

# A guide to managing constipation



**Information for patients**  
Sheffield Teaching Hospitals



**PROUD TO MAKE A DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



## **Purpose of this booklet**

The purpose of this booklet is to help you prevent, manage or recover from constipation. You will discover:

- What constipation is (page 2)
- How it can be helped through eating the right foods and drinking enough fluid (page 8)
- The best use of laxative medication to help manage and prevent constipation (page 20)
- The benefit of exercise and movement (page 24)
- How to sit on the toilet in a way that will help most (page 26)

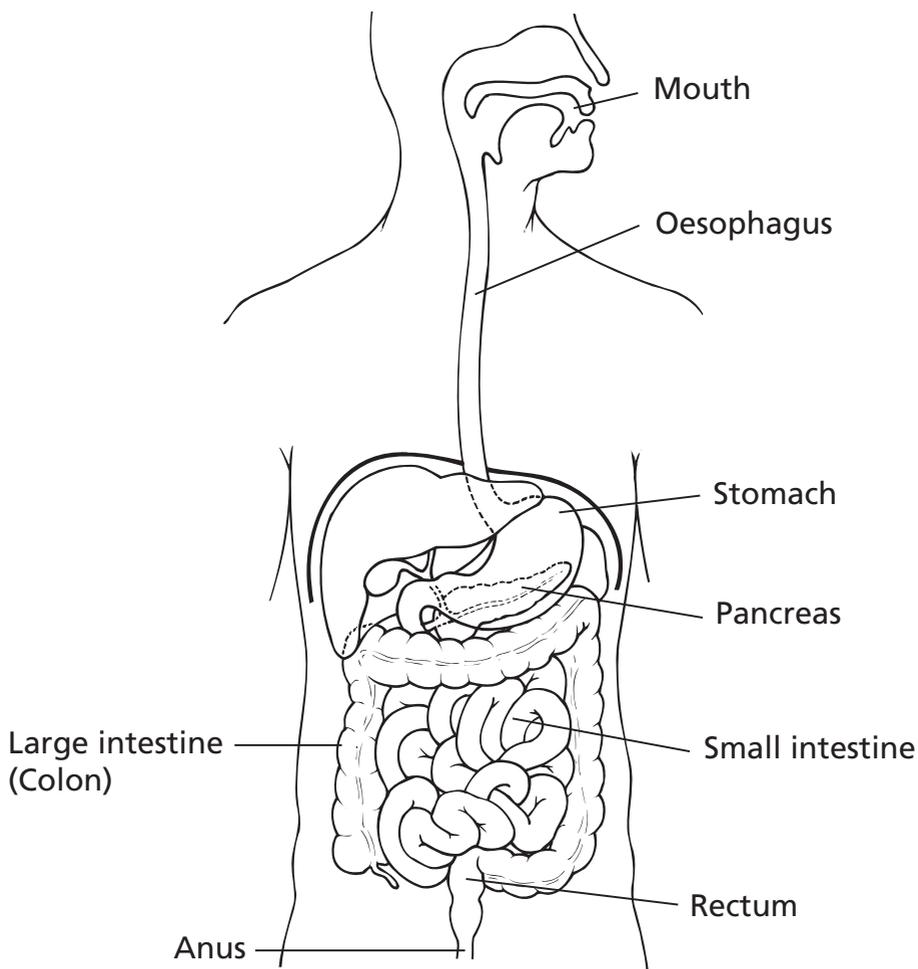
## **What is constipation?**

To help understand constipation it is first useful to understand how the gut (also known as the gastrointestinal tract) works.

Everything you eat and drink travels from your mouth, through the digestive system to the anus. The gastrointestinal tract (GI) includes the mouth, oesophagus, stomach, small intestine and large intestine (or colon). The colon is about 1.5 metres long and forms the last part of the GI tract.

Food that has not been digested further up the tract is collected in the colon, water is removed from it and it forms 'stools' or 'faeces'. It is these stools that result in bowel movements or passing faeces out of the anus.

The movement of food through the whole digestive system happens through wave-like contractions called peristalsis. This happens naturally. Everyone will open their bowels at different times and at different amounts during a week. Some people will open their bowels 3 times a day whilst others will open them 3 times a week. Some people may only open their bowels once per week without feeling unwell in any way.



Constipation can occur when peristalsis is not working as quickly or as strongly as normal. This can result in you not passing a stool as often as you do normally, or having to strain hard to pass a stool, or not completely emptying your bowels.

