

Constipation

Voices for PFD



Everyone is different, but women normally have bowel movements at least every other day and no more than twice daily. Having a bowel movement fewer than three times per week, along with straining to produce a hard bowel movement, is called constipation.

About Constipation








Constipation affects about one in three women. Symptoms vary.

They may include:

- Pain or abdominal discomfort.
- Blood in the stools.
- Gas.
- Bloating.
- Straining.
- Hard/firm stool.
- Lumpy or hard stool.
- A sense that the rectum does not completely empty after having a bowel movement.

Causes

There are many reasons for constipation. Diet is only one of them. Changes in nerve or pelvic floor muscle functioning can affect the bowels. Lifestyle choices, medicines or supplements, and pelvic floor disorders and other health problems may also impact bowel movements.

	Type 1		Separate hard lumps, like nuts, hard to pass
	Type 2		Sausage-shaped, but lumpy
Goal Stool Types	Type 3		Like a sausage, but with cracks on its surface
	Type 4		Like a sausage or snake, smooth and soft
	Type 5		Soft blobs with clear-cut edges, passed easily
	Type 6		Fluffy pieces with ragged edges, a mushy stool
	Type 7		Watery, no solid pieces. Entirely liquid

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Lifestyle Factors

A common cause of constipation is not eating enough fiber or drinking enough fluids. This can cause bowel movements to become hard or irregular. The typical American diet is low in fiber. Foods like white rice, pasta, or white bread are more likely to lead to constipation. Not drinking enough water results in hard bowel movements. Additionally, an inactive lifestyle may contribute to irregular bowel movements.

Medicines and Supplements

Constipation may be a side effect of many medicines and supplements. Medicines that treat bladder urgency, depression, blood pressure and pain affect bowel movements. Iron and calcium supplements can cause constipation. Talk with your medical provider about the side effects of your medicines. Ask about alternative medicines without constipating effects.

Nerve or Muscle Problems

For some women with constipation, the cause is due to a problem with the nerves or muscles in the colon. This slows bowel movements as they travel through the colon.

Pelvic Floor Disorders

Pelvic pain may prevent relaxation of pelvic floor muscles, leading to problems having bowel movements. Straining excessively with bowel movements may lead to PFDs. Rectoceles do not cause constipation. Prolapse, including rectoceles and rectal prolapse, can make constipation worse.

Learn The Terms

Constipation: Having a bowel movement fewer than three times a week, along with straining to produce a hard bowel movement.

Pelvic floor disorders (PFDs): Conditions that affect the muscles of the bottom of the pelvis (called the pelvic floor), including pelvic organ prolapse (POP), urinary incontinence, and bowel control difficulties.

Pelvic organ prolapse (POP): Dropping of the pelvic organs, such as the bladder, uterus and rectum, caused by a loss of vaginal support.

Perineum: The space between the vagina and the anus.

Rectum: Portion of the bowel near the outlet (anus) that stores bowel movements before they are evacuated.

Rectocele (posterior vaginal wall prolapse): Rectum bulges upward into the vagina because of a weakened vaginal wall and perineum.

Rectal prolapse: Rectal tissue protrudes from the anal opening.

Accidental bowel leakage: Leakage of stool (fecal incontinence) or leakage of stool and gas (anal incontinence).

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Other Health Problems

Other medical conditions that can impact the bowels include irritable bowel syndrome, kidney disease, colitis, thyroid disorders, neurological conditions (such as multiple sclerosis or spinal cord injuries) and cancer. Talk to your provider if you have these conditions or are concerned about them.

Diagnosis

It is normal to feel embarrassed to discuss bowel problems with your medical provider. Talk with your primary medical doctor or urogyn specialist about constipation. Your provider may ask you to describe your bowel movements, by using a bowel diary or with the Bristol Stool Scale (see image on first page).

A pelvic exam can assess if the pelvic floor is among the causes for your irregularity. You may need to see a specialist, such as a colorectal surgeon or gastroenterologist (GI). If you have red blood in your stools, you should have a colonoscopy. This is a procedure in which the bowels are examined with a small camera to look for polyps, cancer, hemorrhoids, and other things.

Treatments

Lifestyle changes include increasing dietary fiber, fluid intake, and activity level. For example, eating whole grains, legumes, fruits, and vegetables helps you get enough fiber. Your goal should be 25-38 g/day of fiber. This may require a supplement. Gradually increase fiber to keep bloating at a low level. As

you increase fiber, you also need to increase your water intake. Also, get out there and get moving! Even just a short walk can help your bowels move better.

Changing your position when you sit on a toilet can make a difference. Put your feet on a small stool at the base of the toilet. This position helps to relax the pelvic floor muscles and make it easier for a bowel movement to pass from the body.

Aim for 25 to 38 grams of fiber daily

Examples of High Fiber Foods	Serving Size	Grams of Fiber
BREADS AND CEREALS		
Oat or wheat bran (raw)	1 ounce	12
All Bran Cereal	½ cup	10
Bran Buds	½ cup	8
Oatmeal (cooked)	1 cup	4
LEGUMES, COOKED		
Pinto beans	1 cup	15
Baked beans	1 cup	14
Lima beans	1 cup	13
Navy beans	½ cup	9 ½
SEEDS AND NUTS		
Flaxseed	1 ounce	8
Almonds	1 ounce	4
VEGETABLES		
Artichoke, boiled	1 med	6
Pumpkin, canned	½ cup	5
Potato, baked with skin	1 med	5
Acorn squash	½ cup	4 ½
Green peas	½ cup	4
FRUITS		
Dates	½ cup	6.5
Pears	1 med	4
Raspberries	½ cup	4
Blackberries	½ cup	4

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Physical therapists can teach you how to relax your muscles using massage techniques that help release bowel movements. Some women find it helpful to press on the perineum or inside the vagina to help get all the stool out.

You may require a constipation medicine called a laxative. These drugs soften stool and stimulate bowel movements. There are many different types.

Sitting Position



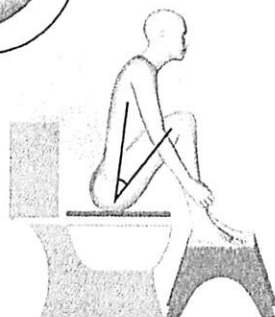
Puborectalis muscle only partially relaxed



Squatting with Footrest



Puborectalis muscle fully relaxed allows stool to pass more easily



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Three Takeaways

1. Constipation means straining to pass hard, lumpy stools less than 3 times a week.
2. Simple changes can help. Eat high-fiber foods, drink plenty of water, and get moving. Ask your provider about medicines that might be part of the problem.
3. Talk to your provider about your symptoms and ask about medicines or tests that might help.