Chronic constipation is quite common across the American population and responsible for 2.5 million physician office visits annually. Older people generally are more concerned with their bowel health than younger folks; they may be preoccupied by the myth of needing a daily bowel movement. The fact is that older individuals are more likely to routinely experience problems with constipation — researchers have found that 33% of the elderly suffer from chronic constipation. Women are two to three times more likely to experience constipation than men.

Although constipation typically is defined by infrequent bowel movements (fewer than three a week) and/or evacuation of hard, even painful stool, it is slow transit that often receives greatest attention as symptoms are addressed. An even more common but less frequently addressed factor is the lack of coordination and general weakness of pelvic floor muscles that can make evacuation a problem. The sphincters (circular muscles around rectum) and the puborectalis muscles must relax to have a bowel movement and stay contracted to prevent one. When functioning normally, this balance is controlled by the pressure from accumulating stool in the rectum, which is sensed by nerves in the body and the brain’s decision to respond (or not) to this sensation. Unless the underlying pelvic floor dysfunction is fully addressed, efforts aimed at reducing transit time will not remedy the problem of evacuation caused by lack of coordination of pelvic floor muscles and general muscle weakness. In most cases, both slow transit and problems with evacuation must be addressed for enduring success.

Anatomic abnormalities such as rectal prolapse are the result of pelvic floor muscle weakness and exacerbate the problem of outlet obstruction. If prolapse in the form of a rectocele (anterior vaginal wall collapse) or enterocele (vaginal ceiling of outlet obstruction) is present, it must be addressed surgically or with a remedy the problem of evacuation caused by lack of coordination of pelvic floor muscles and general muscle weakness. If prolapse in the form of a rectocele or enterocele is present, it must be addressed surgically or with a Medicare-approved instrument (eg, MiraLAX, Merck and Company, Inc., Whitehouse Station, NJ) to help make the stool more spongy.

It is essential for nurses — both in primary care and in specialties such as continence — to deepen their understanding of chronic constipation. Taking time to fully assess causal factors and symptoms is key to successfully remedying chronic constipation. In the majority of cases, simple advice and intervention work.

References