Constipation could be a short-term problem or can become a chronic, longer term problem, particularly if left untreated. A doctor would describe you having constipation if:

- You open your bowels less than three times a week
- Need to strain more than 25% of the time you go to the toilet
- Pass hard or pellet-like stools more than 25% of the time

Some people will feel bloated with constipation. This is when there is a general feeling of swelling around the abdomen area. This may cause clothes to feel tight.

It is important to see your GP if your constipation or bloating has not resolved in three weeks, or you are getting regularly constipated and it is lasting a long time. If you have blood in your stools, are unexpectedly losing weight or are feeling tired all the time then it is important to not ignore these symptoms and to discuss them with your GP.

### **Who is affected by constipation?**

Constipation can affect people of any age. It is more common in women; about 40% of pregnant women will experience some form of constipation during pregnancy. Older people are also at a higher risk. This is usually due to a less active lifestyle and medication. Most of us will suffer from constipation at some time in our lives, and brief periods of constipation are not a concern.

Common causes of constipation include:

- Not eating enough fibre from fruit, vegetables and cereals
- Not drinking enough fluids
- Ignoring the urge to pass a stool
- Not having enough time to go to the toilet properly
- Lack of exercise
- A change in routine
- Being under or overweight

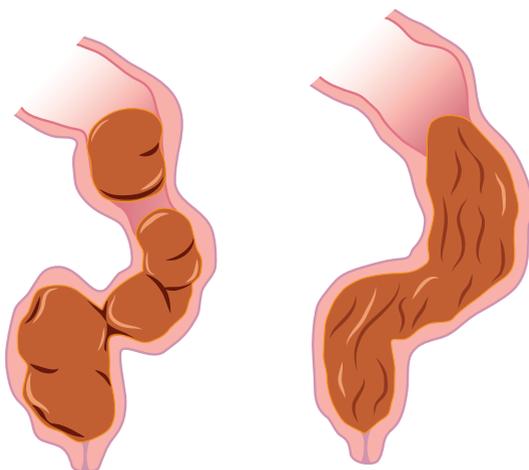
- Depression
- Pregnancy and childbirth
- Certain medications such as pain killers, antidepressants, blood pressure tablets, diuretics (water tablets), iron and calcium supplements and certain antacids (medicine to treat indigestion).

Other less common causes can include:

- Previous surgery to, or trauma to, your anus (back passage)
- The muscles around your anus tightening or spasming rather than relaxing when you go to the toilet
- Growths or areas of narrowing in the bowel
- There are also some other more rare causes of constipation which your consultant will discuss with you if they affect you.

### **Are there any complications from being constipated?**

When food remains in your bowels it will become drier and drier (becoming hard and lumpy) and becomes more difficult to pass.



**Hard and lumpy**

**Smooth and soft**

The consequences of constipation include:

- A great deal of pain and discomfort. It can make you feel sluggish, bloated and can affect your appetite.
- You may also notice blood after you have opened your bowels, especially if you have had to strain.
- If severe it can cause an impaction, which are hard and lumpy stools in the rectum. This can be seen in the diagram on page 5. 'Overflow' can then happen, where newer stools have to squeeze and leak past the impaction. This can cause very watery stools and faecal incontinence. If this happens it is important not to think this is your constipation resolving. Overflow can be a particular problem if you are older or immobile and need to strain.

## **What is chronic constipation?**

Chronic constipation is when constipation has been occurring for a long time. This can increase the risk of additional problems.

- Haemorrhoids or piles (swollen blood vessels in your rectum)
- In rare cases stools can block your bowels (faecal impaction) and can cause abdominal pain, and very rarely lead to confusion.
- Urinary incontinence. If you have to strain to open your bowels it can weaken your pelvic floor muscles. These muscles control the opening of the urethra (tube that takes urine out of your body from the bladder) and rectum. Because of the weakened pelvic floor muscles you may have less control of when you pass urine.
- If you have hard stools in your rectum there will be increased pressure on the urethra. This can make your bladder empty too early or prevent you from being able to pass urine.

Any constipation lasting longer than 3 weeks should prompt a visit to your GP. If blood appears in your stool you should see a GP straight away.

