



## Management of Constipation

*BQIS Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life. This document provides general information on the topic and is not intended to replace team assessment, decision-making, or medical advice. This Fact Sheet is one of ten regarding aspiration prevention.*

### Intended Outcomes

Readers will understand the definition of, causes, prevention, and treatment of constipation as related to aspiration prevention. If constipation is not addressed and/or is chronic, this may lead to aspiration.

### Definitions

**Abdominal Distension:** Occurs when substances, such as air (gas) or fluid, accumulate in the abdomen causing its outward expansion beyond the normal girth (circumference) of the stomach and waist

**Constipation:** An acute or chronic condition in which bowel movements occur less often than usual or consist of hard, dry stools that are painful or difficult to pass. Bowel habits vary, but an adult who has not had a bowel movement in three (3) days or a child who has not had a bowel movement in four (4) days is considered constipated.

**Chronic Constipation:** The definition varies among different people. For some people, chronic constipation means infrequent bowel movements for weeks at a time. To others, chronic constipation means straining or having difficulty passing stools.

**Irritable Bowel Syndrome:** Irritable bowel syndrome (IBS), also called spastic colon, is a functional bowel disorder with symptoms of chronic abdominal pain, discomfort, bloating, and change of bowel habits in the absence of any organic cause.

**Reflux:** material backing up from the stomach into the throat

### Facts

- If the lower gastrointestinal (GI) tract (anus, rectum, and colon) is not working well, is constipated, or has poor motility (movement), then the upper part of the GI system (mouth, throat, food tube, stomach, and small intestine) will also not be able to work very well.
- Decreased motility (less movement) and constipation may result in what is essentially a back-up of the entire system. If material is unable to pass efficiently (if food or fluid is unable to move through as needed) into the lower intestine due to constipation, this may affect the stomach's



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ability to empty, thus increasing the risk of reflux (material backing up from the stomach into the throat) and potential overflow aspiration of stomach contents. The individual could then inhale material into their airway.

- The hard and dry stools of constipation occur when the colon absorbs (soaks up) too much water. This happens because the colon's muscle contractions (tightening is) are slow or sluggish, causing the stool to move through the colon too slowly. Constipation may result from:
  - Not enough fiber in diet
  - Not enough liquids
  - Lack of exercise
  - Medications
  - Irritable bowel syndrome
  - Changes in life or routine (e.g., pregnancy, older age, and travel)
  - Abuse of laxatives
  - Ignoring the urge to have a bowel movement
  - Specific diseases
  - Problems with the colon and rectum
  - Problems with intestinal function
  - Stress
  - Hormonal disorders
  - Lack of sleep
  - Parasites
  - Birth defects involving failure of colon muscles and lower pelvic muscles that are part of the rectum to function normally.
- Constipation is the most common gastrointestinal complaint in the United States, resulting in about 2 million visits to the doctor each year.
- Constipation is one of the “Fatal Five” (dehydration, constipation, seizures, aspiration, choking) emergencies that occur in people with intellectual or developmental disabilities and **MAY BECOME A MEDICAL EMERGENCY IF NOT ADDRESSED PROPERLY.**



- Complications of constipation may include:
  - Hemorrhoids
  - Bowel obstruction (complete blockage)
  - Anal fissures (small tears and bleeding)
  - Abdominal distension (bloating)
  - Colon diverticula (small pouches from weakening of the colon wall)
  - Pain
  - Rectal prolapse (a “falling down” of the rectum that is visible on the outside of the body)
  - Vomiting
  - Fecal impaction (stool blocks the colon and rectum)
  - Fever
  - Death

### Recommended Actions and Prevention Strategies

1. The cause of constipation must be identified in order for appropriate interventions to be provided. Work closely with the physician in an effort to determine the best course of treatment.
2. The following strategies may help prevent constipation:
  - a. A high-fiber diet:
    - A diet with at least 20 to 35 grams of fiber each day helps your body form soft, bulky stool.
    - High-fiber foods include beans, whole grains, and fresh fruits and vegetables.
    - Limit foods that have little to no fiber, such as cheese, meat, and processed foods.
    - The amount of fiber in a product is listed on food packaging.
  - b. Regular exercise:
    - Physical activity will help stimulate intestinal activity.
  - c. Adequate fluid intake:
    - Drinking plenty of water and other fluids will help soften your stool.



