

HEALTH & SAFETY: ASPIRATION PREVENTION

“Management of Constipation”

BQIS/Outreach 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 is the second of ten Fact Sheets regarding Aspiration Prevention.

Objectives

Persons will understand the definition of, causes, prevention, and treatment of constipation as related to aspiration prevention.

Definitions

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 days or a child who has not had a bowel movement in four 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.

Facts

- If the lower GI tract is not working well, is constipated or has poor motility, then the upper part of the GI system will also not be able to work very well.
- Decreased motility and constipation may result in essentially a back up of the entire system. If material is unable to pass efficiently into the lower intestine due to constipation, this may affect the stomach's ability to empty thus increasing the risk of reflux and potential overflow aspiration of stomach contents.
- The hard and dry stools of constipation occur when the colon absorbs too much water. This happens because the colon's muscle contractions 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 such as 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
- Constipation is the most common gastrointestinal complaint in the United States, resulting in about 2 million annual visits to the doctor
- Constipation is one of the “Fatal Four” (dehydration, constipation, seizures, aspiration) emergencies that occur in people with intellectual or developmental disabilities and may become a medical emergency if not adequately addressed.
- Complications of Constipation may include:
 - Hemorrhoids
 - Bowel obstruction (complete blockage)
 - Anal fissures (small tears and bleeding)
 - Abdominal distension
 - Colon diverticula (small pouches from weakening of the colon wall)
 - Pain
 - Rectal prolapse (intestinal lining pushing out through the anus)
 - 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 course of treatment.
2. The Following Strategies May Help Prevent Constipation:
 - 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.
 - Regular exercise. Physical activity will help stimulate intestinal activity.
 - Adequate fluid intake. Drinking plenty of water and other fluids will help soften your stool.
 - Take the time for bowel movements. Set aside sufficient time to allow for undisturbed visits to the toilet.
 - Proper Positioning. For those individuals who require assistance with positioning, a program should be developed that focuses on alternative positional changes that occur at a minimum every 2 hours.

- Laxatives. These over-the-counter medications 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. Examples include Correctol, Dulcolax and Senokot.
 - Lubricants enable stool to move through your colon more easily. Examples include mineral oils.
 - Stool softeners moisten the stool and help prevent dehydration. Examples include Colace and Surfak.
 - Fiber supplements, or bulk laxatives, are generally considered the safest of laxatives. Examples include FiberCon, Metamucil, Konsyl, Serutan and Citrucel. These agents must be taken with plenty of water.
 - Osmotics help fluids to move through the colon. Examples include Cephulac, Sorbitol and Miralax.
 - Saline laxatives act like a sponge to draw water into the colon for easier passage of stool. An example is milk of magnesia
 - Keep track of BM frequency, consistency, as well as 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 if 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. When to Immediately Notify a Physician:
- Person is constipated for 3 or more days or as directed by health care provider
 - Constipation occurs after starting a new prescription, vitamin, or mineral supplement or is accompanied by blood in the stools, changes in bowel patterns, or fever and abdominal pain.

Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. What is the minimal 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
 - 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 BM 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

Constipation. National Digestive Diseases Information Clearinghouse.
digestive.niddk.nih.gov/ddiseases/pubs/constipation

Wald A, et al. Treatment of chronic constipation in adults.
www.utdol.com/patients/content/topic.do?topicKey=~_MJ0g2t8BtTz

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 Residuals”, “Feeding Tubes and Feeding/Medication Administration Options”, and “Choice Considerations Relevant to the Use of Enteral Nutrition”

“General Description of Diet Textures” Handout

Learning Assessment Answers

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

Outreach Services

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