Spinal Cord Injury Kit Fact Sheet 13

Constipation and SCI

Constipation is the most common disorder of the bowel, affecting at least 60% of people with spinal cord injury (SCI). This booklet has been written by specialists in spinal cord medicine and constipation. It is designed for use by you, the individual with SCI, and those who assist with your care. We hope that it will help you to better understand constipation —what it is, why it occurs, your risk factors, and how to recognize, treat, and prevent it.

Just as each case of spinal cord injury is different, so also is each case of constipation. Therefore, this booklet does not take the place of talks with your doctor, nurse, and other members of your health-care team. However, it should help you during such talks, so that, together with your health-care team, you can determine the best course of action for you.

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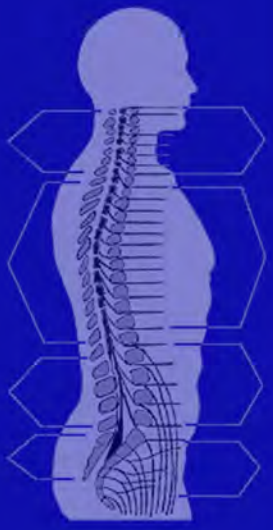


INTRODUCTION

The majority of people with spinal cord injury experience constipation. Today, however, we are learning that taking certain measures helps to both prevent and effectively treat it.

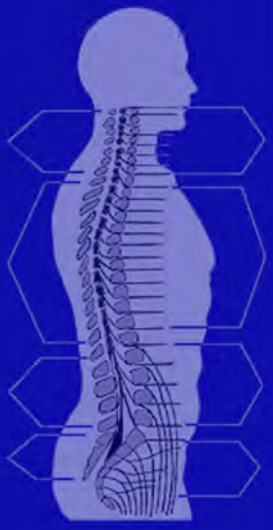
Symptoms of constipation may be different for each person with SCI, but abdominal bloating and discomfort are two that are likely to occur. If constipation remains untreated, more severe conditions may result, such as bowel incontinence ("accidents" or "blowouts"), bleeding hemorrhoids, blockage of the bowel, or autonomic dysreflexia.

Research has shown that one of the best preventive measures is a properly administered bowel management plan, the goal of which is to keep the bowel functional and healthy. This is achieved through maintenance of a regularly scheduled bowel program. Your bowel program is the specific periods of time you set aside during the week to evacuate your bowels. You should plan for these to occur 3 or 4 times a week at the same time of day. Consistency in your schedule is very important!

Every person's bowel program is not exactly the same. Some people need the assistance of suppositories, laxatives, digital stimulation, or enemas to empty their bowels. Whatever you need becomes part of your bowel program! Other measures that prevent constipation and complement the bowel program include eating the right foods, drinking enough fluids, and exercising regularly. The following pages provide answers to questions you or your caregivers might have.

Some of the questions to be answered include:

- what is constipation?
- how does the bowel normally work?
- how is the bowel affected by spinal cord injury?
- what are the symptoms of constipation?
- what factors increase your chances of developing constipation?
- how is constipation diagnosed?
- what treatments are effective?
- how can you avoid constipation?



CONSTIPATION

What is constipation?

Constipation is a decrease in the frequency of a person's bowel movements. It may be associated with excessive straining, a longer than usual bowel program, or passage of hard stools.

What is a normal bowel habit?

A normal bowel habit is one that is usual or routine for you. Although there are differences between individuals, it generally takes less than 3 days for what you eat to be eliminated as stool. This results in a bowel movement at least 3 times a week.

What are the consequences of being constipated?

Once you are constipated, it becomes more difficult to fully empty your bowel (other names for the bowel are the colon or large intestine) and rectum with each bowel movement. Stool can be retained anywhere in the colon or lower down in the rectum, and can eventually fill the entire bowel (see diagram next page). Often, stool that stays for a long time in the bowel becomes hard, which makes it more difficult to eliminate.

How does the bowel work in non-spinal cord injured individuals?

Nerves carry messages from the spinal cord to the bowel that tell the bowel to squeeze to push stool down toward the rectum. When stool reaches the rectum, the person feels an urge to evacuate (empty the bowel). Tightening of the muscles around the anus (the anal sphincter) can control this feeling until the person reaches a bathroom.

How is the bowel affected by spinal cord injury?

