CROHN'S & COLITIS UK

CROHN'S? COLITIS? WE'LL FACE IT TOGETHER.

CONSTIPATION

Constipation is often not recognised as a symptom of **Crohn's Disease**, **Ulcerative Colitis** or **Microscopic Colitis**. But it affects many people with these conditions. Managing constipation can be particularly difficult if you have Crohn's or Colitis. But there are lots of things you can try that may help.

This information is for adults with Crohn's or Colitis who have constipation. It may also be useful for those involved in their care. It can help you to understand why constipation might happen and how to manage it. We also include some information for children, but for further information, please speak to their healthcare team.

Where we use the term Colitis in this resource, we mean both Ulcerative Colitis and Microscopic Colitis.

This information is for people in the UK. It should not replace advice from your IBD team.

CONTENTS

KEY FACTS

- Constipation is when you find it hard to poo, or are pooing less often than is usual for you. If you are constipated, your poo may be dry, hard or lumpy.
- There are several reasons why you may have constipation if you have Crohn's or Colitis. It's not always possible to identify exactly what has caused it.
- Managing constipation can be difficult. But there are things you can try that may help, such as changing your position on the toilet and drinking more fluids. You can also try laxatives.
- Including more fibre in your diet can help with constipation. You should increase fibre gradually to avoid triggering symptoms. If you have a stricture, it's

important to check with your IBD team first. You may need to avoid certain high-fibre foods.

- You can have constipation if you have a stoma. It's generally managed in the same way.

HOW DO YOU KNOW IF YOU HAVE CONSTIPATION?

Constipation is when you find it hard to poo, or are pooing less than is usual for you. It can mean:

- You are having a poo less than three times a week, or less often than is usual for you.
- Your poo tends to be dry, hard or lumpy, and may be unusually large or small.
- You feel like you still need to poo after you have finished.

The Bristol Stool Chart is a useful way to assess your poo. It's a 7-point scale that can help you to describe the shape and texture of your poo when talking to health professionals. 'Stool' is another word for poo.

You can access the Bristol Stool Chart through the Bladder & Bowel Community website.

CAN YOU GET CONSTIPATION WITH CROHN'S OR COLITIS?

People with **Crohn's Disease**, **Ulcerative Colitis** and **Microscopic Colitis** can all get constipation. It's more common in Ulcerative Colitis, where up to half of people may become constipated.

Despite this, constipation is not always recognised as a symptom of Crohn's or Colitis. This is because these conditions are more often linked with other symptoms,

such as diarrhoea and tummy pain. You may alternate between getting symptoms of constipation and diarrhoea.

It's also possible to have constipation and diarrhoea at the same time. This may happen if you have a build-up of poo, and diarrhoea leaks around it.

Constipation can also be a common symptom in children when they are first diagnosed with Crohn's or Colitis.

You can still get constipation if you have a stoma.

How constipation might affect you

Constipation is not usually serious. But it can still have a big impact on your day-to-day life. It might make you feel:

- Sluggish
- Uncomfortable
- Bloated
- Unable to do your usual activities

Managing constipation can be particularly difficult when you have a condition like Crohn's or Colitis. You might need to try to balance this with managing other symptoms, such as diarrhoea.

Many people are not aware constipation can be a symptom of Crohn's or Colitis. Healthcare professionals may not always recognise it as a symptom too. This can mean you might find it harder to get the support you need. And if constipation is your main symptom, you may find it takes longer just to get a diagnosis of Crohn's or Colitis.

> "As a Crohn's sufferer I was led to believe you only get diarrhoea. Constipation isn't really mentioned, so understanding how it can be avoided is essential."
>
> **SONYA, LIVING WITH CROHN'S DISEASE**

If you're taking medicines by mouth for Crohn's or Colitis, constipation can mean it takes longer for them to travel through your gut. This can cause a delay or reduction in your response to these medicines. This might have a negative effect on your Crohn's or Colitis symptoms.

Sometimes, constipation can cause more serious problems. We have more on this in our **complications** section.

