



TEXAS UROLOGY

TREATMENT FOR SEVERE CONSTIPATION

Bowel disorders affect the bladder, too. In a patient who has severe, unremitting constipation or who relies on laxatives, urinary incontinence, urinary infections, and voiding dysfunction may not be improved until the constipation is under control. Listed below are a few important steps for conquering constipation, even if lifelong.

1. Increase your fluid intake. Adequate fluid intake prevents stool from becoming hard and dry.
2. Increase your fiber intake. Fiber adds moist bulk to the stool, making it easier to pass.
3. EXERCISE! Any type of physical exercise will improve the overall tone of the body's muscles as well as the muscle of the colon. Improved muscular tone of the colon will help fight constipation.
4. Don't strain or try to force out bowel movements (this leads to hernias, hemorrhoids, incontinence, etc.). Instead, take a stool softener twice daily. Stool softeners make the stool slippery – more easily passed out of the rectum. One cannot become dependent on stool softeners nor can they cause diarrhea. Some examples (and the generic names) are "Colace" (docusate sodium) and "Surfak" (docusate calcium).
5. Never ignore the urge to have a bowel movement. The body has a natural reaction called the gastrocolic reflex; this is when a patient takes in hot liquid or a meal and the stomach is stretched. The stretching of the stomach results in a hormone called gastrin being released into the bloodstream. Gastrin travels to the colon and rectum where it causes contractions. This is normally felt as an urge to have a bowel movement, and may occur 15-30 minutes after ingesting hot liquid or a meal. Take advantage of this natural best time to have a bowel movement. Again, never ignore the urge!
6. Establish a "habit" time. The bowel works best when it is on a schedule. If you will choose the same hour every day to make time to sit on the toilet and relax and have a bowel movement, you will be surprised how your body will become used to this and cooperative. Ideally, the best "habit" time is after a meal, when you can again take advantage of the natural contractions of the colon and rectum after eating. A convenient habit time is after a moderate-sized breakfast at the same time each day. 15 minutes after breakfast, make time to go sit in the bathroom and see if you can have a bowel movement.
7. If medication is required to have a bowel movement, it is best to start with suppositories. Suppositories and enemas stimulate the rectum to contract and therefore, cause a bowel movement. Taking laxatives by mouth may stimulate the entire colon and rectum and over time, the colon and rectum may become less sensitive to the effect of laxatives. This is how laxative dependence develops. Again, if medication is required for a bowel movement, insert a suppository (Glycerin or Bisacodyl) and wait at least one hour for results. If no results, repeat the suppository. If that is not effective, any type of enema (Fleet Phospho-Soda or mineral oil, tap water, soap suds, etc.) will do. Retain the enema and wait at least 30 minutes before expelling the fluid. Suppositories and enemas are at low risk for causing dependence, and should always be used before oral laxatives.

Following these steps will help you, over time, achieve relief of constipation which is so influential on dysfunction of the urinary tract.

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