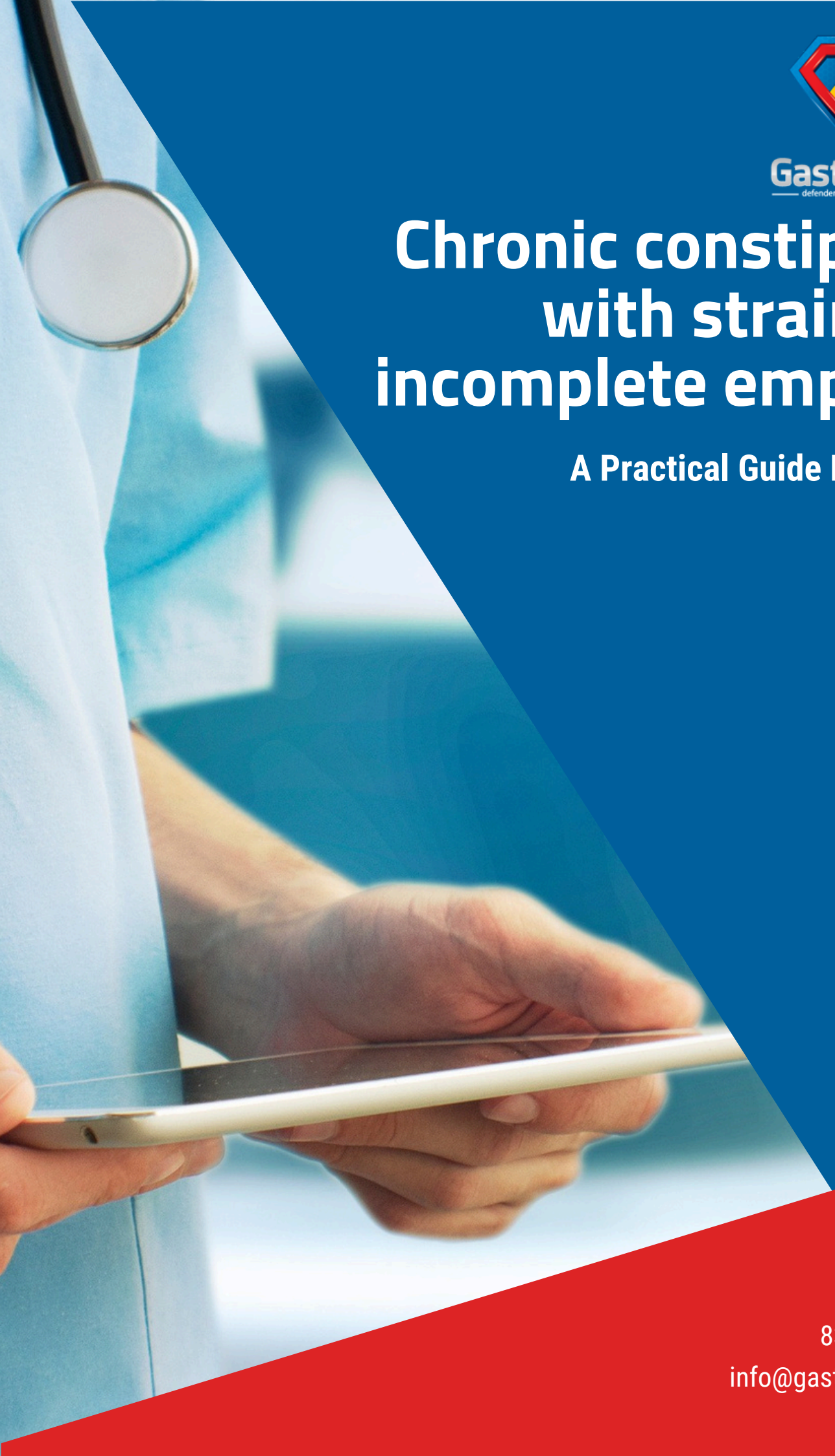


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defenders of the digestive system