WHAT CAUSES CONSTIPATION IN CROHN'S AND COLITIS?

Constipation can be due to a number of factors. Some of these may be related to your Crohn's or Colitis, and some not. You may have a combination of factors that together, lead to constipation. It's not always possible to identify exactly what has caused it.

Here we list some of the most common causes that may affect people with Crohn's or Colitis. Many of these also apply to people who are **living with a stoma**.

Low-fibre diet

Many people with Crohn's or Colitis are not getting enough fibre in their diet. This is a common risk factor for constipation.

Fibre makes it easier for digested food to travel through your bowel. When you do not have much fibre in your diet, digested food takes longer to travel through your bowel. This can increase the risk of constipation.

Some people with Crohn's or Colitis find that certain high fibre foods make their symptoms worse. If this has been a problem for you, you may have lowered the amount of fibre in your diet. When your symptoms flare-up, you may not even feel like eating much at all. But not eating much and a low fibre intake can trigger or worsen constipation. You may find you end up in a cycle with symptoms of diarrhoea and constipation, depending on your fibre intake.

Sometimes people lower their fibre intake after having a stoma, to help manage with stoma bags. This can also lead to constipation.

See our section on **what can help with constipation** for more information about managing your fibre intake with Crohn's or Colitis.

Low fluid intake

Not drinking enough is another common risk factor for constipation. This can lower the water content in your poo, making it hard and difficult to pass.

NHS guidelines recommend adults should aim to drink about 6 to 8 standard sized glasses of fluid a day. We have more on this in our section on **what can help with constipation.**

Low activity levels

Not being very active can contribute to constipation. Lack of activity can slow the movement of food and poo through your bowel.

It's not always easy to be physically active when you have Crohn's or Colitis. Symptoms like tummy or joint pain, fatigue, or urgently needing to poo can get in the way. If you are not moving much during the day, this may be a factor in your constipation.

See our section, **what can help with constipation** for tips on keeping active.

Toilet habits

The following factors can contribute to constipation:

- Having difficulties accessing a toilet
- Lack of privacy
- Feeling stressed or hurried

These may all be things that you have as part of daily life with Crohn's or Colitis.

Irritable bowel syndrome

Constipation can be a symptom of irritable bowel syndrome (IBS). IBS is a different condition to Inflammatory Bowel Disease (IBD). IBD includes Crohn's Disease, Ulcerative Colitis and Microscopic Colitis. IBS can cause similar gut symptoms to IBD, but without bleeding or inflammation of the bowel. There can be some overlap between IBS and IBD. Some people with Crohn's or Colitis can get IBS-like symptoms, such as constipation, even when their condition is under control.

Inflammation of the rectum

If you have inflammation in your rectum, this may cause severe constipation. The rectum is the end of your large bowel. When you have inflammation only in this part of your gut, it's known as proctitis.

Other symptoms of proctitis include:

- Feeling that you need to poo, even when your bowel is empty. This is known as tenesmus.
- Urgently needing to poo.
- Passing blood from your bottom.

Changes to the bowel

For some people with Ulcerative Colitis, poo seems to travel more slowly through their large bowel. There is limited evidence for why this is. But it's thought to be related to inflammation and scarring in areas of the large bowel affected by Ulcerative Colitis. This seems to affect how well the large bowel moves, increasing the time it takes for poo to travel along the bowel. This can lead to constipation.

Small-intestinal bacterial overgrowth (SIBO)

Constipation can also be a symptom of a condition called small-intestinal bacterial overgrowth (SIBO). In SIBO, more bacteria grow in your small bowel than usual. It can happen if you have a condition that affects the structure of your gut, or how it works. This includes Crohn's and Colitis.