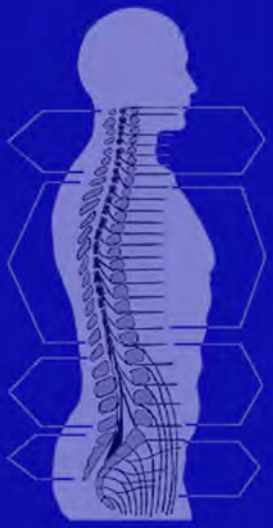
The spinal cord can no longer send messages along the nerves to the bowel, so the bowel is less efficient at squeezing down. Stool moves much more slowly through the bowel, which means that it can take much longer for food to be eliminated as stool. This will result in some amount of constipation for most people with spinal cord injury.

Does level of injury matter?

Yes, if you have a low spinal cord injury, you will tend to retain stool lower down the bowel (in the descending colon) and in the rectum. Your lower bowel and rectum will be relaxed and your anal sphincter will be loose, so gas and stool may sometimes escape involuntarily. If you have a neck or upper spinal cord injury, you may retain stool throughout the entire bowel. The colon is spastic and the anal sphincter very tight, so you are unlikely to be able to have a bowel movement through conscious effort.

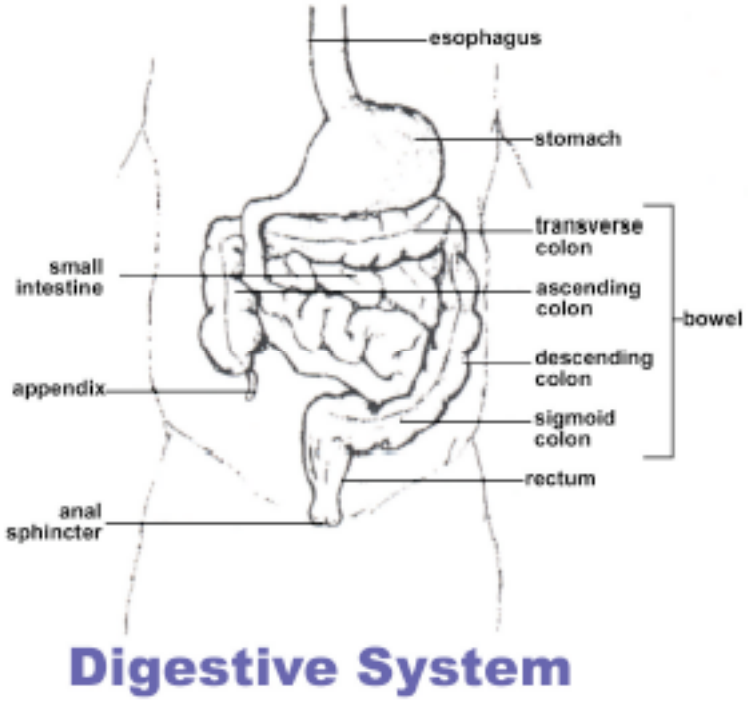
How else does SCI affect the bowel?

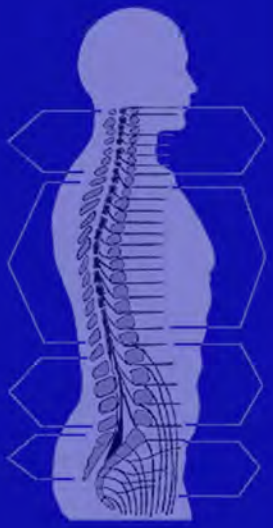
Most people with SCI lose sensation or report changes in normal sensation. A full rectum does not produce the urge to evacuate; in fact, it is possible to be severely constipated without even knowing it.



Is bowel incontinence related to constipation?

Incontinence may occur because the muscles around the anus are weak, particularly in people with low spinal cord injury, so it is harder to hold the stool in once it reaches the rectum. However, if the bowel is full of stool, as it may be when one is constipated, incontinence is more likely to happen.





SYMPTOMS

If constipated, you will likely have some, or all, of the following symptoms:

- **Abdominal swelling or bloating** , relieved partly or completely by having a bowel movement—this may feel like “gas build-up” but is often an indication of too much stool in the bowel

- **Abdominal discomfort or pain** , relieved partly or completely by having a bowel movement

- **Leakage of mucus from the rectum**

- **Symptoms of autonomic dysreflexia** (sweating, headache, goose bumps) immediately relieved by having a bowel movement

- **A greater than 30 minute wait** between insertion of a suppository and initiation of a satisfactory bowel movement

