes of constipation.

Not drinking enough fluids. Your colon will absorb more water to prevent dehydration, resulting in dry, hard stools.

Not having a bowel movement when you have the urge. This keeps stool in the colon longer, where more water is absorbed and stools get harder.

Anything slowing movement of food through your colon increases your risk for constipation. Again, the longer it stays in, the harder it gets. Common factors slowing down the colon:

1. Being inactive
2. Not eating enough fiber
3. Not eating regularly enough to stimulate the intestines to move food along
4. Certain high-protein foods
5. Many drugs

Laxative Abuse

Surprisingly, using certain laxatives also causes constipation. With continued use, your body becomes accustomed to the effects of the laxative, and if you stop taking it, the colon slows down and its contractions become very weak. This is called **laxative dependency constipation**, and it can be severe.

PREVENTION

If you do the opposite of everything above, you should be fine. Keep one thing in mind, though: don't become obsessed with how often you have a bowel movement. The norm varies from twice daily to twice weekly. Constipation is defined by the difficulty of getting stools out, not by frequency of BMs.

Rules to prevent constipation

Eat three meals per day at least 4 hours apart. Frequent feeding keeps your intestines contracting and moving stool along.

Drink at least 32 oz. (one quart) of water per day, **not** including what you drink at meal time.

Avoid caffeine and alcohol, which deplete body water stores. If you can't avoid these, then match your caffeinated or alcoholic beverage intake with an equal amount of water.

If your diet is not extremely high in fruits, vegetables, and whole grains, by all means take a bulk fiber supplement

TREATMENT

The preceding advice is mainly preventative, but it can be helpful in mild cases of existing constipation, too. If you stimulate the colon enough, contractions will help get the hardened stool out. Try prunes or other fruits, or even caffeine to stimulate contractions, as well as moderate exercise. But don't jog too far away from a bathroom!

If constipation is quite severe, or special circumstances (such as hemorrhoids) make it important to control quickly, then consider these laxative groups:

Bulk fiber laxatives. Different brands have different ingredients, but they all just add bulk to the stool and prevent too much water from being absorbed. They may take awhile to take effect (12 hours to 3 days).

Stool softeners. These can be effective if your stool is too hard or dry to come out, despite normal bowel contractions. They are mainly preventative, but can work very quickly when combined with a stimulant laxative.

Stimulant laxatives. These stimulate bowel contractions quickly, but don't soften the stools at all. They are often combined with stool softeners.

Glycerin suppositories. Promptly effective, usually within 1/2 hour. They both soften the stool and stimulate contractions. They only work on the stool that is in the rectum and lower colon.

Enemas and oral magnesium solutions. Avoid these unless directed by a physician.

Laxative Use In Children

If your child is having obviously hard, painful stools, laxatives can relieve the problem right away. But too often, laxatives are given to kids who feel fine just because they're parents think they aren't having bowel movements often enough. Always base kid's treatment on how they're feeling with BMs - ask them:

Does it hurt when you poop?

Does it take a long time to get it out?

Do you have to push hard?

If treatment is necessary, always use laxatives designed for children.

Since infants can't tell you anything, you'll usually have to guess about their constipation. Crying and apparent straining with BMs, and of course hard stools, are good clues. Fortunately, there are some very safe products available for infants (see below), so if you're wrong and constipation isn't the problem, no harm will come to your baby because of the laxative. If problems persist more than 24 hours, contact your physician.

RECOMMENDED PRODUCTS

Citrucel (methycellulose 2 grams/tbs). Many find this brand of bulk fiber laxative to be less gritty than others, and it comes in both sugared and sugar-free versions.

FiberCon (calcium polycarbophil 625 mg/tablet). If you can't stand drinking a bulk fiber laxative, these tablets are an excellent alternative. Just make sure you take them with a full 8-12 oz. of water or other liquid.

Senokot, Senokot S, and Senokot Children's (senna concentrate, various concentrations; docusate sodium 50 mg per tablet is the softener in Senokot S). The active ingredient senna is a bowel contraction stimulant. It is considered safe in children as young as one year. If you need stool softening or lubrication along with the stimulant effect, Senakot S is the recommended combination.

Fleet Glycerin Suppositories and Fleet Babylax (glycerin). As stated in Treatment, these are especially useful if you desire very quick results without swallowing a lot of fiber or a drug that may have other side effects. Glycerin works only in the rectum and lower colon, and is one of the few laxative forms that is safe and effective in infants under one year old.

WHEN TO SEE YOUR DOCTOR

Sometimes constipation results in stools so hard they won't come out no matter what you try at home. This is called stool impaction. Don't delay any longer --- see your doctor immediately. If an impaction isn't removed, it can cause total bowel obstruction and require hospitalization.

Severe constipation and impaction sometimes occur in kids who hold their BMs on purpose. If you suspect this in your child based on frequent constipation or other clues, a medically supervised bowel program is very important. Withholding stool doesn't just cause bowel problems; nutritional deficiency, growth retardation, and psychological problems are all well-documented in children with this disorder. Don't try to cure this one by yourself.

Lastly, if your constipation continues despite good habits (see Basics section) and non-prescription treatment, get professional advice. There may be an underlying condition causing the problem --- thyroid disorders, diabetes, medication side-effects, or irritable bowel syndrome just to name a few. Don't keep suffering --- get it checked out!