Certain medicines

Constipation can be a side effect of some medicines. You may be more likely to take some of these medicines with Crohn's or Colitis, including after stoma surgery. Common examples include:

- Medicines for diarrhoea, such as loperamide
- Some painkillers, such as codeine and other opiate medicines
- Antidepressants
- Blood pressure medicines, such as calcium channel blockers and diuretics
- Iron and calcium supplements

Blockage or narrowing in your bowel

Less often, constipation can be due to a blockage or narrowing in your bowel. This can be a complication of Crohn's or Colitis. It can be a result of long-term inflammation of the gut. This inflammation can lead to thickening and scarring of the bowel wall. The resulting narrowing, known as a stricture, can make it harder for poo to pass through.

As well as constipation, other signs of a stricture can include:

- Your tummy being bloated and swollen
- Tummy cramps after eating
- Rumbling or gurgling sounds from your tummy

If you have any of these symptoms, contact your IBD team, your GP or NHS 111.

If you have severe or worsening tummy pain, are being sick or are completely unable to poo, get emergency medical help.

Stoma blockages and complications

If you have a stoma, you may get blockages in the section of bowel that leads to the opening outside your body. This can result in constipation.

Occasionally, complications after surgery might cause constipation. This includes:

- A hernia. This is a swelling around your stoma. It happens if some of your bowel pushes through the gap in your tummy muscles around your stoma.
- A prolapse. This is when part of your bowel sticks out of your stoma.

Contact your stoma nurse if you keep getting constipation or think you may have a hernia or prolapse. They can advise you how to manage this. We have more information on **life with a stoma**.

Other conditions or changes affecting your gut

There can be many other conditions that can cause constipation. These include diabetes, stroke and Parkinson's disease.

Any other changes to your large bowel may contribute to constipation too. This may be after surgery or childbirth, for example.

WHAT CAN HELP WITH CONSTIPATION?

There are changes you might be able to make in your day-to-day life to help improve constipation. Some of these may feel difficult when you have Crohn's or Colitis. Try to make small adjustments when you are feeling well, rather than when you are in a flare-up.

This information may also be helpful for children and for people living with a stoma.

> "I have to monitor my diet, not consume heavy meals, eat little and often and drink plenty at mealtimes and throughout the day. I also exercise daily, which helps, and I avoid certain medication."
>
> **SONYA, LIVING WITH CROHN'S DISEASE**

Check your position on the toilet

Changing the way that you sit on the toilet may help to relieve constipation. You may be able to try leaning forwards with your knees lifted so they are higher than your hips. This is shown in the image below. This position helps to get your rectum into the best position. Using a footstool or other item to rest your feet may help with this.

Get into a routine

You might find it helpful to try and get into a routine of using the toilet at certain times. It can be worth trying to tie this in with your body's natural reflex that encourages you to poo. This tends to be around 30 minutes after you eat a meal or wake up. Reward systems such as star charts can be useful for children.

If you are not able to poo, then it's better to stop and try again later. It's important not to spend too long sitting and straining on the toilet. This can lead to complications such as piles and anal fissures. We have more information on this in our **complications** section.

The Children's Bowel & Bladder charity, **ERIC** have more advice on encouraging children with constipation to use the toilet. This includes a toileting reward chart.

Keep hydrated

Make sure you are drinking enough fluids. This helps your body form softer poo that is easier to pass. Water and sugar-free drinks are good choices to stay hydrated. Aim for about 6 to 8 standard sized glasses of fluid a day, and drink regularly throughout the day. When you are well hydrated, your pee should be a clear, pale yellow colour.

You may need to drink more under certain circumstances. These include:

- In hot weather
- If you're pregnant or breastfeeding
- When you're very active
- If you're unwell

If you are dehydrated, you may also need to increase the levels of salts and sugar in your body. You can use oral rehydration solutions to do this.

If you have been advised to restrict your fluid intake due to a medical condition, talk to a doctor before making any changes.

Consider changes to your diet

If your symptoms are under control and you don't have a stricture, there is usually no need to avoid fibre. Always follow any advice you have been given by a healthcare professional.

Making changes to your diet, such as having regular meals and including more fibre, can often be helpful in managing constipation. But this can be difficult for some people with Crohn's or Colitis.