- **Hard bowel movements**

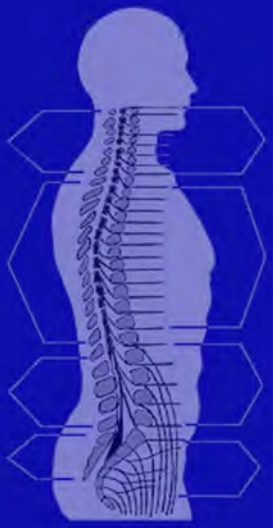
- **Pain or bleeding from hemorrhoids** —bright, red blood on stool, glove, or toilet paper may be noticed

- **Bowel incontinence** —sometimes due to eating certain foods, but may also be a sign of constipation

- **A bowel program that takes significantly longer than usual for you or that takes more than 60 minutes** from the time you begin to the time you complete a satisfactory bowel movement

Research has shown that some people with SCI are more likely to become constipated than others. The table on the next page lists factors that may put you at greater risk. The more factors checked, the greater the chances of constipation.

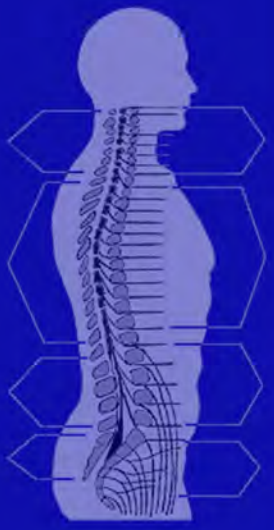
Note: Problems related to constipation are likely to increase as people with SCI age.



CONSTIPATION RISK FACTORS

Put a check in the boxes next to those items that apply to you

✔	RISK FACTOR	WHY?
	More than 10 years since SCI	As time since injury increases, the bowel may stretch and be less able to squeeze effectively.
	Unable to move arms or legs	Body movement stimulates bowel movement. Immobility, therefore, slows the bowel.
	No rfegular exercise (such as range of motion)	Just as immobility can slow down the bowel, doing regular exercise can improve its ability to eliminate stool. For people with SCI, such exercise would include range of motion activities, deep breathing, and coughing.
	Take more than 5 medications of any kind	Many prescribed and over- counter medications have the side effect of slowing down the bowel and causing constipation. The most important of these are listed on page 10. The more medications you use, the greater the chance of your bowel being affected.
	Age 75 years or older	Age alone does not increase the chances of constipation. As all people age, they may become less mobile, have more medical problems, take more medications, drink less fluids, and eat less. All these factors related to aging are also likely to increase the likelihood of constipation.
	Drink less than 8 glasses of fluid daily	Fluids soften the stool, enabling it to travel through the bowel faster. Softer stools are also easier to pass than hard stools. People who drink less than 8 glasses of fluid a day are likely to become constipated.
	Have stroke, diabetes or Parkinson's disease	These medical conditions can also affect the nerve supply of the bowel, and thus increase the likelihood of constipation.



DIAGNOSIS

How is constipation diagnosed?

Symptoms If you have any of the symptoms listed on page 5, you must bring it to the attention of your health-care provider. However, since some people with SCI may be constipated but not have symptoms, your doctor or nurse should evaluate your bowel at least once a year.

Risk Factors Your health-care provider will consider the factors that make you more likely to become constipated. If you have several of the risk factors listed on page 6, your doctor or nurse should evaluate your bowel at least every 6 months.

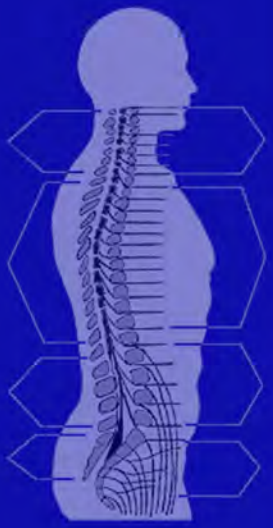
Evaluation may include one or more of the following tests:
Abdominal Examination The doctor or nurse will first listen with a stethoscope for bowel sounds (made by squeezing movements of the bowel). The abdomen is then felt, to assess the fullness of the bowel and to detect any evidence of tenderness.

Rectal Examination In this exam, the doctor or nurse puts a gloved finger in the anus to find out if there is any stool in the rectum, to check for hemorrhoids, and to test the tone and strength of the anal muscles.

Abdominal X-r ay This plain x-ray of the abdomen is a quick test that will show how much stool is in the bowel and where it is located. It may be a part of your annual checkup and is frequently done if you have worsening bowel symptoms. It will show if the bowel is blocked or twisted, which may occur when someone is severely constipated.

Barium Enema In this test, barium is inserted into the bowel by enema, and x-rays are taken of the bowel. The x-rays will show if the bowel is distended (stretched beyond its usual width) or if there is any blockage.