## **What can I do if I am constipated?**

There are a number of changes you can make to your diet and lifestyle that can help reduce the symptoms of constipation and prevent them happening again. This is recommended as the first treatment for constipation. It is important to remember that everyone is different and some things work better for different people. In many cases, lifestyle changes will improve your constipation without the need for medication.

The rest of this booklet will describe some self help changes you may be able to make.

# Diet and constipation

Eating regularly is the best natural stimulant for your bowels. Skipping meals, especially breakfast, can lead to a sluggish or irregular bowel habit. The body has a natural 'gastrocolic' reflex. This natural reflex often occurs after eating and will make you want to go to the toilet. It can be considered as the body making room for more food and fluid. This reflex is often stronger in the morning. By having breakfast with a warm drink, you can stimulate the body's natural response further and promote the movement of stools through the colon, called peristalsis, and stimulate a bowel movement.

Contrary to popular belief, a very high fibre diet is not always best for constipation. Regular meals containing adequate fibre and a good fluid intake is the aim.

## **Fibre**

Fibre is food that comes from plants that your body cannot easily digest. It therefore passes through the gastrointestinal tract into the colon and forms the bulk of the stool. Foods that contain fibre are vital for the health of the colon. The presence of faeces in the colon will stimulate the peristalsis required to move it through to the rectum. There are two types of fibre that can affect the bowels. They are called soluble and insoluble fibre.

### ***Soluble fibre***

Soluble fibre dissolves in water within the bowel to form a soft gel-like substance. The natural bacteria in the bowel then breaks down the gel to produce gases such as hydrogen, methane and chemicals known as short chain fatty acids (SCFA). SCFA are essential for bowel health. Soluble fibre acts as a prebiotic, which supports the growth of so-called 'good-bacteria' within the bowel.

Adequate amounts of soluble fibre are recommended to promote a healthy bowel and to make the passage of stools easier. Foods containing soluble fibre are also less likely to cause bloating than foods containing insoluble fibre.

Foods that contain higher amounts of soluble fibre include:

- Oats (for example, in porridge)
- Fruit (especially if eaten with skins or seeds) or dried fruits (such as sultanas, raisins, prunes and apricots)
- Vegetables (those eaten with skins or seeds will also contain insoluble fibre)
- Beans (for example baked beans, kidney beans, butter beans)
- Peas
- Lentils

You should try and have at least five portions of fruit and vegetables a day. A portion of fruit or vegetable is equivalent to a small handful or two to three tablespoons.

### ***Insoluble fibre***

Insoluble fibre absorbs water within the bowel, but does not dissolve. This makes it harder to be broken down by bacteria in the bowel. However, this type of fibre adds bulk to the stools (up to 15 times its weight in water). The advantage of larger stools is that they are easier for peristalsis movements to push the stools through the bowel and therefore the stools are softer and easier to pass. This allows your bowels to open more regularly.

Foods that are high in insoluble fibre include:

- High fibre breakfast cereals (for example Shredded Wheat, Weetabix, Branflakes, Muesli). Look for ones that contain at least 5 grams of fibre per serving.
- Wholemeal bread. This contains about 2-3 grams of fibre per slice.
- Wholemeal pitta bread
- Rye bread
- Wholemeal pasta
- Potatoes cooked in their skins

Wholegrain bread, brown bread, and brown rice also contain insoluble fibre but less than wholemeal varieties.

Bran fibre is a type of insoluble fibre but may cause bloating in some people. Current advice for people who suffer with bloating is to avoid all bran fibre such as that found in wholemeal bread or whole-wheat cereals. If you are considering adding bran fibre to your diet, you should be careful as this can reduce the absorption of nutrients such as calcium and iron.

### ***Resistant starch***

Resistant starch is a type of starch that is not digested. It passes into the large bowel where it is fermented by bacteria which produce gas and short chain fatty acids. It behaves in a similar way to soluble fibre. However, it can contribute to the symptoms of wind and bloating. Resistant starch is found in foods such as bananas (green), potatoes, wholegrain, pulses and seeds.

## **What to do if you feel your diet is low in fibre**

If you feel your diet is lacking fibre, start by eating more fruit and vegetables (soluble fibre) rather than higher fibre cereals (insoluble fibre), as they may cause less bloating. It is also important to gradually increase the amount of fibre in your diet. Sudden increases in fibre should be avoided as this can cause problems such as wind, bloating and stomach cramps.

### ***Linseeds\****

Linseeds (also known as flaxseed) are naturally high in soluble fibre, but are not broken down by bacteria within the bowel. For this reason they can help improve symptoms of constipation, without causing wind and bloating.