Chronic constipation with straining / incomplete emptying

A Practical Guide For Patients

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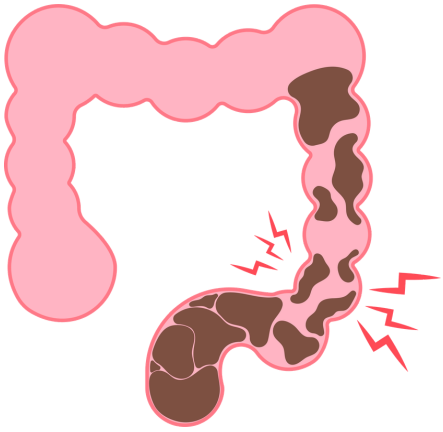
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Introduction: Chronic constipation with straining / incomplete emptying

Chronic constipation is a persistent problem with bowel movements that may involve infrequent stools, hard or dry stools, difficulty passing stool, excessive straining, or the feeling that the rectum has not completely emptied. A person does not need to have all of these symptoms to be constipated. Some patients have bowel movements regularly but still struggle with prolonged straining or incomplete evacuation



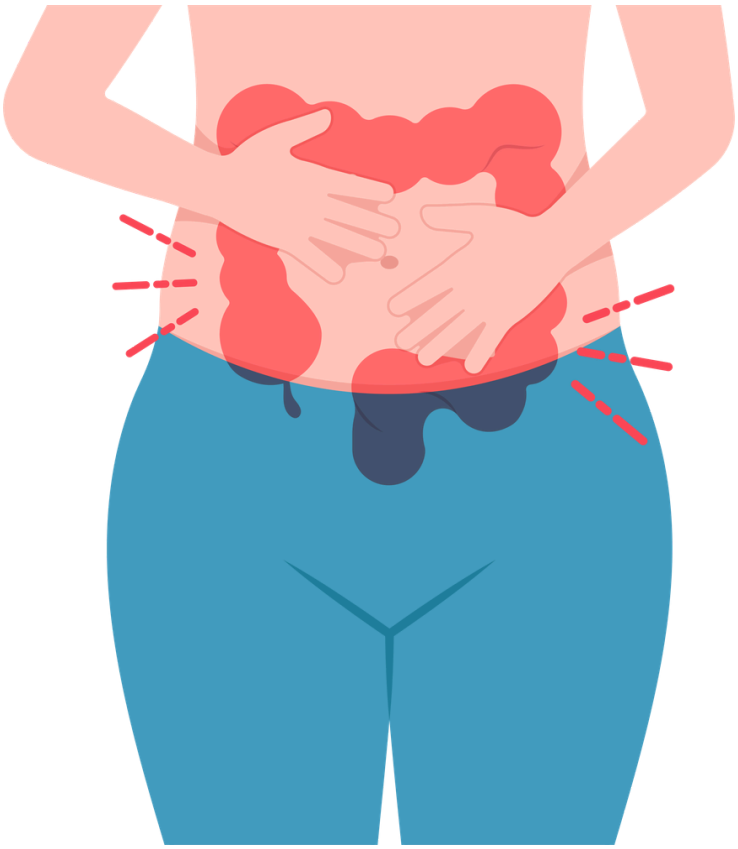
Key Takeaways

- Chronic constipation involves more than simply having infrequent bowel movements.
- Symptoms may include hard stools, straining, difficult evacuation, and incomplete emptying.
- Some patients have normal stool frequency but still experience significant evacuation difficulty.
- Slow movement of stool through the colon can contribute.
- Pelvic floor dysfunction may cause persistent straining and incomplete evacuation.
- Certain medicines and medical conditions can worsen constipation.
- A detailed medical history and rectal examination can help identify the likely mechanism.
- Persistent symptoms despite basic treatment may require anorectal testing.

What Causes Chronic constipation with straining / incomplete emptying

Known Causes

Chronic constipation usually develops because one or more factors interfere with the normal movement of stool through the colon or its evacuation from the rectum. Some people primarily have slow stool movement, while others have difficulty coordinating the muscles required to empty the rectum. Medications, diet, lifestyle, neurological disease, or metabolic conditions can contribute at the same time. Stool may move through the colon at a relatively normal rate, but patients still experience hard stools, straining, bloating, or difficult evacuation.