Sigmoidoscopy or Colonoscopy In these tests, the physician can visually examine the lining of the bowel for signs of disease that may be causing bleeding or constipation. A lighted tube, similar to a flexible telescope, is inserted into the bowel through the anus, after the patient is given a mild anesthetic.



TREATMENT
Prevention and Remedy

Treatment of constipation includes non-drug preventive treatment, a regularly scheduled bowel program, and remedies if you become constipated.

Education:

Assess your bowel. Learn about *your* bowel specifically—the effect that different foods have on your bowel and what symptoms tell you that you are constipated or need to do a bowel program.

Be informed. Learn about what *causes* constipation in people with spinal cord injury.

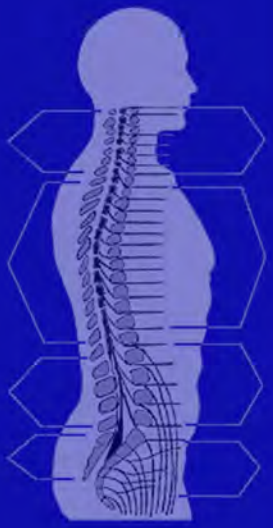
Communicate . This booklet will help, but you must talk with your doctor, nurse, and attendant, so they can help you manage your bowel the best way possible.

Exercise:

As much as possible . Regular exercise is a *very* important tool in the prevention of constipation. You *should* exercise daily!

Before your bowel program. Range of motion exercises will *shorten the time* between insertion of a suppository, or digital stimulation, and initiation of a bowel movement.

Causes more complete results. Exercise before your bowel program *stimulates activity* in the bowel. This will produce a more complete emptying of your lower bowel.

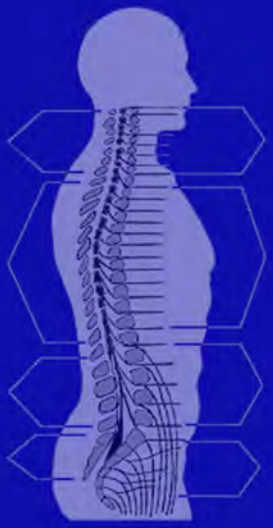


Fluids:

At least 8 glasses a day. You should drink at least eight 8 oz. glasses of fluid daily. If you have an intermittent bladder catheterization program, heart problem, swollen legs, or other medical condition that restricts your fluid intake, your doctor may instruct you to drink no more than this amount. If your fluid intake is not restricted, the *more* fluids the *better*.

Benefit bowel transport. High fluid intake *softens* stool. It also *speeds up* the passage of stool through the bowel.

Counteract constipation. Even if you do not feel thirsty, you *should* develop the habit of drinking regularly throughout the day. Adequate fluid intake is *crucial;* it can *really* help toward the prevention of constipation!



Diet:

If you eat small, regular meals during the day, it will help you to develop a regular bowel habit. Since different foods affect the bowel differently, you *must* learn the effect that various foods have on *your* bowel. Some foods tend to make stools harder, some tend to soften stools, and some have little or no effect at all. Food lists A, B, and C are explained below.

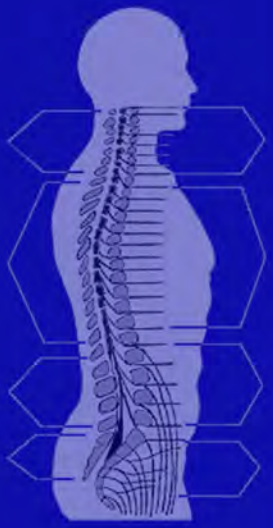
List A Foods in this list tend to make stool harder, which can lead to constipation. Why? These foods bind together the contents of the bowel, so that stool becomes firmer on the way down.

List B Foods in this list tend to make stool softer and may even cause diarrhea. Why? Some of these foods are high in fiber, so they draw more water into the stool as it passes through the bowel; this produces a softer bowel movement. Others stimulate the bowel to be more active, which could cause diarrhea (see note, bottom of page).

List C Foods in this list usually have no effect at all on the bowel. To prevent constipation, you should eat a balanced diet that includes foods from all 3 food lists, but with a smaller part of your diet consisting of foods from List A . If your stools are too soft and you need to harden your bowel movements, eat more foods from List A. If your stools are too hard and you are taking a longer time to have a satisfactory bowel movement, you need to soften them by eating more foods from List B.