Linseeds can be bought from most health food shops and some larger supermarkets in the form of whole linseeds, cracked linseeds or ground linseeds. If you have diverticular disease then you will need to choose ground linseeds. They are available in golden or brown varieties.

If you suffer from constipation and want to try taking linseeds, you should aim to start with one teaspoon of linseeds per day building up to a maximum of two tablespoons (24 grams) per day according to your symptoms. They can be added to breakfast cereals, porridge, yoghurts and soups.

When taking linseeds you should ensure you drink plenty of non-caffeinated drinks (see below). Ensure you have an extra 150ml of fluid for each tablespoon of linseeds.

\*Interactions with medication – Linseed (flaxseed) has bulk-forming laxative effects. Taking medications by mouth with linseed might decrease the absorption of these medications. Therefore, you are advised to take medications one to two hours before or two hours after taking linseed.

The safety of linseed taken during pregnancy has not been established yet. Use of linseed during pregnancy and breast feeding should therefore be avoided.

## ***Probiotics***

Within the colon there are billions of healthy bacteria present which are beneficial in promoting the health of your gastro-intestinal tract. These bacteria are made up of many different species. Good bacteria helps with the breakdown of certain food substances and helps to maintain the health of the gastrointestinal tract. It is known that gut bacteria can be different in people with chronic constipation to those without it. People with constipation have been found to have lower levels of the bacteria that are good at improving gut motility.

There is some evidence that using probiotics (that contain either Bifidobacteria or Lactobacilli) can help to improve the symptoms of constipation. There are a wide variety of probiotics on the market and so you may wish to trial these to see if they improve your symptoms. If after taking one variety for four weeks there is no improvement, then you might want to try a different variety. It is important to note that there is currently a lack of evidence of the long term effects of taking probiotics.

## How much fibre am I taking?

You should aim to eat 18-30 grams of fibre per day. The list of foods below shows the amount of fibre per serving for some common foods.

Foods mainly containing insoluble fibre			
	Grams		Grams
<b>Bread</b>			
Wholemeal (slice)	2	White (slice)	0.5
Brown / softgrain (slice)	1		
<b>Breakfast cereals</b>			
All-Bran (40g)	10	Fruit 'n fibre (30g)	2.1
Bran Buds (40g)	9	Weetabix (each)	2
Bran Flakes (30g)	4	Cocopops (30g)	0.8
Sultana Bran (30g)	3	Cornflakes (30g)	0.2
Porridge (35g)	2.9	Raisin Splitz (30g)	0.2
Muesli (40g)	2.6		
<b>Rice/Pasta</b>			
Wholemeal pasta	5	Brown rice (cooked)	1.5
White Pasta (20g)	2	(5 tablespoons)	
		White rice (cooked)	0.5
		(5 tablespoons)	
<b>Cake</b>			
Rich fruit cake	1	Sponge	0.5
Scone	0.5		
<b>Nuts</b>			
All nuts (25g)	2		
<b>Biscuits and cereals</b>			
Oatcakes (25g)	1.5	Gingernuts (x2)	0.4
Digestive (x2)	0.6		

<b>Foods mainly containing soluble fibre</b>			
	<b>Grams</b>		<b>Grams</b>
<b>Fruit</b>			
Avocado (75g)	2.6	Melon (80g)	1.4
Apple (each)	2	Orange (each)	3
Apricots (3 dried)	2	Peach (each)	1
Banana (each)	1	Pear (each)	3
Blackberries (100g)	3.1	Pineapple (2 rings)	1
Cherries (100g)	0.9	Plums (x4)	2
Dates (x3)	1.5	Prunes (24g)	0.6
Figs (20g dried)	1.5	Raisins (24g)	0.5
Grapefruit (each)	1	Raspberries (60g)	1.5
Grapes (100g)	0.7	Strawberries (x10)	1
<b>Vegetables</b>			
Baked beans (135g)	5	Peas (85g canned)	4.1
Beetroot (75g)	1.9	Peas (65g fresh)	2.9
Broad beans (80g)	5	Peas (65g frozen)	3.3
Broccoli (100g)	2	Potatoes (200g jacket)	2.8
Brussel Sprouts (90g)	3	Potatoes (100g new)	1.1
Cabbage (100g)	2	Potatoes	
Carrots (80g)	1	(2 scoops boiled)	2
Cauliflower (90g)	1.4	Potatoes	
Celery (90g)	1.4	(2 scoops mash)	2
Cucumber (2.5cm piece)	0.2	Runner beans (90g)	1.7
French beans (90g)	3.7	Spinach (100g)	2
Leeks (80g)	1.4	Spring greens (100g)	2
Lentils (90g)	2	Swede (75g)	2.6
Lettuce (4 leaves / 20g)	0.2	Sweetcorn (75g)	1
Onion (100g)	1	Tomato (x2)	1

