

# Constipation Prevention

**Purpose:** Constipation and decreased mobility of colon and surrounding structures can not only be uncomfortable, but painful. Research shows that constipation post-surgery may be due to pain, anesthesia, medication, etc. Below are some helpful tips to improve and maximize colon mobility, manage bloating, and produce stool regularly. Please consult with your doctor if you have any questions.

## General Tips:

- Maintain adequate water consumption throughout the day.
- Bowels/colon like routine – so attempting to eat around the same time with the same amount of food is best. Breakfast is especially important.
- Daily walks of at least 20 minutes most days of the week can improve peristaltic action of intestines and optimize blood flow to abdomen. You can start 5 min intervals to improve your endurance once cleared by your MD.
- Limit stress as much possible... Yes, this influences bowel health! The brain and the gut are intimately linked. When we are under a lot of stress, the brain activates the fight, flight, and freeze response, releasing hormones such as cortisol and epinephrine that directly affect digestion and gut function. The result can be a slowing down or postponing digestion to tend to the perceived threat/stressor.
- Usually, the best time of day for a bowel movement is 30 mins – 1 hour after a meal. These times are best because the body uses the gastrocolic reflex, a stimulation of bowel motion that occurs after eating, to help produce a bowel movement.
- Chew your food completely.
- A warm beverage in the morning can help to stimulate a bowel movement.

## Bloating:

- Lying on the left side with hips and knees bent allows for full relaxation to the end of colon. You can use a pillow between the knees for support. This can help ease gas discomfort.
- Chewing gum can help with discomfort.
- Gentle belly breathing (see next page) can help with discomfort.

## Diet Considerations:

- Maintain adequate daily fiber intake. Some great options are vegetables (spinach, raw carrots, celery), beans, flaxseed, oatmeal, fruit (berries, banana, raisins, coconut, grapes), whole grains, nuts, high fiber cereals, etc. Prunes are a great snack because of the high fiber sorbitol, which helps soften stool. Gradually increase to 25-35 grams per day.
- Foods that thicken Stools (BRAT diet): Bananas, rice, apples, tea, and toast.
- Foods that loosen stool: alcohol, caffeine, spicy foods, sugar and artificial sweeteners, fried foods, carbonated beverages, dried and fresh fruit (except banana, peeled apples, and fruit juices)
- Special recipe: 1 cup apple sauce, ¼ cup oat bran, ¼ cup prune juice
- Foods that cause gas: apple juice, beans, cabbage, onions, beer, wine, broccoli, vinegar, carbonated beverages
- 2-3 dried prunes or ¼ to ⅓ of a cup of prune juice can be used at night to stimulate morning bowel movement.

# Constipation Prevention continued

## Proper Toileting Posture

It is best to have knees above hips, with hips open. Can use large books or stool under feet.

- Leaning slightly forward on legs which is best for optimal elimination.
- Focusing on deep breathing and pelvic floor muscle relaxation.
- Self-colon massage can be performed on toilet if necessary (see below)
- Always avoid straining- Instead use diaphragmatic/belly breathing (see below).

**Belly Breathing:** Start all movement with diaphragmatic breathing for a few minutes to quiet nervous system and encourage full body awareness. Start lying on your back with knees bent. Place one hand on chest and one hand on abdomen to feel belly rise and fall.

During inhale “belly hand” should rise and during exhale “belly hand” should fall. This should be gentle – do not push your belly out as this can injure your incisions.

