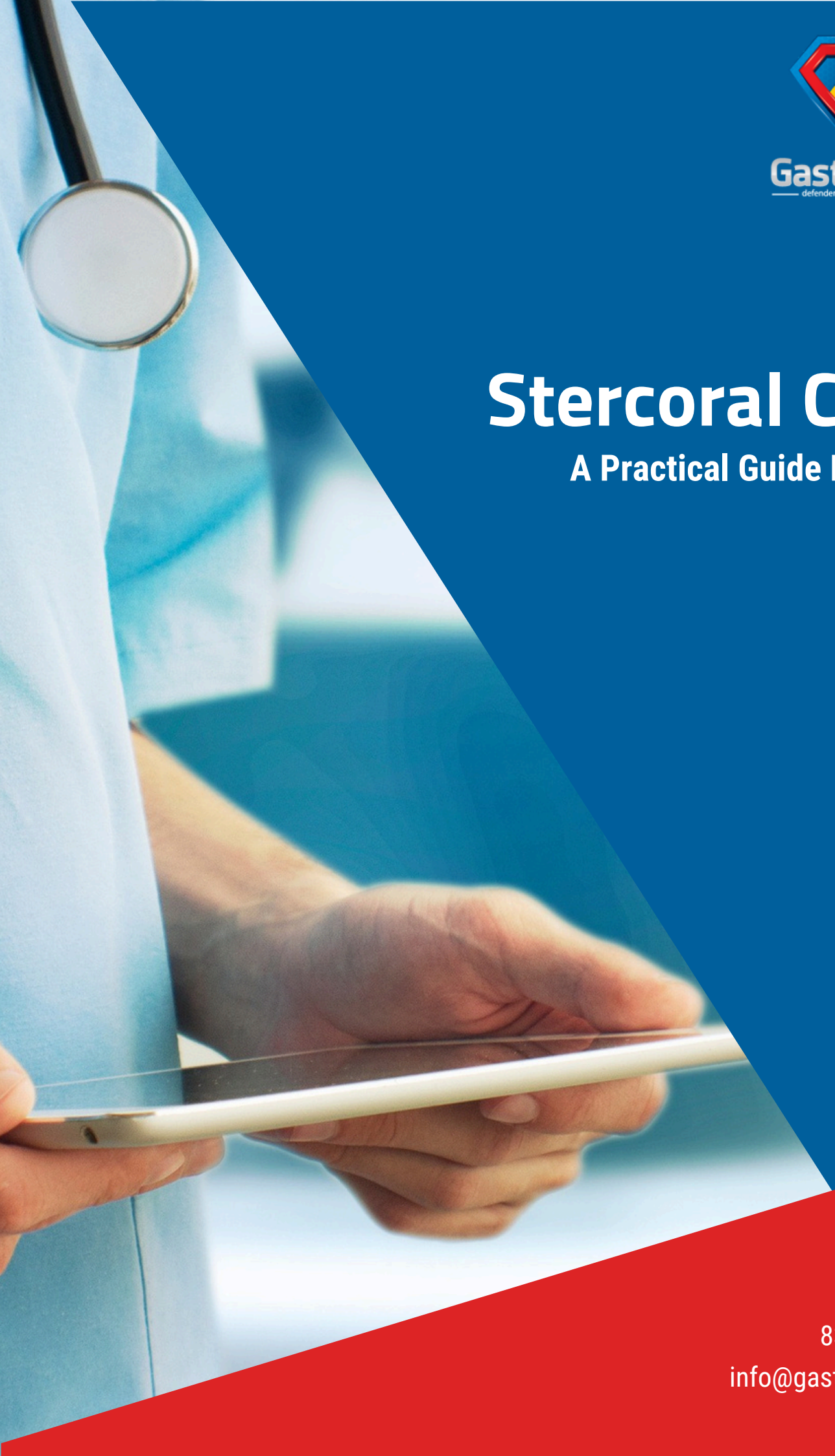
GastroDoxs
defenders of the digestive system

