



Dr. Michael R. Kaczanowski
On:

CONSTIPATION

Constipation is can be described as infrequent, hard, or difficult to pass stools. While it is bothersome, constipation is seldom a serious disorder. On occasion, there may be an underlying problem, and testing may be recommended by your doctor.

The colon, or large intestine, is the last 5 to 6 feet of the digestive tract. It's primary functions are to reclaim water from digestion and store stool until defecation. If too much water is extracted, the stool can become hard and difficult to pass. This sometimes happens because the colon has become lazy and does not move stool along properly. Occasionally, spasm or prolonged contraction can prevent the movement of stool. Less commonly, obstruction from tumors or severe diverticulosis can lead to narrowing of the colon and constipation.

Other conditions that can lead to constipation include pregnancy, thyroid disorders, hemorrhoids, certain medications, poor diet, and laxative abuse.

Diagnosis

The first, and most important step is a detailed medical history and physical examination. Afterwards, your doctor may arrange for further testing, such as:

- Barium (or Gastrografin) enema – A whitish liquid is used to coat the walls of the colon, making it visible by x-ray.
- Colonoscopy – In this procedure, a doctor uses a long flexible camera to closely inspect the walls of the colon. The test is safe and comfortable. If necessary, small surgical instruments can be used through the camera to take samples of the colon wall (biopsy) for further testing.
- Sitz Marker study – A capsule containing several tiny metallic rings is swallowed. X-rays of the intestine are obtained over several days to determine the pattern and speed of the rings.

- Ano-rectal manometry – This test measures how strong the muscles of the lower colon and pelvis contract.

Treatment

General recommendations for treating constipation include:

- Eating a healthy, high fiber diet
- Drink at least 8 glasses of water daily
- Perform regular aerobic exercise, like walking
- Always respond to the urge to pass stool

Diet

A diet rich in fiber and roughage is a key component of bowel health. Fiber comes from plants and passes undigested into the colon. Some fibers hold on to a lot of water, making stools bulkier, softer, and easier to pass.

Foods which should be eaten daily include whole grain breads, bran cereals, fruits and vegetables. Fiber can also be added to the diet from agents such as psyllium husk (metamucil) or methylcellulose (citrucel).

Laxatives

Laxatives come in two basic types, stimulants and salt based. They can provide some relief when constipation is only an occasional problem. Long term use of laxatives can cause dependency and is discouraged.

Other treatments

If the simple measures above don't relieve the constipation, your doctor may suggest bowel retraining or physical therapy. There are also a variety of medications that may be prescribed to help. Rarely, surgery may be required when constipation results from certain medical conditions.

Talk with your doctor to see if further testing or alternate therapies are appropriate for you.

Dr. Michael Kaczanowski is board certified in Internal Medicine, and Gastroenterology and has served the greater Manchester community for the past several years. He received his medical degree from St. George's University School of Medicine, Grenada and completed his residency at Norwalk Hospital, Yale University teaching affiliate, Norwalk, CT. Here he held the position of Chief Medical Resident and obtained a Fellowship in Gastroenterology and Hepatology. Dr. Kaczanowski has published on the use of wireless capsule endoscopy for diagnosis of small bowel neoplasms and his area of special interest is in the detection of colon cancer, esophageal disease and swallowing disorders.



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