

Managing constipation

Continence Service

Last reviewed: April 2026

Next review: April 2029

Information for Patients

Leaflet number: 901 Version: 4

Why have I been given this leaflet?

We have treated you for constipation while in hospital. This leaflet will help you understand constipation. It will also tell you how to take your laxatives when you are at home. The goal is to stop you becoming constipated again.

What is constipation?

It is a common condition that affects people of all ages. It can mean that you are **not** passing stools (faeces) regularly. Or it means you cannot completely empty your bowel.

It can also cause your stools to be hard, lumpy, and unusually large or small.

Many people only have constipation for a short time. For others it can be a long-term (chronic) condition that causes pain and discomfort. It can affect their quality of life. In older adults it cause trouble in controlling their bowels (faecal incontinence).

What causes it?

There can be many causes, these include:

- not eating enough fibre, such as fruit, vegetables, cereals and wholegrains.
- a change in your routine or lifestyle, like changes in your eating habits, being in hospital.
- reduced mobility or lack of exercise.
- ignoring the need to pass stools.

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- some medications (like painkillers (codeine based), iron tablets, antacids, anti-Parkinson's disease drugs, some blood pressure tablets and anti-depressants).
- not drinking enough fluids.
- anxiety or depression.
- certain medical conditions (like Parkinson's disease, multiple sclerosis (MS), an underactive thyroid gland and irritable bowel syndrome (IBS)).

What are the symptoms?

Normal bowel habits are different from person to person. Some adults pass stool more than once a day. Other adults may only go every 3 or 4 days.

You do not need to pass stool everyday. What matters is how the stool looks and how much there is. For example the firmness of the stool (see the Bristol Stool Chart on page 5) and how much you pass.

Symptoms can be one or more of the following:

- Difficulty and straining to pass stools most of the time.
- Feeling unable to empty your bowel completely.
- Passing dry, hard and lumpy stools most of the time.
- Opening bowels less than 3 times a week.
- Passing small stool or really large solid stool.
- Soiling or smearing of underwear.
- Stomach ache and cramps.
- Feeling bloated/ sick.
- Loss of appetite.
- In some cases agitation and confusion.

How can I prevent it?

You can do some simple things to help yourself:

- Drink a good amount of fluids. You need to drink 1.5 to 2 litres (2.5 to 3.5 pints) of fluid a day.
- Slowly add more fibre into your diet. Some types of fibre will need to be taken with a good fluid intake. Get advice if you are not sure. You can eat:
 - fruit and vegetables,
 - whole grain rice,
 - whole wheat pasta,
 - wholemeal bread,
 - seeds and oats,
- Try to eat regularly. Have 3 meals per day. Make sure to eat breakfast. If you had a smaller appetite whilst in hospital, try eating 4 to 5 smaller meals to build your appetite.

- Your bowels want to move after eating. This means you may feel the need to pass stool. This is called the 'gastro-colic reflex'. This is the strongest after breakfast. Having a hot drink may help. Try sitting on the toilet 30 minutes after a meal to fit in with the 'gastro-colic reflex'. If you need assistance to use the toilet, talk about this with your family.
- Keep yourself active as much as possible. Even if it is just a walk around the garden or your room.
- Do not ignore the need to go to the toilet. If you wait too long, the feeling might go away.
- When going to the toilet, make sure you have enough time and privacy to pass stools comfortably.

Laxative medicine

Some people with chronic constipation need regular laxatives.

It is better to take laxatives for chronic constipation regularly rather than waiting until it becomes a problem. For example do not wait until you have not passed stool for 2 or more days, or when stools have become hard. If you do not take your laxatives until you have not passed stool for a few days, you may find that you quickly become severely constipated.

This may mean taking your laxatives every day, every other day or even just 2 times a week. You need to aim for a stool that is not too hard or not too loose. You can achieve this by slowly reducing or increasing your softener laxative.