Stercoral Colitis

A Practical Guide For Patients



832-632-4070
info@gastrodoxs.com

TABLE OF CONTENTS

01 Introduction

02 What Causes Stercoral Colitis?

03 Symptoms

04 Diagnosis

05 Diet

06 Medications

07 Therapies

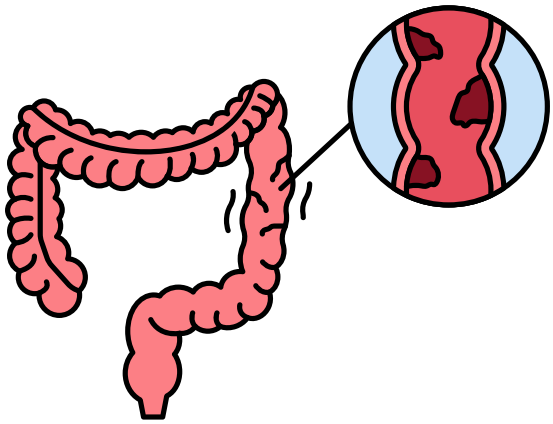
08 Coping

09 FAQs

10 Take Action

Introduction: Stercoral Colitis

Stercoral colitis is an uncommon but serious condition in which a large mass of hardened stool, called a fecaloma, becomes lodged in the colon. The fecaloma stretches the bowel and presses against its wall, reducing blood flow and triggering inflammation. Continued pressure can cause a stercoral ulcer, tissue death, intestinal bleeding, or a hole in the colon.



Key Takeaways

- The sigmoid colon and rectum are affected most frequently.
- Chronic constipation is the most important risk factor.
- Older, bedbound, or neurologically impaired patients are at increased risk.
- Opioids and other constipating medicines can contribute.
- Symptoms may be vague or unexpectedly mild.
- CT imaging is the most important diagnostic test.
- Treatment requires removal of the fecal impaction and close monitoring.
- Antibiotics may be needed when infection, ischemia, or perforation is suspected.
- Surgery may be required for perforation, dead bowel tissue, or failed conservative treatment.
- A long-term constipation-prevention plan is essential after recovery.

What Causes Stercoral Colitis?

Known Causes

Stercoral colitis develops when stool remains in the colon long enough to become extremely dry, hard, and compact. The hardened mass stretches the colon and applies continuous pressure to the bowel wall. This pressure can impair circulation, causing swelling, inflammation, ulceration, and eventually tissue death or perforation.

Several factors may contribute to constipation and fecal impaction in the same patient.



Common Signs & Symptoms

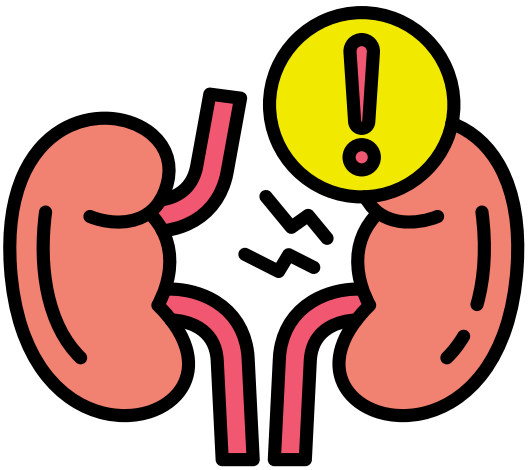
Symptoms of stercoral colitis vary widely. Some patients experience obvious abdominal pain and swelling, while others have mild symptoms despite significant inflammation. Older adults, people with dementia, and patients with neurological or psychiatric conditions may be unable to describe their symptoms clearly.