## **Drinking enough fluid**

When increasing the amount of fibre in your diet it is important you drink enough fluid. The body needs fluid to help fibre pass through the bowels. Try to include at least eight glasses (1.5 to 2 litres) of non-caffeinated, water-based fluids each day. This could include water, sugar-free squash and herbal or fruit teas. Hot drinks can help to stimulate the gastrocolic reflex that helps to stimulate bowel movements. Coffee, tea and cola can cause the body to dehydrate (i.e. lose more water than it takes in). If this is the only fluid you can drink then you may need to have slightly more to combat the dehydrating effect.

Eating a high fibre diet but not drinking enough fluid can be counterproductive and lead to further constipation. This is because the lack of fluid makes the stools dry out and become harder to pass. If stools stay in the bowels for longer they will become drier as any water is continually reabsorbed by the body in the large intestines. This will make constipation worse.

It is worth noting that too much fluid may make you feel more bloated. Sipping water regularly throughout the day, can help the body absorb it better. This will help to reduce the bloated feeling associated with large volumes of drink taken at once.

In hot weather and during or after exercise your body needs more fluid so remember to drink more during these times. A simple way to check if you are drinking enough is to check the colour of your urine. It should be a pale straw colour. If it is darker it is likely that you are not drinking enough.

## **Dietary tips to increase fluid intake**

If you are struggling to drink enough fluid, the following tips may help increase your fluid intake:

- Drink fluids that you like
- If you don't like plain water try sparkling water or adding a slice of lemon or lime. Water from the fridge may also taste better.
- Have a bottle of water on your desk or nearby and sip it throughout the day.
- Hot drinks such as tea and coffee are fine if this is the only fluid you like, as they can help to meet your fluid needs. You may wish to choose decaffeinated versions if this is the only fluid you are drinking.
- Fruit smoothies are a tasty way to get fluids in. Do watch the sugar content if you are diabetic or overweight.
- There are apps available to help you to monitor your fluid intake and remind you to drink more such as Daily Water Tracker reminder, Water drink reminder, Aqualert.
- If you go out for a meal then ask for a jug of water on the table and sip this along with any other drink during the meal.

## **Dietary tips to help relieve constipation**

- Gradually increase the amount of all types of fibre in your diet over two to three weeks. Start with increasing fruit and vegetables.
- Take one teaspoon to two tablespoons of linseed each day. Build up the amount gradually.
- Remember to eat regularly, especially breakfast as this can help to stimulate the gastrocolic reflex and stimulate bowel movements.
- Drink at least eight glasses of water-based fluid each day. Try to avoid too many caffeine drinks.
- Try including wholegrain breakfast cereals if bloating is not a problem. For example bran flakes, Weetabix, Shredded Wheat.
- Try to choose wholegrain, wholemeal or multigrain bread or crackers daily.
- Have one to two large portions of vegetables with your main meal.
- Beans, peas and lentils can be added to soups, stews and casseroles. They can be used as a meal themselves, for example, baked beans on wholemeal toast.
- Eat fruit between your meals, for dessert and add some to your breakfast cereal. Use dried fruit for snacks or try tinned fruit. Aim for five portions of fruit and vegetables a day.
- If you bake, try using wholemeal flour (or half white / half wholemeal) to make cakes, scones, biscuits.
- Look for snacks with a high fibre content such as fig rolls, digestive biscuits, some oat cereal bars.
- Try brown / wild rice or wholewheat pasta or try a mixture of brown and white varieties.
- Hot drinks can help stimulate the bowels.
- If you suffer from bloating then try to eat less insoluble fibre but have more foods containing soluble fibre.