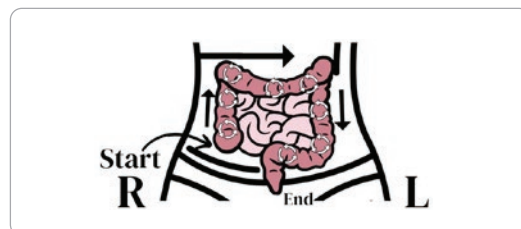
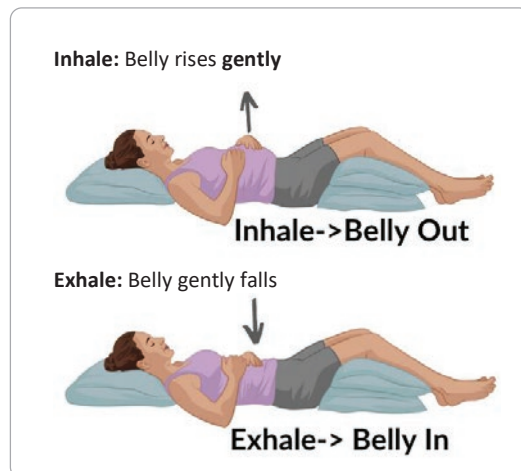
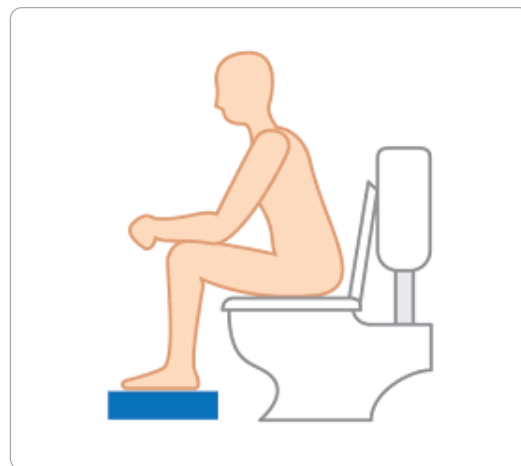
Repeat for at least 2x10 breaths.

**Colon Massage:** DO NOT try/rub over any healing incisions.

**Position:** lying on your back with your knees bent or supported. You can also try this sitting on the toilet.

Apply sweeping “C” motions or circular motions to abdomen with hand, beginning at the lower right corner of abdomen (near hip bone), then move your way up to the top right corner (under rib cage), across to the top left corner then down to the bottom left corner (near the hip bone), and under the belly button.

Repeat 5-10x/2-5 mins



# Constipation Prevention continued

## Opioid Induced Constipation

Opioid medications are regularly prescribed after surgery to help manage pain and/or for chronic medical conditions.

Some common opioids include:

- Percocet (oxycodone/acetaminophen)
- Roxicodone (oxycodone)
- Norco (hydrocodone/acetaminophen)
- Dilaudid (hydromorphone)
- Ultram (tramadol)
- Morphine
- Fentanyl (Duragesic)
- Buprenorphine (suboxone)
- Codeine
- Methadone

About 6 out of every 10 people who take opioids after surgery have constipation. Opioids taken for medical reasons can also cause constipation.

This step-by-step guide can help you trigger a bowel movement (BM) and stay regular while taking opioids. Continue to follow your bowel care plan until you are done taking opioids, you have regular bowel movements, or you get diarrhea.

**Regardless of what bowel care step you are on, you should:**

Limit taking opioids as you can. Ask your care team about other ways to help control pain.

**Day 1:**  
Miralax (Polyethylene Glycol).  
One capful in 8 oz. of water once daily.

**IF NO BOWEL MOVEMENT**



**Day 2:**  
Miralax (Polyethylene Glycol).  
One capful in 8 oz. of water twice daily.

**IF NO BOWEL MOVEMENT**



**Day 3:**  
Miralax (Polyethylene Glycol).  
One capful in 8 oz. of water twice daily  
AND add Dulcolax (Bisacodyl) 5mg  
once daily by mouth.

**IF NO BOWEL MOVEMENT**



**Day 4:**  
If no bowel movement after four days despite  
above regimen, call your physician.

**NOTE: If you have had bowel surgery or if your surgeon gave you instructions for post-operative constipation, follow the instructions given to you by your surgeon. All medications listed above are available over the counter. No prescription is required.**

# Constipation Prevention continued

If you have any of the following conditions listed below, consult your physician before starting this regimen:

- Dysphagia (Inability to swallow without choking)
- Aspiration Pneumonia (Pneumonia caused when food or liquid is breathed into lungs instead of being swallowed)
- Diarrhea
- Hyponatremia (Low sodium level)
- Congestive Heart Failure
- Cirrhosis
- Inflammatory Bowel Disease (Crohn's Disease or Ulcerative Colitis)
- Active Diverticulitis
- Active Appendicitis