<table>
<tr><th>LIST A
Foods that harden stool</th><th>LIST B
Foods that soften stool</th><th>LIST C
Foods that do not affect the bowel</th></tr>
<tr><td rowspan="2">Applesauce, strained fruit juices</td><td rowspan="2">Fresh fruit*, fruit peel*, prunes and other dried fruits (figs, apricots, etc.), unstrained f ruit juices (especially prune juice)</td><td>Meat</td></tr>
<tr><td>Fish</td></tr>
<tr><td rowspan="2">Milk, hard cheese, cottage cheese, plain yoghurt, ice cream</td><td>Yoghurt with fruit</td><td>Cornstarch, cornbread desserts</td></tr>
<tr><td rowspan="2">Bran*, whole grain breads/cereals/crackers * , brown or unpolished rice*</td><td rowspan="2">Cooked vegetables</td></tr>
<tr><td rowspan="4">White bread or crackers, refined cereals, cookies, pancakes, noodles and rice cereals</td></tr>
<tr><td>Raw vegetables/salad*, cooked vegetables (greens, beans)*, potatoes (baked or boiled) in their skin*</td><td rowspan="3">Fats (oil, butter, etc.)</td></tr>
<tr><td>Beans*, lentils*, spicy food</td></tr>
<tr><td>Coffee, dark chocolate, carbonated drinks</td></tr>
</table>

*High fiber foods



Note: The foods from List B that are likely to stimulate a bowel movement by increasing activity in the bowel are prunes (or prune juice), coffee, carbonated drinks, and spicy foods. If you take any of these 1 hour before your bowel program, it may help you to empty your bowel more effectively.

MEDICATIONS

How they affect your bowel

Constipation is a side effect of many prescribed and over-the-counter medications. The higher the dose you take, the stronger the constipating effect. Also, the greater the number of these medications you take, the greater the chance you will suffer this common medication side effect.

If you need to continue on medications that you know are constipating, you can take more preventive measures to reduce your chances of becoming severely constipated. Knowing what types of drugs cause constipation should help you manage your bowels more effectively.

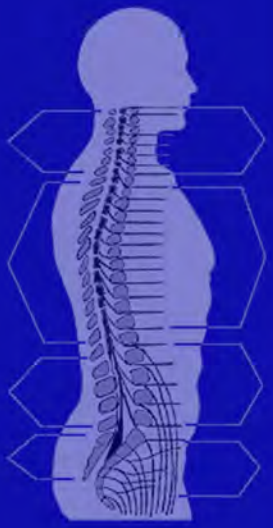
Medications that Constipate

MEDICATION TYPE	BRAND NAMES
Medications that treat high blood pressure	Adalat, Aldactazide, Cardizem, Dyazide, Lasix, Norvasc, Procardia
Painkillers	Advil, codeine, Darvocet, Demerol, Dilaudid, Indocin, Naprosyn, Percocet
Medications that treat depression	Elavil, Norpramin, Pamelor, Tofranil
Antacids	Amphogen, TUMS
Iron Supplements	Feosol, Fero-Grad, Multivit with iron
Medications that reduce bladder spasms	Cystospaz, Ditropan, Levsin, Urispas
Sedatives	Benadryl, Compazine, Haldol, Mellaril, Prolixin, Serentil, Stelazine, Thorazine, Trilafon

Remember:

• Ask your doctor if constipation is a side effect of any new drug prescribed for you.

• Ask your pharmacist if constipation is a side effect of any over-thecounter drug you buy.



ILLNESS

How it affects the bowel

How does medical illness affect the bowel?
Medical illness can affect the bowel *directly or indirectly*.

What illnesses directly affect the bowel?
Illnesses that directly affect the bowel are stroke, diabetes, and Parkinson's disease. Why? Since the nerves that transmit messages from the spinal cord to the bowel may become damaged, constipation is more likely to occur.

What illnesses indirectly affect the bowel?
Heart disease, pneumonia, and pressure sores indirectly affect the bowel. Why? These illnesses result in reduced mobility and the need to take more medications, two risk factors (page 6) that increase the chances of becoming constipated.

How can worsening of constipation be avoided?
Whether your illness *directly or indirectly* affects the bowel, strict adherence to the treatment regimen for the medical illness is essential! In addition, you *must* pay close attention to your non-drug preventive treatment; you must eat the right foods, drink adequate fluids, exercise daily, and maintain a regular, effective bowel management plan.