Core Symptoms Include:



- Long-standing or severe constipation
- Infrequent bowel movements
- Passing small, hard stools
- Difficulty or pain when passing stool
- Lower abdominal pain
- Diffuse abdominal discomfort
- Abdominal cramping
- Abdominal swelling or distension

Severe cases can also cause:



- High fever or chills
- Rapid heartbeat
- Low blood pressure
- Confusion or reduced alertness
- Colonic ischemia
- Stercoral ulceration
- Intestinal perforation
- Peritonitis
- Sepsis or septic shock
- Kidney injury or multiorgan failure

GastroDoxs
defenders of the digestive system

Diagnosis & Medical Testing

Stercoral colitis cannot be reliably diagnosed from symptoms alone because it can resemble diverticulitis, bowel obstruction, appendicitis, ischemic colitis, infection, or colorectal cancer. Evaluation generally occurs in an emergency department or hospital.

Diagnostic Tools

- **Vital-sign assessment:** Checks temperature, blood pressure, heart rate, breathing, and oxygen level.
- **Abdominal examination:** Evaluates tenderness, guarding, rigidity, swelling, masses, and bowel sounds.
- **Digital rectal examination:** Checks for hard stool in the rectum, bleeding, masses, and rectal abnormalities.
- **Complete blood count:** Detects infection, inflammation, anemia, or blood loss.
- **Metabolic panel:** Evaluates dehydration, electrolytes, kidney function, and liver function.
- **Serum lactate:** An elevated level may increase concern for reduced bowel blood flow, tissue injury, or sepsis.
- **Inflammatory markers:** May support the presence of significant inflammation but are not diagnostic alone.



Diet

Stercoral colitis is an acute medical condition and should not be treated at home by simply adding fiber. During the initial hospital evaluation, patients may be instructed not to eat or drink in case an urgent procedure or surgery becomes necessary. Fiber supplements, large meals, or aggressive oral laxative use may be inappropriate until obstruction, ischemia, and perforation have been excluded.

Key Insights

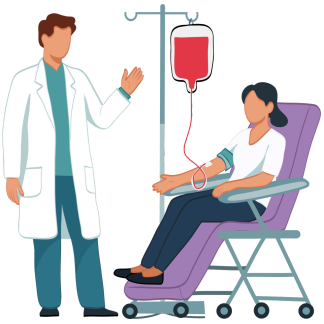
- Include fruits, vegetables, beans, lentils, oats, and whole grains as tolerated.
- Combine increased fiber with sufficient fluid.
- Choose softer high-fiber foods when chewing or swallowing is difficult.
- Eat meals at regular times to support a predictable bowel routine.
- Include adequate calories and protein during recovery.
- Reduce heavily processed foods that contain little fiber.
- Avoid prolonged fasting unless medically necessary.
- Limit excessive alcohol because it may contribute to dehydration.
- Seek dietitian support for frailty, weight loss, swallowing difficulty, or multiple dietary restrictions.
- Follow a different plan when a structural narrowing or severe motility disorder is present.
- Remember that diet alone may not prevent constipation caused by opioids or pelvic floor dysfunction.

Medications & Treatment Options

Stercoral colitis generally requires treatment in a hospital. The initial goal is to relieve the fecal impaction and reduce pressure on the colon before irreversible tissue damage develops. Patients without peritonitis, perforation, or severe sepsis may be treated without surgery but still require close monitoring because deterioration can occur.

Treatment Options

- **Hospital observation:** Allows repeated abdominal examinations and monitoring for deterioration.
- **Bowel rest:** Food and drink may be temporarily restricted while the need for surgery is assessed.
- **Manual disimpaction:** A clinician removes hardened stool from the rectum when safely accessible.
- **Rectal treatments:** Suppositories or enemas may be used under medical supervision in selected uncomplicated cases.
- **Oral bowel regimen:** Osmotic or stimulant laxatives may be used when obstruction and perforation have been excluded.
- **Endoscopic disimpaction:** Removes or breaks apart stool that cannot be cleared through simpler measures.
- **Intravenous fluids:** Treat dehydration and support blood circulation.





