APPROACH TO CONSTIPATION:

CONSTIPATION IS A SYMPTOM, NOT A DISEASE! ATTEMPTING TO IDENTIFY THE CAUSE OF THIS SYMPTOM WILL OFTEN RESULT IN THE BEST CHANCE OF EFFECTIVE TREATMENT, BUT IS OFTEN NOT POSSIBLE IN THE EMERGENCY DEPARTMENT

CONSTIPATION SHOULD BE OF SALIENT CONCERN WHEN IT REPRESENTS A SIGNIFICANT CHANGE FROM A PATIENT'S OWN NORMAL PATTERN

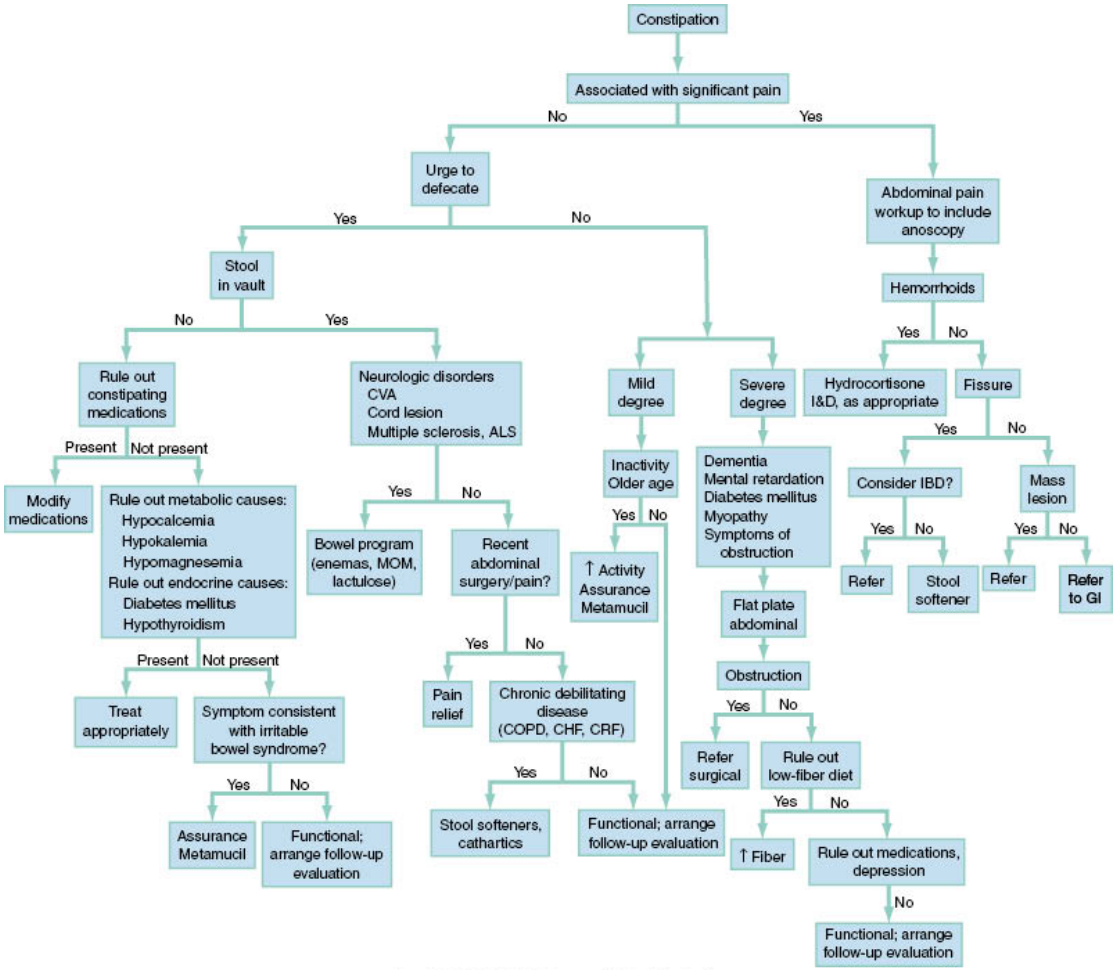
MAY RESULT FROM STRUCTURAL, METABOLIC, MECHANICAL, NEUROLOGIC OR BEHAVIOURAL DISORDERS THAT AFFECT THE COLON OR ANORECTUM EITHER DIRECTLY OR INDIRECTLY

PIVOTAL FINDINGS:

- Essential information includes the presence or absence of alarming signs or symptoms
    - Fevers, anorexia, nausea, vomiting
    - New onset or worsening constipation
    - Haematochezia
    - Weight loss
    - Family history of IBD/colorectal malignancy
- Physical examination:
    - Two major portions → PR and abdominal exam
        - Abdo → look for tenderness, a mass, distention
        - Rectal → fissures, skin excoriation, haemorrhoids, rectal prolapse, strictures, high anal tone
            - Results of rectal exam have not been shown to correlate well with complaints of constipation or evidence of faecal loading

CAUSES OF CONSTIPATION:

- Divide into PRIMARY VS SECONDARY (SEE TABLE BELOW):
    - PRIMARY:
        - Functional, neuropathic, obstructive, gynaecologic
    - SECONDARY:
        - Medications, lifestyle, metabolic/endocrine, myopathic, psychological



DIAGNOSTIC ALGORITHM:

- The majority of patients do not require any further testing
- Plain radiographs may document extent of stool retention, but may provide emergent information → volvulus or megacolon → does not rule out serious pathology
- THE KEY POINT OF DIVISION IS WHETHER CONSTIPATION IS ACCOMPANIED BY ABDOMINAL PAIN → if pain is present, then the diagnostic work-up is directed toward pain and this should diagnose cause of constipation
    - Constipation itself can cause pain, but this is a diagnosis of exclusion
- Most bad outcomes are due to missed diagnosis of bowel obstruction or perforation

EMPIRICAL MANAGEMENT:

- Treatment of acute constipation is directed toward eradicating the underlying cause and providing symptom relief
- All patients should be advised to:
    - Have adequate intake of fluid and fibre (grains/cereals)
    - Synthetic bulking agents → e.g. psyllium/Metamucil
    - Avoid irritant laxatives as they may ↓bowel motility in the longer term

- Enemas are sometimes necessary if laxatives have failed to provide relief or if the patient has a large volume of stool in the lower colon or rectum that cannot be expelled
- Specific agents:
    - Stimulant laxative → e.g. senna
    - Osmotic laxative → lactulose (non-absorbable sugars), polyethylene glycol
    - Lubricants → especially with perianal disease
    - Stool softeners
    - Suppositories and enemas → helpful in patients who tend to have trouble expelling stool → glycerin, soap/water