You may have found that foods high in fibre make your symptoms worse. And if you have a stricture, you may have been advised to avoid certain types of high-fibre foods. This is because they could cause a blockage.

This puts many people with Crohn's or Colitis off including more fibre in their diet. But guidelines for IBD recommend making sure you are getting enough fibre in your diet. This can have overall health benefits, as well as helping to ease constipation.

Good sources of fibre include:

- Fruit
- Vegetables
- Wholegrain bread and cereals
- Nuts and seeds
- Beans and pulses

There are different types of fibre. Most foods that are high in fibre contain a combination of these different types. Some types may help with constipation. Others may make symptoms like pain and bloating worse, or trigger diarrhoea. You may find that you tolerate some foods better than others. But this can be different for everyone, and it can be difficult to get it right.

If you need more advice or support, ask for a referral to an IBD dietitian.

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Tips for adding more fibre into your diet if you have Crohn's or Colitis

- Increase your fibre intake gradually to avoid triggering symptoms and give your gut time to adjust.
- Make sure you are drinking enough water, especially when you are increasing your fibre intake.
- Try to include a variety of different sources of fibre in your diet, and aim to include it in every meal or snack.
- Make any changes to your diet when your Crohn's or Colitis symptoms are under control, rather than when you are in a flare-up.
- Keep track of what you're eating and any effect on your symptoms using a food diary or app.
- If you are finding it difficult to increase fibre intake without triggering symptoms, ask your IBD team to refer you to a dietitian. A dietitian can advise you based on your individual needs.

You can get more advice on increasing fibre in your diet from **Guts UK**. We also have more information on healthy eating with Crohn's and Colitis in our information on **food.**

If your constipation is thought to be related to irritable bowel syndrome (IBS), your doctor or dietitian may recommend trying a low FODMAP diet for a short time. This is a diet that temporarily restricts certain carbohydrates that are hard to digest. There can be risks in following a diet that restricts certain foods. It can be difficult to get the balance in your diet right. For this reason, you should only try this diet under guidance from a health professional.

If you have a stricture

If you have been told that you have a stricture, your IBD team should give you advice on your diet. This can depend on where the stricture is and how much of an obstruction it has caused, so will be individual to you. If you think that you might have a stricture, you should contact your IBD team. We have more on the signs of stricture to look out for in our **causes** section.

Try to keep active

If you frequently have constipation, you might find trying to increase the amount of exercise and activity you do helps. Physical activity can help to keep the contents of your bowel moving, preventing constipation.

It's not always easy to be physically active if you're living with Crohn's or Colitis. But any amount of exercise will be beneficial. Do as much as you feel able to. When you're feeling well enough, you might want to slowly try to build up your activity levels. We have more information on **being active with Crohn's or Colitis**.

WHAT TREATMENTS ARE THERE FOR CONSTIPATION?

Laxatives

If lifestyle changes have not helped to relieve your constipation, talk to your IBD team about trying a laxative. A laxative is a medicine that helps you poo and can relieve constipation. Children can also take certain laxatives, but only if their healthcare team advises it.

There are different types of laxative. They include:

- Bulk-forming laxatives, such as ispaghula husk, also known as psyllium husk, and sterculia. They are also sometimes known as fibre supplements. These

work by absorbing water and bulking up your poo, making it bigger and softer. This makes it easier to pass. Bulk-forming laxatives may not be suitable if you have a stricture, so you should talk to your IBD team before trying these.

- Osmotic laxatives, such as macrogol, lactulose and magnesium sulfate. These work by increasing the amount of water in your bowel so that poo becomes softer and easier to pass.
- Stimulant laxatives. These include bisacodyl, picosulfate and senna. They trigger movement of your bowel muscles, helping to push poo out.
- Stool softeners. Examples include arachis oil, docusate and glycerol. They soften your poo, making it easier for you to pass.

Bulk-forming and osmotic laxatives are the ones most commonly used in adults with Crohn's or Colitis. But there is no guidance about the best type of laxative to take with these conditions. It can depend on exactly what is causing your constipation. Your IBD team can advise you.

