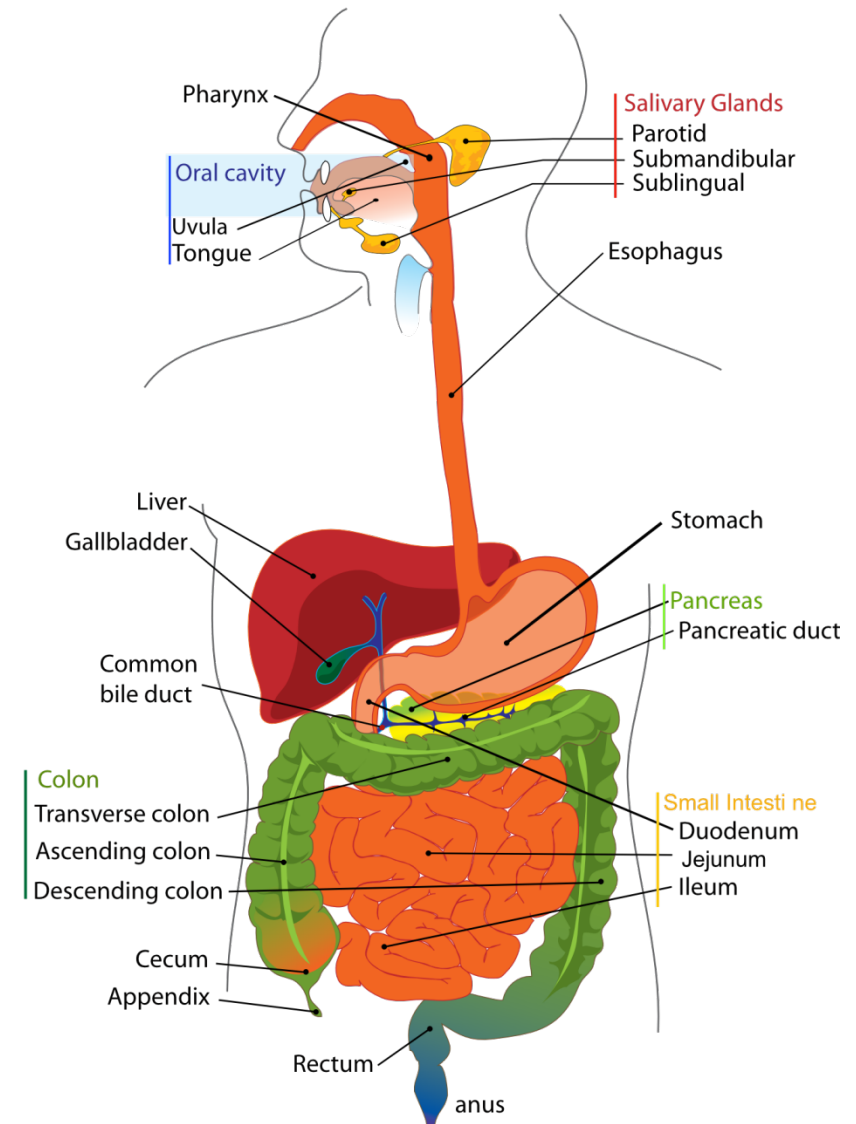


TREATMENT of CONSTIPATION

By Kenneth Acha, MD,
KennethMD.com



Non-Pharmacologic Treatment

Non-Pharmacologic Treatment

1. Increase fluid intake
2. Increase dietary fiber intake
3. Fiber supplements
4. Prunes and prune juice
5. Try to defecate right after meals
6. Don't delay when you have the urge to stool
7. Use a step stool
8. Avoid using bedpans to defecate
9. Exercise
10. Biofeedback

Pharmacologic Treatment

1st Line Agents

Fiber Supplements



Wheat Dextrin



Psyllium Husk



Methylcellulose



Polycarbophil

Tension Reducers (Surfactants)



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Osmotic Laxatives



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2nd Line Agents

Stimulant Laxatives



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Suppositories



- Milk and Molasses enema
- Mineral oil enema
- Sodium phosphate enema – osmotic
- Glycerin enema –lubricant
- Bisacodyl enema—stimulant
- Saline enema

Powerful enema concoctions

-SMOG enema= (Saline, Mineral Oil, Glycerin)
Mix 50cc of each.