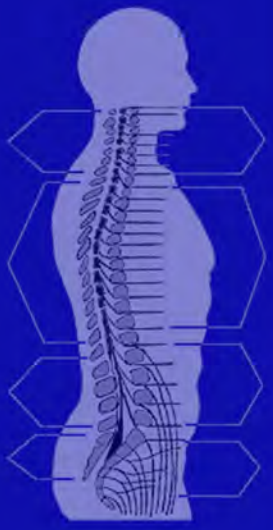
BOWEL PROGRAM

Your bowel program plays a vital role in the preventive treatment of constipation! An effective bowel program *should* enable you to empty your bowel on a regular and predictable basis. This will greatly reduce the likelihood that you will become constipated or experience bowel incontinence. The goal is for an effective bowel program to become part of your routine.

If you have symptoms that suggest worsening constipation, an additional bowel program may be needed. Therefore, you must be aware of symptoms that suggest you are *becoming* constipated and know what *temporary changes* must be made to clear your bowel of retained stool. However, good planning and a regular bowel program should prevent you from becoming *severely* constipated.

Many people with SCI learn a bowel program soon after injury. They continue to use this same method for years; it is familiar, so they are comfortable with it. However, it may not *still* be the best method to use. As people get older, they may develop more risk factors for constipation; therefore, people with SCI must be willing to make changes in their bowel program if it will help them to prevent and treat constipation.

Most quadriplegics do their bowel program 3-4 times a week. People with low spinal cord injury (low paraplegics) should do a daily bowel program. This is



because the muscles of the anal sphincter can be weaker, and they are at greater risk of having a bowel accident if there is any stool at all in the rectum. For all people with SCI, a regular bowel program should also help reduce the build-up and passage of gas.

It is important that you choose a time of day that is convenient for you, when you do not have to hurry through your bowel program. The best time is after a meal, preferably breakfast—this is because food can stimulate the bowel. At the end of your bowel program, insert a lubricated gloved finger into your rectum to make sure that it is completely empty.

Bowel Program Methods and Preparations

Toilet or Bowel Chair

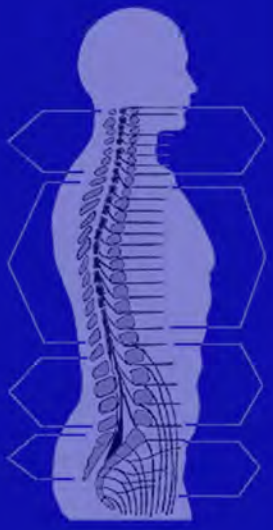
It is best to sit up for your bowel program because the pull of gravity helps stool move down the bowel. You may pad the toilet seat to prevent skin ulcers, particularly when you need to be seated for more than 30 minutes. If you have a low spinal cord injury, it helps to prop your legs on a footstool; this will enable you to bear down more effectively to move your bowels. If you have painful hemorrhoids, from sitting and straining, a hemorrhoidal suppository should be inserted daily and after each bowel movement to treat the problem.

Digital Stimulation

Digital stimulation may be used alone or after insertion of a suppository. The proper way to do digital stimulation is to insert a well-lubricated gloved finger or adaptive device about 2-3 inches past the anus until you feel the inner sphincter, the ring of muscle inside the anus. Massage this ring 3 or 4 times, or until it relaxes —relaxation of the sphincter allows the stool to be evacuated. You may need to do this several times until the sphincter relaxes. Wait 5-10 minutes between each digital stimulation. If you use suppositories, start digital stimulation 10-30 minutes after insertion of the suppository. Following your bowel program, you should do additional digital stimulations, waiting 5-10 minutes in between — t h i s reduces the risk of accidents following your bowel program. If nothing is expelled within 15 minutes, you can terminate your bowel program.

Abdominal Massage

Abdominal massage is usually done after suppository insertion or after the first digital stimulation. Press down with the palm of your hand into the lower right part of your abdomen, massage toward your ribs, then straight across to the left side of your abdomen, and then down to your lower left abdomen. Note on the diagram (page 4) that you are massaging along the length of the colon in a direction toward the rectum. You should repeat this massage action every 30 seconds for 10 repetitions for best results.



Suppositories (glycerin, bisacodyl, Magic Bullet®)

If stool becomes hard and compacted in the rectum, glycerin, a softening suppository, can lubricate the blockage and make it easier to pass. The bisacodyl suppository not only softens the stool, it also stimulates the bowel, so it is more effective and is more commonly used. If you find that the bisacodyl suppository is no longer effective (i.e., it takes longer to produce results or the bowel doesn't empty completely), you should ask your doctor about the Magic Bullet®. The Magic Bullet®, a different type of bisacodyl suppository, dissolves much faster after insertion, so it speeds up the process.

