

COLORECTAL SURGERY

All blocked up

Being less than regular can be a miserable situation for some. What is chronic constipation and how can you become 'unstuck'?



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Whether you move your bowels several times a day or once every two days, how often you 'go' is a matter of individual habit. When regularity is interrupted by a dip in the frequency or difficulty in evacuating stool, the condition is defined as constipation.

Occasional constipation can occur when there is a change in diet, water intake, illness or side effects from medication. Some symptoms include having to strain when passing motion; having lumpy or hard stools, or feeling bloated in the lower abdomen. Some may also feel as if there is a blockage preventing the passing of stools. If any of these symptoms last for more than two weeks, seek medical advice. Constipation may be considered chronic if you experience two or more of these symptoms for more than three months.

Medical help is important because chronic constipation may lead to build-up of pressure in the colon or cause the hard stools to remain in the rectum for a long period of time. Some complications include:

- Swollen blood vessels in the anus (haemorrhoids), torn skin in the anus (anal fissure), or a protrusion of the intestine (mucosal or rectal prolapse) due to excessive straining
- Stools that become stuck (faecal impaction) due to an accumulation of hardened stool

Causes of blockage

Constipation can be caused either by a mechanical or functional problem. **Mechanical problems** refer to obstructions that hinder the passage of faeces. These may arise due to colorectal cancer, large polyps or strictures that cause a narrowing of the colon.



Functional problems are usually due to slow gut motility (problems with muscles involved in elimination). This can be caused by long-term use of laxatives, Parkinson's disease and endocrine disorders such as diabetes and hypothyroidism. Those with prolonged immobility due to stroke, spinal cord injury or multiple sclerosis can also suffer from poor gut motility. This is because the nerves that cause muscles in the colon and rectum to contract and move stool through the intestines are damaged. Problems with weak or uncoordinated pelvic muscles can also lead to constipation.

Diet and lifestyle too play a part. For instance, a diet low in fibre with too little or no physical activity increases the risk of constipation.

Fibre aware

Among the most common advice to relieve constipation is to increase fibre intake. This is true – but be mindful that insoluble fibre from foods like vegetables will help add bulk to stool.

Without adequate water intake, this will result in even harder stools. The key is adequate

water intake of at least 2-2.5 litres per day. If you plan to increase your fibre intake, slowly increase the amount of fibre you eat each day by substituting refined carbohydrates for whole grains, or eating more vegetables and fruit. In general, aim for 10g of fibre for every 1,000 calories in your daily diet. It is crucial to increase your water intake correspondingly.

Remedies and medication

Exercise – even simple activities like walking and climbing stairs – increases muscle activity in the intestines and gut motility. It is also important not to ignore the urge to have a bowel movement. Each time you ignore the need to pass motion, the water in your stool is reabsorbed, making stools drier and harder to pass. It's better to go when you have the urge to, rather than force yourself to go at a fixed time each day.

For chronic constipation, it is better to seek medical advice early, rather than self-medicate with laxatives or enemas. It may well be your body's way of telling you that there is an underlying medical condition that needs to be diagnosed and treated. [👉](#)