Constipation

Summary from Rosen's By Nnenna Ejesieme

Epidemiology

- Prevalence is 16% in the U.S. → Women > Men and increased in the elderly population

Pathophysiology

- Any structural, metabolic, mechanical, neurologic, or behavioral abnormality may cause constipation.

Differential Diagnosis*

- Hirschsprung's
- Imperforated Hymen
- Anorectal atresia
- IBS
- Spinal Cord Injury
- Diabetes, Hypercalcemia, Hypothyroidism
- Intussusception, rectal prolapse
- Calcium supplements, Opiates, Anticholinergic
- Abuse, Eating d/d
- Dehydration, drugs, pregnancy, post-Op pain

Signs and Symptoms

- Decreased number of Bowel movements beyond pt's norm
- Alarm Sx: fever, anorexia, nausea, vomiting, melena, anemia, weight loss > 10lbs, FamHx of colon cancer, constipation after 50

Work-up**

- Thorough H&P (abdominal and rectal exam)
- Typically no testing is necessary in the acute setting
- May order abd series/ abd plain films, CBC, CMP if suspicion of underlying secondary cause of constipation

Empiric Management[1]

- It is not recommend to use stool softeners as the initial treatment in the acute setting
- Increase fluid intake and fiber Or → stool softener, Osmotic laxative, Lubricants, Suppositories to aid
- Failed Laxatives → Enema or dis-impaction may be helpful in treatment
- Refractory Opioid induced Constipation→ Methylnaltrexone (Relistor) → blocks GI mu receptors without compromising central mu receptors
- Recalcitrant Constipation → benefit from biofeedback intervention and bowel training

Disposition

- If stable or mild constipation → d/c home
- If abnl presentation, alarm symptoms are present, moderate Constipation or significant pain → admit the patient for further evaluations

[1]Treatments for constipation: Table 32-1 & Box 32-2
*See Box 32-1
** See Figure 32-1