Proper insertion of the suppository is essential. You must:

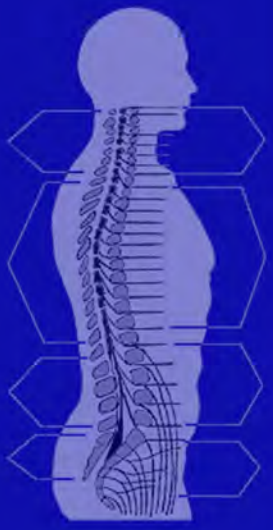
1. Remove any stool that may hinder insertion of the suppository.
2. Moisten the suppository to lubricate it before insertion.
3. Place it as high up as possible into the rectum—use either a gloved finger or suppository inserter.
4. Place the suppository so that it rests against the wall of the rectum.
5. Withdraw your finger slowly to prevent the suppository from slipping out of position.

Note: It helps if the bladder is empty before suppository insertion.

Enemas (tap water , mineral oil, Fleet®)

If you have not had a bowel movement for 3 or more days, or feel that some stool always remains in your rectum after your bowel program, you may choose to use an enema. Some people have difficulty holding enema fluid inside the bowel, but assistive devices are available. Enemas should not be used *regularly* for a number of reasons:

1. They may make the bowel "lazy," so that it becomes dependent on enemas for evacuation.
2. The *amount* of enema fluid necessary to produce results increases with repeated use.
3. Use of large amounts of enema fluid is likely to wash out *important* nutrients from the bowel.



Laxatives:

Stimulant Laxatives (includes cascara , senna ,ExLax®, Dulcolax®, Peri-Colace®)

These stimulate the bowel to squeeze down harder and more regularly, encouraging stool to be passed. They produce results in 6-12 hours, so should be taken at bedtime if you do your bowel program in the morning.

Bulk Laxatives (includes calcium polyCarbophil , psyllium , Citrucel® , Metamucil®, FiberCon®)

These work much the same way as when you increase the fiber in your diet; they d r aw water into the stool to produce a soft bowel movement which is easier to pass. Made from fiber extracts of plants and fruits, they are available in 3 forms : a powder you mix with water, a wafer, a tablet. With all forms, you

must always drink at least 8 large glasses of fluid a day. They are usually taken 3 or 4 times a d ay, with fluid, and are safe to use long-term. Some people experience bloating at first, but this side effect generally wears off after 3-4 weeks of use.

Magnesium Laxatives (includes magnesium citrate , Milk of Magnesia ®)
These produce results in 1-2 hours, but often cause loose stool and increase the risk of bowel incontinence. They are not recommended for regular use.

Sorbitol, Lactulose ®, Golytely®
These sweet-tasting liquids draw water into the stool and soften the bowel movement. They produce results within 6-12 hours, so may be taken at night with fluids. If a larger dose is needed, they may be taken twice a day, morning and night. They rarely cause side effects and are useful for encouraging a regular bowel habit over the long term.

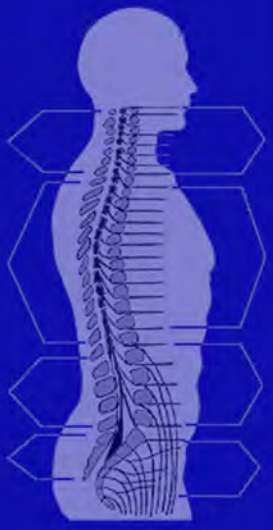
Stool Softeners, Colace®
Although often used as laxatives, few realize that stool softeners have no laxative action. They soften the stool, but *do not* stimulate the bowel; therefore, they *do not* effectively treat constipation. Stool softeners should be used by people who are not at risk of becoming constipated, or *in addition to* another laxative in people who find that their bowel movements are very hard.

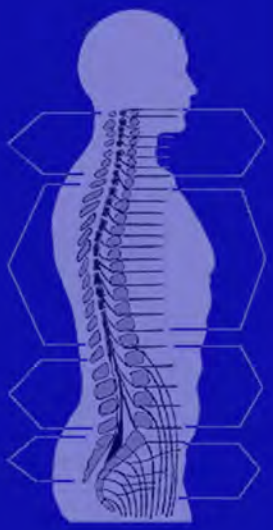
Bowel Program Guidelines

The following general guidelines provide a checklist for a typical bowel program based on one's level of injury. All people with SCI should establish and adhere to a regular bowel program schedule. Plan your program for the same time every day, preferably after a meal.