Advanced Therapies & Procedures

Advanced treatment is needed when ordinary disimpaction is unsuccessful or when stercoral colitis causes dead bowel tissue, perforation, peritonitis, uncontrolled sepsis, or extensive colon involvement. Surgical decisions are based on CT findings, physical examination, laboratory results, and the patient's response to initial treatment.

Therapy Options

- **Endoscopic stool fragmentation:** Breaks apart and removes a fecaloma under direct visualization.
- **Endoscopic disimpaction:** Clears impacted stool beyond the reach of a digital rectal examination.
- **Repeat CT imaging:** Evaluates worsening inflammation or suspected complications.
- **Nasogastric decompression:** Removes stomach contents when severe vomiting or obstruction is present.
- **Intravenous resuscitation:** Stabilizes circulation in patients with dehydration, sepsis, or shock.
- **Urgent exploratory surgery:** Examines the abdomen when perforation or dead bowel is suspected.
- **Colon resection:** Removes perforated, ischemic, or severely damaged bowel.
- **Hartmann procedure:** Removes the affected colon, closes the downstream rectal segment, and creates a temporary or permanent colostomy in selected emergencies.

Coping With Stercoral Colitis

Recovery should include more than clearing the immediate fecal impaction. Without a prevention plan, severe constipation and pressure injury may recur. The healthcare team should identify contributing medicines, mobility limitations, fluid intake, toileting routines, pelvic floor disorders, and underlying medical conditions.

Practical Strategies

- Follow the prescribed bowel regimen consistently.
- Do not wait until constipation becomes severe before seeking advice.
- Record bowel-movement frequency and stool consistency.
- Note the date of the last complete bowel movement.
- Drink the recommended amount of fluid.
- Increase dietary fiber gradually after medical clearance.
- Stay physically active according to ability and medical guidance.
- Attempt bowel movements at a regular time each day.
- Allow adequate privacy and time for toileting.
- Avoid excessive straining.
- Use proper toilet positioning when recommended.
- Review all medicines with a clinician or pharmacist.
- Ask for preventive treatment when opioids are prescribed.
- Do not combine multiple laxatives without guidance.
- Monitor abdominal pain, swelling, nausea, and appetite.

FAQS About
Stercoral Colitis



Q1: What is stercoral colitis?
A: Stercoral colitis is inflammation of the colon caused by impacted, hardened stool. The stool mass places pressure on the bowel wall, which can reduce blood flow and cause ulceration, tissue death, bleeding, or perforation.

Q2: What causes stercoral colitis?
A: The condition usually develops from severe or chronic constipation that progresses to fecal impaction. Risk factors include older age, immobility, dementia, neurological disease, opioid use, dehydration, constipating medicines, and disorders that interfere with bowel emptying.

Q3: How is stercoral colitis diagnosed?
A: Diagnosis typically involves a medical and medication history, abdominal and rectal examinations, blood testing, and CT imaging of the abdomen and pelvis. CT may show a fecaloma, colon dilation, bowel-wall thickening, inflammation around the colon, reduced blood flow, or perforation.

Q4: How is stercoral colitis treated?
A: Treatment may include manual or endoscopic disimpaction, a medically supervised bowel regimen, intravenous fluids, electrolyte replacement, and close hospital monitoring. Antibiotics are used when serious infection or perforation is suspected. Surgery is required for perforation, dead bowel tissue, peritonitis, extensive disease, or failure of nonoperative treatment.

Take Action

Stercoral colitis is not routine constipation. Severe constipation accompanied by abdominal pain, swelling, vomiting, fever, confusion, rectal bleeding, or an inability to pass stool or gas requires urgent evaluation. Early treatment can relieve pressure on the colon before ischemia, perforation, and sepsis develop.

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



Your health matters
take the next step
today!

SCHEDULE AN APPOINTMENT

832-632-4070

info@gastrodoxs.com

GastroDoxs
defenders of the digestive system