You can also take laxatives if you have a stoma. Your IBD team will advise you which ones are best to take.

Some laxatives work within a few hours, and others may take 2 to 3 days to have an effect. Laxatives can cause side effects, such as bloating and stomach cramps, especially at the start of treatment.

Talk to your IBD team before trying laxatives. They can advise which type might be best for you and help you manage any side effects.

Where to get laxatives

You can buy many laxatives from pharmacies and shops without a prescription. But when you have Crohn's or Colitis, it's best to talk to your IBD team before taking

them. They can advise you on the best one for you. They may also be able to prescribe you a laxative.

The information leaflets that come with laxatives sometimes state that you should not take them if you have Crohn's or Colitis. However, if a healthcare professional has discussed it with you first, it's OK to take them. They will have considered any potential risks of you taking them based around your individual needs.

Surgery for strictures

If your constipation is the result of a stricture causing a blockage, you may need surgery. This might involve repairing or removing the stricture. This will help to relieve your constipation, as well as any other symptoms related to the stricture. Find out more in our information on **surgery for Crohn's**.

WHAT ARE THE COMPLICATIONS OF CONSTIPATION?

Sometimes constipation can go on to cause other problems, especially if you have it for a long time. It's important to know what to look out for.

Faecal impaction

If constipation carries on for a long time, poo can build up in the last part of your large bowel. This is known as faecal impaction. This can cause symptoms such as:

- Being unable to pass poo at all, or not very often
- Increasing tummy pain or discomfort
- A swollen or bloated tummy
- Feeling or being sick
- Wanting to eat less
- Watery diarrhoea, which can leak around the blockage

Let your GP or IBD team know if you think you might have faecal impaction. It can often be treated with laxatives. Sometimes you may need a procedure to manually remove the blockage.

If left untreated, faecal impaction can cause a complete obstruction or tearing of your bowel. If you have the symptoms listed above and they are getting much worse or you're feeling very unwell, get emergency medical help. Contact NHS 111 if you are not sure.

Piles

Piles are swellings that contain enlarged blood vessels, found inside or around your bottom. They are also known as haemorrhoids. Constipation can increase the pressure on the blood vessels in your bottom, making piles more likely. Straining on the toilet can also increase the risk of piles.

Symptoms of piles can include:

- Fresh bright red blood on toilet paper or in the toilet bowl after having a poo
- Itchiness around your bottom
- Soreness, redness, or lumps around your bottom
- Pain or discomfort when having a poo

Piles often go away on their own. There are also treatments you can buy from a shop or pharmacy without a prescription. Relieving constipation should also help ease and prevent piles. If piles are very painful or are not going away on their own, contact your GP or IBD team for advice.

Anal fissures

Anal fissures are small tears or open sores in the lining of the last part of your bowel. This is just inside your bottom. They can often be caused by constipation, when a very hard or large stool tears the lining of this part of your bowel.

Symptoms include:

- A sharp pain when you have a poo. This is often followed by a deep burning pain that may last several hours.
- Bleeding when you have a poo. You may notice a small amount of blood either on your poo or on the toilet paper.

Many anal fissures get better on their own within a few weeks. It's important to keep the area clean and dry to help with healing. You may be able to take painkillers to help manage any pain. If your anal fissure is not getting any better, contact your GP or IBD team for advice.

OTHER ORGANISATIONS

- **Guts UK**
  Providing information on digestive conditions and symptoms, health and lifestyle.
  gutscharity.org.uk

- **ERIC**
  The Children's Bowel and Bladder Charity, dedicated to improving children's bowel and bladder health.
  eric.org.uk

- **NHS**
  Information to help you manage and prevent constipation.
  nhs.uk/conditions/constipation

HELP AND SUPPORT FROM CROHN'S & COLITIS UK

We're here for you. Our information covers a wide range of topics. From treatment options to symptoms, relationship concerns to employment issues, our information can help you manage your condition. We'll help you find answers, access support and take control.