If you have a neck or upper spinal cord injury (spastic bowel):

1. You should do your bowel program every day or every other day if you have any of the symptoms or risk factors listed on pages 5 & 6. If you do not have any of these symptoms or risk factors, you should do your bowel program *at least* once every three days to prevent constipation.
2. Insert the suppository into your rectum, making sure that you use the correct technique (page 13).
3. Perform abdominal massage for 5-10 minutes.
4. Wait for evacuation of stool and gas to begin. If no stool is evacuated after 10 minutes, proceed to Step 5.
5. Perform digital stimulation until your anal sphincter relaxes.
6. Following your bowel movement, perform 2 additional digital stimulations, waiting 5-10 minutes in between. If no more stool is evacuated within 15 minutes, you have completed your bowel program .





If you have a low spinal cord injury (relaxed bowel):

1. Schedule your bowel program for once or twice a day. Clearing stool from the rectum on a frequent basis will help prevent accidents.
2. Take a bulk laxative (page 14) once or twice a day to produce a better formed stool.
3. Perform digital stimulation until your anal sphincter relaxes. If your rectum is full of stool, you should first manually remove some with your fingers, using a scooping action. Use of a lubricant gel will make this process easier and less uncomfortable. After manual removal, repeat digital stimulation.
4. Take deep breaths and bear down to help evacuate your bowels.
5. If you have not started a bowel movement within 15 minutes of completing digital stimulation, insert either a bisacodyl suppository or a mini-enema. Wait 15 minutes for stool flow to begin.
6. Following your bowel movement, perform 2 additional digital stimulations, waiting 5-10 minutes in between. If no more stool is evacuated within 15 minutes, you have completed your bowel program.

Note: You should keep a bowel program "diary" that includes:

a) The date, length of time, and result of each bowel program
b) Any treatments (laxatives, suppositories, enemas) you are taking and your evaluation of their effectiveness
c) The date and severity of any bowel-related symptoms you are experiencing

COMMONLY ASKED QUESTIONS

What should I do if I do not have a bowel movement as a result of my bowel program?

In order to prevent a build-up of stool in your bowel and worsening constipation, you should take either sorbitol or lactulose (15-30 mls) or 2 senna tables at bedtime.
Then, repeat your bowel program at the usual time the following day.

What should I do if I do not have a bowel movement for 4 or more days?

At that time, you should take a stronger-acting laxative such as Golytely® (1/2 to 1 liter) 2-3 hours before your bowel program. If this happens more than once, you should take a laxative on a regular basis. Talk with your doctor about what laxatives to use.

What should I do if my stools are very hard?

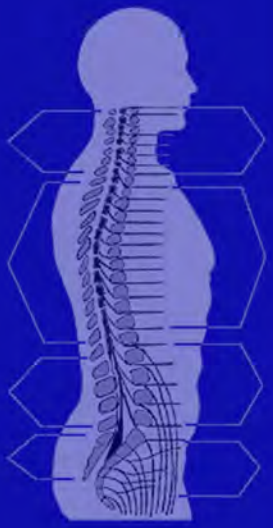
If your stools are very hard, you should adjust your diet (page 9), so that you eat more fiber foods, less foods that harden stool, and drink more fluids. If the problem continues, you should take a bulk laxative up to 3 times a day, or sorbitol or lactulose once or twice a day, in addition to the diet changes.

Fiber in my diet and bulk laxatives cause me to become bloated and to pass gas frequently—what should I do?

Addition of fiber and bulk laxatives often causes temporary discomfort. The bloating and gas should only last 2-3 weeks while your bowel gets used to the change in your diet. You may also want to decrease the intake of other gas-producing foods (apples, beans, cabbage, melons, onions, spicy foods) during this adjustment time. If symptoms persist, reduce the dietary fiber and/or stop the bulk laxative, and take sorbitol (or lactulose) once or twice daily as an alternative .

What do I do if I have diarrhea?

If you have diarrhea, increase the frequency of your bowel program and modify your diet to include more stool-hardening foods (page 9). Remember, diarrhea can *sometimes* be a sign of severe constipation. It can also be a side effect of a medication, such as an antibiotic, an antacid with magnesium (Maalox®, Mylanta), or an antidepressant (Pa x i l®, Prozac®, Zoloft®), or it can happen because you are taking more laxatives than you need. If the diarrhea is accompanied by bleeding from the rectum, vomiting, abdominal pain, abdominal distention, fever; if you are having watery bowel movements more than 3 times a day; or if diarrhea persists for 2 or more days, you should call your doctor.



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