Types of laxatives:

There are 3 main types of laxatives. Sometimes you may need more than 1 of these laxatives:

- **Stimulant laxatives** work by making the bowel muscles contract. It stimulates the nerves that control the muscles lining your digestive tract. This pushes stool (faeces) through the bowels, helping your bowels to empty more effectively. This type of laxative works better with a soft formed stool.
Stimulant laxatives include senna, bisacodyl, sodium picosulfate, and docusate sodium.
- **Softener laxatives** work by softening your stools by increasing the amount of water in your bowels. This then makes the stool easier to pass.
Softener laxatives include lactulose, macrogol (Laxido, Movicol, CosmoCol), and docusate sodium.
- **Bulk-forming laxatives** work in the same way as dietary fibre. They increase the "bulk" or weight of your stools by helping them hold onto fluid. This helps your bowels push the stools out.
Bulk-forming laxatives include ispaghula husk (Fybogel). You will need to drink 1.5 litres of fluid per day with this type of laxative.

How to take laxatives after your discharge from hospital

Please read your laxative instructions on:

- how to take them (some may need mixing in a measured quantity of water)
- and what the maximum amount is that you can take per day.

The Bristol Stool Chart (page 5) is used by health care professionals to grade the type of stool that a person passes. It has 7 different types of stool. It shows hard constipated stool (type 1 or type 2) to loose diarrhoea stool (type 6 or type 7).

How often you pass stool can be important. It can be 3 times a week to 3 times a day. This is all classed as “normal”. However, how it looks and how much stool you pass is also very important. The aim is to pass a good amount of type 3 or type 4 stool even if you go every day or 3 times a week. When you do pass stool, it should be pain free and easy to pass.

Use the Bristol Stool Chart (page 5) and the information below to help you to decide how often you need to take your softener laxative:

- Look at your stools every day or after each bowel movement.
- Decide what type it fits on the Bristol Stool Chart.
- You are aiming to have a Type 3 or 4 stool.
- If it is not Type 3 or 4, follow the instructions for your stool type.
- If you need to increase or decrease your softener laxative, do it **slowly**, checking your stool type every day or after each bowel movement.
- Once you have found the right dose for you stay on that regime. This may mean that you have to take your laxative as often as 2 or 3 times a day, or as little as only 2 times a week.








Remember:

- If you have chronic constipation, it is best to take laxatives regularly rather than waiting until it is a problem. If you leave taking your laxatives until you have not passed stool for a few days, you may find that you quickly become severely constipated.
- Read your laxative instructions on how to take them. Some may need mixing in a measured amount of water. It may have instructions on the maximum amount that you can take per day.
- If you are on the maximum dose of laxatives but have not passed stool for more than 3 days, get medical advice.
- **If you continue to have type 7 diarrhoea after stopping your laxatives, or you notice blood in your stools, get medical advice.**

Contact details

Speak to your pharmacist, local health care professional or GP surgery if you have any questions, or need advice on how to take your laxatives or if your laxatives are not working.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)	Increase softener laxative
Type 2		Sausage-shaped but lumpy	Increase softener laxative
Type 3		Like a sausage but with cracks on the surface	Stay on current softener laxative dose
Type 4		Like a sausage or snake, smooth and soft	Stay on current softener laxative dose
Type 5		Soft blobs with clear-cut edges	Reduce softener laxative
Type 6		Fluffy pieces with ragged edges, a mushy stool	Reduce softener laxative
Type 7		Watery, no solid pieces. Entirely Liquid	Stop laxatives for 1 to 2 days Get medical advice

More information

You can find more information on constipation on the NHS website:

- **NHS Constipation:** www.nhs.uk/conditions/constipation/
- **NHS Laxatives:** www.nhs.uk/medicines/laxatives/

Good toilet habits

Sit on the toilet in a squatting position:



When sitting your colon is at 90 degrees. The intestine is pinched and blocked.



Use a footstool to raise your feet for a squatting position. When squatting your colon is at 35 degrees. This helps with easier bowel emptying.

Use a toileting footstool:

Using a footstool when sitting on the toilet can help make it easier to pass stool. This item is not available on the NHS. It can be found and purchased online by searching for 'toileting footstool'.

Toileting footstool can help you avoid:

- straining
- constipation
- incomplete bowel emptying
- faecal smearing
- visiting the toilet often to empty your bowels



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