

Constipation

Mr. Fadi J. Zaben RN MSN
IMET 2000, Ramallah

Outline:

- ✓ **Definition.**
- ✓ **Causes.**
- ✓ **Signs and Symptoms.**
- ✓ **Pathophysiology of Constipation.**
- ✓ **Diagnosis.**
- ✓ **Treatment.**
- ✓ **Nursing care and Preventive Measurements.**

Definition:

- ❖ Constipation is an abnormal infrequency or irregularity of defecation.
- ❖ It is abnormal hardening of stools that makes their passage difficult and sometimes painful.
- ❖ It is a decrease in stool volume, or retention of stool in the rectum for a prolonged period.

Continue.....

- Constipation is a major problem for patients taking opioids for pain.
- Diseases of the colon commonly associated with constipation include irritable bowel syndrome and diverticular disease.
- Constipation can also occur with an acute disease process in the abdomen (eg, appendicitis).

Incidence:

- Any variation from normal habits may be considered a problem.
- It is estimated that 4.5 million Americans are clinically constipated at any time,
- Women and adults older than 65 years are disproportionately constipated.

Causes:

1. Medications (ie, tranquilizers, anticholinergics, antidepressants, antihypertensives, bile acid sequestrants, opioids, aluminum-based antacids, iron preparations).
2. Rectal or anal disorders (eg, hemorrhoids, fissures).
3. Obstruction (eg, bowel tumors).
4. Metabolic, neurologic, and neuromuscular conditions (eg, diabetes mellitus, Hirschsprung's disease, Parkinson's disease, multiple sclerosis).

Continue.....

5. Endocrine disorders (eg, hypothyroidism, pheochromocytoma).
6. Lead poisoning.
7. Connective tissue disorders (eg, scleroderma, SLE).
8. Other causes of constipation may include weakness, immobility, debility, fatigue, and an inability to increase intra-abdominal pressure to facilitate the passage of stools, as may occur in patients with emphysema, for instance.
9. Constipation is also a result of dietary habits (ie, low consumption of fiber and inadequate fluid intake), lack of regular exercise, and a stress-filled life.
10. Many people develop constipation because they do not take the time to defecate or they ignore the urge to defecate.

Pathophysiology:

© The pathophysiology of constipation is poorly understood.

© But it is thought to include interference with one of three major functions of the colon:

1. Mucosal transport (ie, mucosal secretions facilitate the movement of colon contents).
2. Myoelectric activity (ie, mixing of the rectal mass and propulsive actions).
3. The processes of defecation.

Continue....

- The urge to defecate is stimulated normally by rectal distention, which initiates a series of four actions:
 - A. stimulation of the inhibitory rectoanal reflex.
 - B. relaxation of the internal sphincter muscle
 - C. Relaxation of the external sphincter muscle and muscles in the pelvic region.
 - D. Increased intra-abdominal pressure.
- Interference with any of these processes can lead to constipation.

Continue....

- If all organic causes are eliminated, idiopathic constipation is diagnosed.
- When the urge to defecate is ignored, the rectal mucous membrane and musculature become insensitive to the presence of fecal masses, and consequently a stronger stimulus is required to produce the necessary peristaltic rush for defecation.

Clinical Manifestations:

- Fewer than three bowel movements per week.
- Abdominal distention.
- Pain and pressure.
- Decreased appetite. Headache.
- Fatigue.
- Indigestion.
- A sensation of incomplete evacuation.
- Straining at stool.
- The elimination of small-volume, lumpy, hard, dry stools.

Diagnostic Findings:

- History.
- Physical examination.
- Barium enema or sigmoidoscopy.
- Stool testing for occult blood.
- Anorectal manometry .
- Defecography and colonic transit studies.

Treatment:

- Treatment is aimed at the underlying cause of constipation and includes education, bowel habit training, increased fiber and fluid intake, and judicious use of laxatives.
- Routine exercise to strengthen abdominal muscles is encouraged.
- Biofeedback is a technique that can be used to help patients learn to relax the sphincter mechanism to expel stool.

Continue.....

- Daily dietary intake of 6 to 12 tea spoonfuls of unprocessed bran is recommended, especially for the treatment of constipation in the elderly.
- High Fiber Diet.
- Laxative (bulk-forming agents, saline and osmotic agents, lubricants, stimulants, or fecal softeners).
- Enemas and rectal suppositories.

Complication:

- Hypertension.
- Fecal impaction.
- Hemorrhoids (dilated portions of anal veins).
- Fissures (tissue folds).
- Megacolon.

Nursing Management:

Goals for the patient include restoring or maintaining a regular pattern of elimination by responding to the urge to defecate, ensuring adequate intake of fluids and high-fiber foods, learning about methods to avoid constipation, relieving anxiety about bowel elimination patterns, and avoiding complications.

Preventing Constipation:

- ☑ Describe the physiology of defecation.
- ☑ Emphasize the importance of responding to the urge to defecate.
- ☑ Discuss normal variations in patterns of defecation.
- ☑ Teach how to establish a bowel routine, and explain that having a regular time for defecation (eg, best time is after breakfast) may aid in initiating the reflex.

Continue.....

- Provide dietary information; suggest eating high-residue, high-fiber foods, adding bran daily (must be introduced gradually), and increasing fluid intake (unless contraindicated).
- Explain how an exercise regimen, increased ambulation, and abdominal muscle toning will increase muscle strength and help propel colon contents.
- Describe abdominal toning exercises (contracting abdominal muscles 4 times daily and leg-to-chest lifts 10 to 20 times each day).
- Explain that the normal position (semisquatting) maximizes use of abdominal muscles and force of gravity.

THE END