

# Constipation

WARWIKI

Patient Information · Why it matters for pelvic health, and how to fix it

Constipation means stools that are **infrequent, hard, or hard to pass**. It is very common — and it matters for pelvic health because the **straining** it causes worsens prolapse, bladder leakage, and pelvic pain. The good news is that most constipation improves with simple, proven changes.

## About This Condition

Healthy bowel movements should pass without straining. Signs of constipation include going fewer than three times a week, hard or lumpy stools, straining, a feeling of **incomplete emptying**, or needing to press around the vagina or rectum to pass stool (“splinting”).

## What Causes It

- **Low fiber and fluids**, and not enough activity
- **Ignoring the urge** to go
- **Medicines** — opioids, iron, some others
- **Pelvic-floor problems** — the muscles don’t relax to let stool out (“outlet” constipation)
- Slow movement of the colon

“Outlet” constipation is important: it is treated with **pelvic-floor therapy**, not just laxatives.

## LEARN THE TERMS

### Constipation

Infrequent, hard, or difficult-to-pass stools.

### Fiber

Plant material that softens and bulks the stool.

### Osmotic laxative

A gentle agent (like PEG) that draws water into the stool.

### Outlet constipation

Trouble passing stool because the pelvic muscles don’t relax.

### Biofeedback

Therapy that retrains the muscles to relax for a bowel movement.

### Splinting

Pressing near the vagina or rectum to help stool pass.

**WHY DOES MY UROLOGIST CARE?** Because straining to pass hard stool puts pressure on the same support that holds up the bladder and pelvic organs — so constipation worsens prolapse and incontinence, and a full rectum can crowd the bladder. Fixing constipation often improves bladder symptoms too.

## How It's Treated (Step by Step)

- 1 Fiber, fluids, and activity** — build fiber up gradually (food or a supplement) with plenty of water.
- 2 Toileting habits** — go when you feel the urge, use a **footstool** to raise the knees (squat position), and **don't strain**.
- 3 Gentle laxatives** — an osmotic agent (like PEG) is safe for regular use if needed.
- 4 Pelvic-floor therapy / biofeedback** for outlet-type constipation; and review any constipating medicines with your team.

## A Healthy Routine

- Try to go at the **same time daily**, often after a meal.
- Give yourself unhurried time; never force or strain.
- Stay active — even a daily walk helps the bowel move.

## Good to Know

- Add fiber **slowly** to avoid bloating, and drink enough water with it.
- Stimulant laxatives are fine occasionally; ask before using them daily.
- If straining is the main problem, the issue may be muscle coordination — therapy helps more than more laxatives.

### Call your team if you have:

- **Blood in the stool**, or unexplained weight loss
- New constipation that won't improve, especially if you are older
- Severe belly pain, vomiting, or **no gas or stool** (possible blockage)

## THREE THINGS TO REMEMBER

- 1.** Constipation is common and matters for pelvic health — straining worsens prolapse and bladder leakage.
- 2.** Fix it with fiber, fluids, activity, good toileting habits (footstool, no straining), and gentle laxatives as needed.
- 3.** If straining persists, ask about pelvic-floor therapy. Report blood in the stool, weight loss, or a sudden severe change.