- d. Taking time for bowel movements:
  - Set aside sufficient time to allow for undisturbed visits to the toilet.
- e. Proper Positioning.
  - For those individuals who require assistance with positioning, a program should be developed that focuses on alternative (different) positional changes that occur at a minimum of every 2 hours.
- f. Laxatives are over-the-counter medications that should be considered as a last resort because they can become habit-forming. There are several different types of laxatives:
  - Stimulants cause rhythmic contractions in the intestines (e.g., Correctol, Dulcolax and Senokot).
  - Lubricants enable stool to move through your colon more easily (e.g., mineral oils).
  - Stool softeners moisten the stool and help prevent dehydration (e.g., Colace and Surfak).
  - Fiber supplements, or bulk laxatives, are generally considered the safest of laxatives (e.g., FiberCon, Metamucil, Konsyl, Serutan, and Citrucel). These agents must be taken with plenty of water.
  - Osmotics help fluids to move through the colon (e.g., Cephulac, Sorbitol, and Miralax).
  - Saline laxatives act like a sponge to draw water into the colon for easier passage of stool (e.g., milk of magnesia).
- g. Keep track of bowel movement frequency, consistency, and the relative volume/size of the stool.
  - A written record is helpful in recording the day, consistency, and amount of each bowel movement, rather than relying on one's memory of a single caregiver, or on communication between caregivers. Bringing this daily journal/record to the primary care physician will provide valuable information in adjusting medication in treating and preventing constipation.

### 3. Immediately Notify a Physician if:

- A person is constipated for three or more days or as directed by health care provider; or
- Constipation occurs after starting a new prescription, vitamin, or mineral supplement, or is accompanied by blood in the stools, changes in bowel patterns, fever, or abdominal pain.



### Learning Assessment

The following questions can be used to verify a person's competency regarding the material contained in this Fact Sheet:

1. What is the minimum number of times a person should have a bowel movement?
  - A. Every day
  - B. Once a week
  - C. At least every 3 days
  - D. At least 2 times per month
2. What is a complication of constipation?
  - A. Hemorrhoids
  - B. Rectal prolapse (a "falling down" of the rectum that is visible on the outside of the body)
  - C. Pain
  - D. All of the above
3. True or False: Constipation may be caused by a low fiber diet.
4. You should notify a physician immediately when:
  - A. There has been no bowel movement for 3 days or as directed by the physician
  - B. Person has not had a bowel movement in 2 days
  - C. Person has a bowel change after starting a new medication
  - D. Both A and C
5. True or False: Constipation, if not treated appropriately, may become a serious medical emergency.



### References

Chronic Constipation. University of California, San Diego School of Medicine: Developmental Disabilities Resources for Healthcare Providers. Retrieved 06/12/15 from <https://cme.ucsd.edu/ddhealth/courses/CHRONIC%20CONSTIPATION.html>.

Constipation. National Institute of Diabetes and Digestive and Kidney Diseases. Retrieved 06/12/15 from <http://www.niddk.nih.gov/health-information/health-topics/digestive-diseases/constipation/Pages/overview.aspx>.

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### Related Resources

Aspiration Prevention Series Fact Sheets: *Food Texture and Fluid Consistency Modification, Management of Oral Health, Dysphagia, Modified Barium Swallow Study/Videofluoroscopy, Management of Gastroesophageal Reflux Disease (GERD), Positioning, Management of Gastric Residuals, Feeding Tubes and Feeding/Medication Administration Options, and Choice Considerations Relevant to the Use of Enteral Nutrition*

*General Description of Diet Textures* Handout

These resources can be located on the BQIS Fact Sheet & Reminders webpage at: <http://www.in.gov/fssa/ddrs/3948.htm>.

### Learning Assessment Answers

1. C
2. D
3. True
4. D
5. True