## Fibre changes according to your symptoms

Symptoms	Dietary changes
Constipation only	<ul style="list-style-type: none"><li>• Increase all types of fibre</li><li>• Take one teaspoon to two tablespoons of linseeds each day (to a maximum of 24 grams daily)</li><li>• Drink at least eight glasses of fluid each day.</li></ul>
Constipation with wind and bloating	<ul style="list-style-type: none"><li>• Eat less insoluble fibre</li><li>• Eat more soluble fibre</li><li>• Take one teaspoon to two tablespoons of linseeds each day (to a maximum of 24 grams daily)</li><li>• Drink at least eight glasses of fluid each day</li></ul>

Please note that this is only to be used as a guide. How our bodies respond to our diet is a very individual thing. Some people may find that one type of fibre improves bowel habit more than others. For example, one person may find insoluble fibre causes more bloating where others find it reduces the incidence of constipation. It is worth using a food and fluid diary to determine what works best for you, and please do persevere.

### Keeping a food diary

The types of things to record on a food and fluid diary include the time, quantity of food and fluid taken and then any symptoms you are experiencing. You could include a description of any stools you pass. This could be using the Bristol Stool chart (see later) which is commonly used by health professions and is illustrated later. You can also include when you take your medication, when you do any exercise and when you go to the toilet. An example of how to complete one can be seen on the next page. You could keep one for a couple of weeks to keep track of your diet, activity and bowel habit.

## *An example of diet, exercise and symptom diary*

<b>Time of day</b>	<b>Food eaten</b>	<b>Fluid drunk</b>	<b>Exercise / activity</b>	<b>Any laxatives taken</b>	<b>Bowels open?</b>
8am		Cup of tea (decaf)		Lactulose	Yes - type 2
	2x Weetabix and fruit with milk				
9am			30 minute walk		
10am	Wholemeal biscuit	Cup of decaffeinated coffee			
12.30pm	2x Wholemeal sandwich with egg mayonnaise. Apple.	Cup of tea (decaf)			
2pm		glass of water	Wash the car		
4pm	Fruit	glass of water			
7pm	Pork chop, jacket potato and peas.  Crumble made with wholewheat flour and oats and custard	Glass of orange juice			
10pm		Cup of decaffeinated coffee			

# Laxative medicines

You may be advised to take laxatives to relieve your constipation. There are 4 main types of laxatives that work in different ways. With all types of laxatives, it is important to make sure that your fluid intake is adequate. If your constipation does not improve then it is important to speak to your GP for further investigation. If you are taking other medication then it is important to discuss this with your doctor as the laxative may interfere with other medications you are taking.

## ***Bulk forming laxatives***

These include ispaghula husk (Fybogel), methycellulose (Celevac) and sterculia (Normacol). These are often the laxatives that are used first; they are of particular value in adults with small hard stool if fibre cannot be increased in the diet. They have the same action as dietary fibre and help by increasing the volume and softness of the stool. The increased stool volume stimulates stretch receptors in the bowel, stimulating peristalsis and movement of the stool. These types of laxatives take 2-3 days to start to work.

## ***Osmotic laxatives***

These include lactulose and macrogols (for example Movicol, Laxido, CosmoCol). These work by increasing the amount of fluid in stools which helps to soften them and increase their volume: adequate fluid intake is therefore essential. These laxatives are the next option to try if your stools remain hard. These laxatives take 2-3 days of regular intake to start to work.

## ***Stimulant laxatives***

These include bisacodyl, senna and sodium picosulfate. These laxatives work by stimulating the nerves that control the movement of stools through the bowels, speeding up the passage of the faeces through the bowel. If your stools are soft but difficult to pass then these laxatives

should be trialled. Stimulant laxatives can take 6-12 hours to start to work; they are often given at night to have an effect the following morning. They do not need to be taken regularly, they can be taken daily, alternate days or when required.

### ***Stool softeners***

These include arachis oil and docusate sodium. These laxatives work as wetting agents, attracting water and fats to lubricate stools and make them softer. They allow fluid to penetrate the surface of hard stools making them easier to pass. These laxatives take 1-3 days of regular use to start working. Note that arachis oil should not be used if you have a nut allergy.

### ***Others***

For chronic constipation that is not resolved with dietary and lifestyle changes and maximal doses of at least two classes of laxatives for at least 6 months, there are a couple of drugs (lubiprostone, prucalopride) that may be tried if suitable. They can only be prescribed by a Consultant who specialises in chronic constipation.