Common Signs & Symptoms

Chronic constipation can look different from one patient to another. Some people mainly have infrequent bowel movements, while others go regularly but spend considerable time straining and still feel that stool remains behind.

Core Symptoms Include:

- Infrequent bowel movements
- Hard or dry stools
- Incomplete emptying
- Difficulty initiating a bowel movement
- Abdominal bloating
- Small or fragmented stools
- Abdominal cramping
- Need for repeated toilet visits



Severe cases can also cause:



- Rectal bleeding
- Blood mixed with the stool
- Persistent or severe abdominal pain
- Progressive abdominal distension
- Vomiting
- Inability to pass stool or gas
- Unexplained weight loss
- Iron-deficiency anemia
- Significant weakness or fatigue
- Fecal impaction

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Diagnosis & Medical Testing

Diagnosis begins by determining how often bowel movements occur, what the stool looks like, how much straining is required, and whether the patient feels completely emptied afterward. Medication use, diet, physical activity, previous abdominal or pelvic surgery, and family history are also reviewed.

Diagnostic Tools

- **Medical history evaluation**: Reviews bowel frequency, stool consistency, duration of symptoms, straining, incomplete evacuation, diet, medications, and previous treatments.
- **Family history assessment**: Looks for colorectal cancer, inflammatory bowel disease, or inherited gastrointestinal conditions.
- **Abdominal examination**: Checks for tenderness, distension, palpable stool, or other abnormalities.
- **Digital rectal examination**: Evaluates stool in the rectum, anal tone, masses, and how the pelvic floor behaves during simulated evacuation. A careful examination can provide clues to a defecatory disorder.
- **Complete blood count**: May identify anemia or another abnormality when clinically appropriate.



Diet

Nutrition can play an important role in constipation management, particularly when stools are hard or dietary fiber intake is low. However, more fiber is not automatically better for every patient. People with severe bloating, certain motility disorders, bowel narrowing, or pelvic floor dysfunction may require individualized recommendations.Fiber works best when increased gradually and combined with adequate fluid.

Key Insights

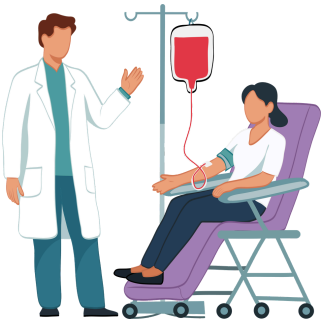
- ncrease dietary fiber gradually rather than making a sudden large change.
- Include fruits, vegetables, beans, lentils, oats, and whole grains as tolerated.
- Consider soluble fiber sources such as psyllium when appropriate.
- Drink adequate fluids, particularly when increasing fiber intake.
- Eat at regular times to encourage predictable bowel activity.
- Do not routinely skip meals if this worsens bowel regularity.
- Include adequate calories and protein to support overall health.
- Reduce excessive intake of heavily processed, low-fiber foods.
- Identify foods that significantly worsen bloating or constipation.
- Maintain adequate hydration during travel, exercise, or hot weather.
- Limit excessive alcohol if it contributes to dehydration.
- Remember that diet alone may not correct pelvic floor dysfunction.
- Patients with significant abdominal swelling, vomiting, or suspected obstruction should seek medical evaluation rather than simply adding fiber.

Medications & Treatment Options

Treatment is usually introduced in a stepwise manner, beginning with lifestyle measures and appropriate over-the-counter therapy when suitable. Medication choice depends on stool consistency, bowel frequency, previous response, side effects, and whether pelvic floor dysfunction is present

Treatment Options

- **Fiber supplements:** Psyllium or another appropriate fiber supplement may increase stool bulk and improve bowel regularity in selected patients.
- **Polyethylene glycol (PEG):** An osmotic laxative that draws water into the bowel and softens stool. Current AGA/ACG guidance strongly recommends PEG for chronic idiopathic constipation.
- **Magnesium-based osmotic agents**: May help selected patients but require caution in certain kidney or medical conditions.
- **Lactulose**: An osmotic laxative that may be considered when other approaches are unsuitable or ineffective.
- **Bisacodyl or sodium picosulfate:** Stimulant laxatives that can be useful as short-term or rescue therapy.