-MOM + Warm prune juice po.

Other Agents

Peripherally Acting mu-Opioid Antagonists.



Used for Opioid-induced constipation associated with abdominal pain in non-cancer patients.

Used for post-op ileus. QD x 7 days only. Available only through a restricted prescribing program because of increased risk of myocardial infarction.

Lubiprostone & Linaclotide



FDA approved chronic constipation in adults



FDA approved for IBS and chronic constipation

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Misoprostol, Colchicine, & Botulinum toxin

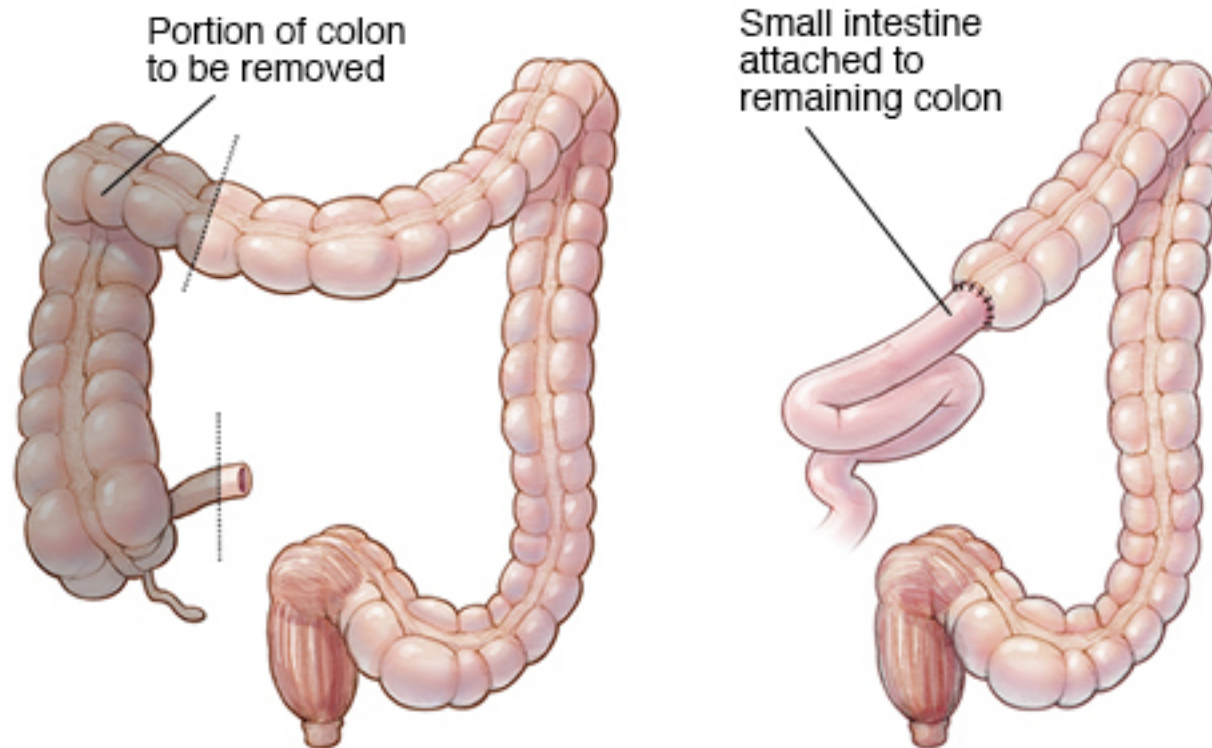


Misoprostol 200 mcg daily is better than placebo. So is Colchicine 1 mg daily.



Injected the both sides of the puborectalis muscle in patients with pelvic floor disorder. Causes the muscle to relax and facilitate defecation.

Subtotal Colectomy



Subtotal colectomy with ileorectal anastomosis can dramatically ameliorate incapacitating constipation in carefully selected patients