## **Managing laxatives with constipation**

If your constipation resolves from taking laxatives then you should try to reduce and possibly stop the laxatives. If you have stopped taking the laxatives and have made the dietary and lifestyle adjustments recommended in this booklet and your constipation returns then it is important to speak to your GP for further advice. There may be some conditions where longer term laxatives are needed but this will be prescribed to you by your GP or consultant.

This chart below shows the consistency of different types of stools and any changes you might need to make to the amounts of laxatives that you take. In general you are aiming for a consistency of type 3-4.

<b>Type 1</b>		Separate hard lumps, like nuts (hard to pass)	<b>Increase dose</b>
<b>Type 2</b>		Sausage-shaped but lumpy	<b>Increase dose</b>
<b>Type 3</b>		Like a sausage but with cracks on its surface	<b>Maintain dose</b>
<b>Type 4</b>		Like a sausage or snake, smooth and soft	<b>Maintain dose</b>
<b>Type 5</b>		Soft blobs with clear-cut edges (passes easily)	<b>Decrease dose</b>
<b>Type 6</b>		Fluffy pieces with ragged edges, a mushy stool	<b>Decrease dose</b>
<b>Type 7</b>		Watery, no solid pieces	<b>Decrease dose</b>

There can be some side effects of taking laxatives. These normally pass once you stop taking them but include bloating, passing wind, painful tummy (abdomen), feeling sick and dehydration (which may cause headaches, dizziness and passing dark urine).

There are also certain medications that can cause constipation. If you are taking medications that are causing constipation then it will be more important to adjust your diet and exercise where possible to prevent them causing too many problems.

Some medications that can cause constipation include:

- Pain relief medications that contain codeine or morphine
- Some antidepressants such as amitriptyline
- Some anticonvulsants such as phenytoin and carbamazepine
- Iron supplements

If you are taking these medications then you should discuss with your GP before considering any reduction. If constipation is causing pain or discomfort, you may want to take a painkiller, such as paracetamol. Always follow the dosage instructions carefully. Children under 16 shouldn't take aspirin.

## **Reducing laxative use**

It is common for patients to say, "I have tried this laxative and it worked well to start with, but then it stopped working so well". The nature of long-term laxative use is that the bowel becomes progressively less responsive to all these agents, meaning that increasing doses are required. The aim is to help you to stop using laxatives and for you to aim for a regular, more frequent bowel habit. More advice about re-training your bowel using a technique known as biofeedback is described later in the section 'Going to the toilet'.

## Physical activity

The bowel is greatly influenced by the amount of general activity you take part in. Keeping active and mobile will greatly reduce your risk of getting constipation. For example people leading a very sedentary lifestyle tend to have very sluggish bowel habits whereas athletes (in particular runners) tend to be troubled by diarrhoea and loose stools.

A very important step in helping to prevent and treat constipation is to increase the amount of physical activity you do each day. Try to do at least 2½ hours in total of physical activity every week. As well as reducing your risk of becoming constipated, exercise will also leave you feeling healthier and improve your mood, energy levels and general fitness.

Regular activity helps to move stool through the bowel and strengthens your abdominal (stomach) muscles. This will depend on how active you can be. Any exercise is helpful including:

- Walking
- Swimming
- Mobility classes
- Gardening
- Stretching or other activities such as dancing

If you are overweight, there is some evidence that losing weight will help with your symptoms. Exercise can also support this weight loss.

## **Tips to build physical activity into your day**

- Walk or cycle part of your journey to work or to the shops.
- Get off the bus or tram a stop before your destination and walk the rest of the way.
- If you drive, park further away from your office and walk the rest of the way.
- Take the stairs rather than the lift.
- Go for a walk or a bike ride with your friend or family member rather than meeting for coffee.
- Go for a walk before or after work, or during your lunch break.
- Gardening or housework can provide a good workout.
- Exercise in front of the TV or use an online video workout.
- Go to the gym or take up a new sport.

Remember to drink plenty of fluid when you are exercising or it is hot.

## **Additional tips for relieving constipation**

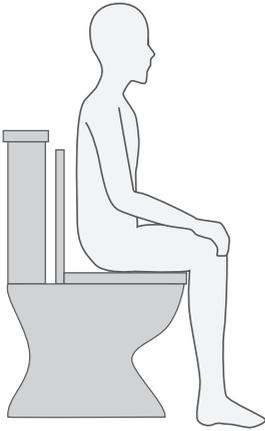
- Try a warm bath.
- Put a hot water bottle over your abdomen.