Advanced Therapies & Procedures

Patients who continue to experience severe straining or incomplete evacuation despite appropriate dietary and medication treatment may require physiologic testing rather than simply stronger medication. Advanced therapy focuses on determining whether the problem lies in the pelvic floor, colonic transit, or another structural or functional abnormality.

Therapy Options

- **Pelvic floor biofeedback therapy:** Retrains the muscles involved in bowel movements and is preferred over laxatives for confirmed defecatory disorders.
- **Anorectal manometry-guided treatment**: Identifies abnormal muscle coordination and helps guide therapy.
- **Balloon expulsion assessment:** Helps determine whether a patient has difficulty evacuating rectal contents.
- **Defecography:** Evaluates rectal emptying and may identify rectocele, prolapse, abnormal pelvic floor movement, or other structural problems.
- **Colonic transit study**: Determines whether stool moves unusually slowly through the colon.
- **Rectal suppositories or enemas**: May be considered in selected patients with refractory evacuation difficulty under medical guidance.

Coping With Chronic constipation with straining / incomplete emptying

Chronic constipation can affect daily routines, appetite, comfort, work, travel, and quality of life. Patients who repeatedly feel incompletely emptied may spend long periods on the toilet or use escalating amounts of laxatives without understanding why evacuation remains difficult.

Practical Strategies

- Follow the prescribed bowel regimen consistently.
- Keep a record of bowel-movement frequency.
- Track stool consistency and ease of passage.
- Note how often significant straining occurs.
- Record whether bowel movements feel complete or incomplete.
- Respond to the urge to have a bowel movement rather than repeatedly postponing it.
- Establish a regular toilet routine when possible.
- Allow adequate time for bowel movements without prolonged forceful straining.
- Use appropriate toilet positioning, such as supporting the feet, when recommended.
- Maintain adequate hydration.
- Increase dietary fiber gradually when appropriate.
- Stay physically active within your medical abilities.
- Review medicines and supplements that may contribute to constipation.

FAQS About

Chronic constipation with straining / incomplete emptying



Q1: What is chronic constipation with straining or incomplete emptying?
A: Chronic constipation is a persistent change in bowel function that may include infrequent stools, hard or difficult-to-pass stools, excessive straining, or the feeling that stool remains after a bowel movement.

Q2: What causes chronic constipation and incomplete evacuation?
A: Possible causes include slow movement of stool through the colon, inadequate fiber or fluid intake, medications, neurological or metabolic conditions, irritable bowel syndrome, and pelvic floor disorders. When the pelvic floor muscles do not relax and coordinate properly during a bowel movement.

Q3: How is chronic constipation diagnosed?
A: Diagnosis begins with a detailed bowel, medical, medication, and family history followed by a physical and rectal examination. Colonoscopy may be appropriate when alarm symptoms or colorectal screening needs are present. Patients with persistent symptoms despite laxative treatment may undergo anorectal manometry and balloon expulsion testing.

Q4: How is chronic constipation treated?
A: Treatment may include appropriate dietary fiber, adequate fluid intake, regular activity, bowel training, and medications such as polyethylene glycol or other bowel-regulating therapies. Prescription medications are available when standard treatments are insufficient. If testing shows a pelvic floor evacuation disorder, biofeedback therapy is often more appropriate than simply increasing laxatives.

Take Action

Chronic constipation with repeated straining or incomplete emptying should not simply be managed by continually adding more laxatives. Persistent symptoms may result from hard stool or slow colon transit, but they can also occur when the pelvic floor muscles are not coordinating properly during bowel movements.

Visit **GastroDoxs.com** to schedule an appointment and access more resources on digestive health.



Your health matters
take the next step
today!

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