Table 24–2  Selected Causes of Constipation

<table>
<thead>
<tr>
<th>Factor</th>
<th>Related Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Lack of exercise; bed rest</td>
</tr>
<tr>
<td>Dietary</td>
<td>Highly refined, low-fiber foods; inadequate fluid intake</td>
</tr>
<tr>
<td>Drugs</td>
<td>Antacids containing aluminum or calcium salts; narcotic analgesics; anticholinergics; many antidepressants, tranquilizers, and sedatives; antihypertensives, such as ganglionic blockers, calcium-channel blockers, beta-adrenergic blockers, and diuretics; iron salts</td>
</tr>
<tr>
<td>Large bowel</td>
<td>Diverticular disease, inflammatory disease, tumor, obstruction; changes in rectal or anal structure or function</td>
</tr>
<tr>
<td>Psychogenic</td>
<td>Voluntary suppression of urge; perceived need to defecate on schedule; depression</td>
</tr>
<tr>
<td>Systemic</td>
<td>Advanced age; pregnancy; neurologic conditions (trauma, multiple sclerosis, tumors, cerebrovascular accident, Parkinsonism); endocrine and metabolic disorders (hypothyroidism, hypercalcemia, uremia, porphyria)</td>
</tr>
<tr>
<td>Other</td>
<td>Chronic laxative or enema use</td>
</tr>
</tbody>
</table>

Initial evaluation of constipation is based on the history and physical examination. The abdomen may appear somewhat distended, and bowel sounds may be reduced. If an impaction is present, digital examination of the rectum reveals a palpable hard or puttylike fecal mass.

Simple or chronic constipation is treated with education (a daily bowel movement is not necessary for health), and modification of diet and exercise routines. If the problem is acute or does not resolve, further diagnostic examination may be ordered.

Diagnostic Tests

- **Serum electrolytes and thyroid function tests** may be done to identify metabolic and endocrine problems that may contribute to constipation.
- **Barium enema** may be ordered to evaluate bowel structure and to identify tumors or diverticular disease. Barium is instilled into the large intestine and X-rays are taken. Nursing care for the client undergoing a barium enema is described in the following box.

**COLLABORATIVE CARE**

**Nursing Implications for Diagnostic Tests**

**Barium Enema**

**Client Preparation**

Ensure presence of a signed informed consent for the procedure.

- Provide or instruct to follow a clear liquid diet for 24 hours prior to the test. All food and fluids may be withheld for 8 hours prior to the test.
- Administer or instruct to use laxatives, enemas, or suppositories as ordered the evening prior to the procedure. Additional bowel preparation may be ordered for the morning just prior to the procedure.

**Client and Family Teaching**

**Before Procedure**

- The procedure takes approximately 1 hour.
- The barium will be instilled through a lubricated tube inserted into your rectum. You will experience a sensation of fullness, and may feel the need to defecate.
- You will be positioned on the left side, on your back, and prone during this procedure.
- A fluoroscope will be used to follow the progress of the barium, and X-ray will be taken.
- You will expel the barium in the bathroom.

**After Procedure**

- Following the procedure, a laxative will be given.
- The stools may be white for the next 1 to 2 days.

- **Sigmoidoscopy or colonoscopy** may also be used to evaluate constipation, particularly when the problem is acute and a tumor or obstruction is suspected. A flexible endoscope is used to inspect bowel mucosa and structure. Suspicious lesions may be biopsied at the time of the scope. see p. 000 for nursing care for the client having a colonoscopy.

**Medications**

Laxative and cathartic preparations to promote stool evacuation were among the earliest drugs. Milder preparations are generally known as laxatives; cathartics have a stronger effect. Most laxatives are appropriate only for short-term use. Cathartics and enemas interfere with normal bowel reflexes and should not be used for simple constipation. Laxatives should never be given if a bowel obstruction or impaction is suspected, nor to people with abdominal pain of undetermined origin (Tierney et al., 2001). When the bowel is obstructed, laxatives or cathartics may cause serious mechanical damage and perforate the bowel.

The only laxatives that are appropriate and safe for long-term use are bulking agents, such as psyllium seed, calcium polycarbophil, and methylcellulose. These agents act by increasing the bulk of the feces and drawing water into the bowel to soften it. Commonly prescribed laxatives and cathartics are discussed on p. 000.