# Going to the toilet

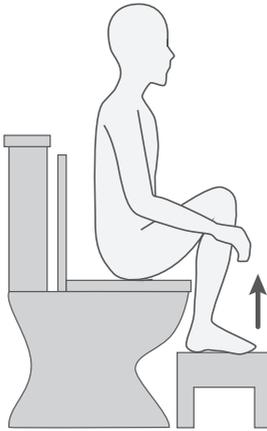
Most bowels respond best to regular habit. Approximately 30 minutes after eating is the most likely time for the bowel to work. You may find that the morning, just after breakfast is a common time for you to open your bowels.

## How to sit on the toilet to help relieve constipation

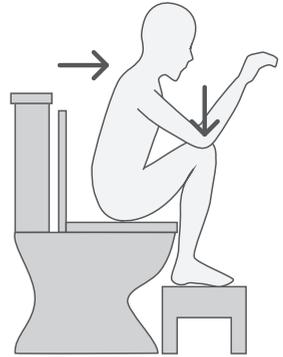
1. Make sure you sit comfortably on the toilet. Relax and lower your shoulders. Breathe normally and do not hold your breath as this will encourage you to strain.
2. The most natural position to pass a stool is squatting. Some people cannot pass a stool simply due to the position they adopt. To simulate the effect of squatting, sit comfortably on the toilet and place your feet about 50cm apart on a footstool about 20-30cm high. This can improve the angle of the rectum within the pelvis and allow any stools to travel down more easily. If you do not have a foot stool or find using the stool uncomfortable try improvising with a rolled-up towel, cushion or thick book. The aim is to bring your knees slightly higher than your hips.
3. Lean forwards and put your elbows on your knees.
4. To help you bear down to pass a stool without straining, try bracing your abdominal muscles and bulging the abdominal wall outwards. To check you are doing this correctly place your hands on your waist as your abdominal muscles tighten you should feel your hands being pushed out sideways.
5. Now concentrate on relaxing the muscles in your bottom and the anal sphincters will slowly begin to re-learn how to relax when you bear down. This will allow the stool to pass through, rather than you restricting it passing. Do not push from above without relaxing the anus below.



1. Normal, starting position



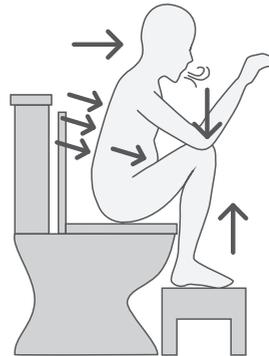
2. Raise knees higher than hips



3. Lean forward and put elbows on knees



4. Straighten your spine and push out your abdomen



5. Correct position. Relax your bottom and breathe

## **Creating a helpful environment**

- Aim to find a toilet that you feel comfortable to use and where you are not inhibited by lack of privacy or time.
- Try not to focus on going to the toilet - it may be normal for some people to pass stools three times a day and for some it can be once every three days. However it is very important not to put off going to the toilet when you do get the urge. Putting off going to the toilet slows down the activity of the bowel.
- Initially go to the toilet at a regular time every day.
- Take your time. Try to ensure that you will have up to 10 minutes without interruption.

## **What should I do if I can't open my bowels?**

Do not spend endless time in the toilet straining. If you do not open your bowels do not panic - try again later or at the same time the next day. It may not be normal for you to pass a stool every day. You are aiming for a regular bowel habit, where you do not need to strain and do not need to use laxatives.

# Where can I find more information?

## Exercise and diet

- <https://www.nhs.uk/live-well/exercise/walking-for-health>
- <https://www.nhs.uk/live-well/exercise/get-active-with-a-disability>
- <https://www.nhs.uk/live-well/eat-well/5-a-day-portion-sizes>

## General information on constipation

- <https://www.nhsinform.scot/illnesses-and-conditions/stomach-liver-and-gastrointestinal-tract/constipation>
- <https://www.guysandstthomas.nhs.uk/resources/patient-information/elderly-care/constipation.pdf>

## Organisations providing support and advice

**GutsUK** is a charity offering information on digestive disorders (previously called CORE).

- 020 7486 0341
- [info@gutscharity.org.uk](mailto:info@gutscharity.org.uk)
- <https://gutscharity.org.uk>

## Bladder and Bowel Association

- [www.bladderandbowel.org](http://www.bladderandbowel.org)







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