All information is available on our **website.**

Helpline service

Our helpline team provides up-to-date, evidence-based information. You can find out more on our **helpline web page.** Our team can support you to live well with Crohn's or Colitis.

Our Helpline team can provide support by:

- Providing information about Crohn's and Colitis
- Listening and talking through your situation
- Helping you to find support from others in the Crohn's and Colitis community
- Providing details of other specialist organisations

You can call the Helpline on **0300 222 5700**. Or visit our **LiveChat service**. You can read our information on **when the Helpline** is open for more details.

You can email **helpline@crohnsandcolitis.org.uk** at any time. The Helpline will aim to respond to your email within three working days.

Our helpline also offers a language interpretation service, which allows us to speak to callers in their preferred language.

Virtual Social Events

We offer people affected by Crohn's or Colitis the chance to join a virtual social event with others across the UK. The events will be a chance to chat, share experiences and potentially learn from others. Each event may have a specific topic but the overall discussion will be driven by what those attending wish to talk about.

Family, friends and colleagues are more than welcome to attend.

Visit our **Virtual Social Events** page to find out what is available.

Crohn's & Colitis UK Forum

This closed-group Facebook community is for anyone affected by Crohn's or Colitis. You can share your experiences and receive support from others. Find out more about the **Crohn's & Colitis UK Forum.**

Help with toilet access when out

There are many benefits to becoming a member of Crohn's & Colitis UK. One of these is a free RADAR key to unlock accessible toilets. Another is a Can't Wait Card. This card shows that you have a medical condition. It will help when you are out and need urgent access to the toilet. See **our membership webpage** for more information. Or you can call the Membership Team on **01727 734465**.

HOW TO HELP OTHERS LIVING WITH CROHN'S OR COLITIS

We want to make a difference to people affected by Crohn's or Colitis. But we can't do that without help.

If you want to support others in our community, here are some ways you can get involved:

- Volunteering: If you'd like to volunteer, we have a range of ways you can get involved. Find out more about our **volunteering roles**.

- Campaigning: None of our award-winning campaigns would be possible without our amazing community of dedicated campaigners. Your voice really does matter. Find out more about **joining our Campaigner Network**.
- Fundraising: Every pound you give helps power our life-changing work. Together we'll create bold campaigns, fund pioneering research, and give vital support when people need it most. Find out about ways to **fundraise**.
- Research: Research aims to improve the lives of people living with Crohn's or Colitis. One day, it may even find a cure. But good quality research can only happen when people with Crohn's or Colitis are involved. Find out about ways **you can be involved in future research**.
- Share your story. We hear from people every day who rely on the Crohn's and Colitis community for help and support. Why not **share your story** to help others feel seen or inspired?

ABOUT CROHN'S & COLITIS UK

We're Crohn's & Colitis UK and we're changing what it means to live with these lifelong gut conditions. 1 in 123 people in the UK have Crohn's Disease or Ulcerative Colitis. These are unpredictable conditions that could flare-up at any time.

No one should face that alone. That's where we can help.

We provide trusted information and support cutting-edge research. We also lead bold campaigns to get more people talking about Crohn's and Colitis. We help people understand these conditions, give them the attention they deserve and bring people together to create change.

This year, 25,000 people will be told they have Crohn's or Colitis. Once diagnosed, the obstacles continue. Today, there is no cure. People simply do not understand these conditions. So, we have listened. It's time for change & we're leading the way.

Our information is available thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis by calling **01727 734465.** Or you can visit **our website**.

About our information

We follow strict processes to make sure our information is based on up-to-date evidence and is easy to understand. We produce it with patients, medical advisers and other professionals. It is not intended to replace advice from your own healthcare professional.

You can find out more on **our website**.

We hope that you've found this information helpful. Please email us at **evidence@crohnsandcolitis.org.uk** if:

- You have any comments or suggestions for improvements
- You would like more information about the evidence we use
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE.** Or you can contact us through the **Helpline** on **0300 222 5700**.

We do not endorse any products mentioned in our information.

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