

These notes are for use together with the Colley Model.

7. Constipation

Constipation is the complaint that bowel motions are infrequent and/or incomplete and/or there is a need for frequent straining or manual assistance to defecate (Rome IV criteria), (D'Ancona CD et al, 2019).

Some conditions may cause difficulty in emptying the bowel by causing a physical obstruction, such as a severe prolapse in women. Painful or difficult defaecation may be associated with chronic skin conditions such as lichen sclerosus or a painful fissure at the anus.

EFFECTS OF CONSTIPATION

Constipation or problems with defaecation may predispose to urinary incontinence and in women, may adversely affect the outcome of any continence surgery (NICE, 2019)

Although constipation is not necessarily associated with stress urinary incontinence (SUI), chronic and prolonged straining to open the bowels can weaken the pelvic floor muscles, therefore may predispose the individual to SUI.

FAECAL IMPACTION

A loaded rectum will cause pressure on the urethra causing voiding difficulties with urinary incontinence. Such direct pressure may cause by-passing of urine in catheterised patients.

References and resource:

[Bristol Stool Form Scale](#)

D'Ancona CD, Haylen BT, Oelke M, Herschorn S, Abranches-Monteiro L, Arnold EP, Goldman HB, Hamid R, Homma Y, Marcelissen T, Rademakers K, Schizas A, Singla A, Soto I, Tse V, de Wachter S. An International Continence Society (ICS) Report on the Terminology for Adult Male Lower Urinary Tract and Pelvic Floor Symptoms and Dysfunction. *Neurourol Urodyn*. 2019 DOI: 10.1002/nau.23897

NICE Guideline [NG123] Published date: April 2019. Urinary incontinence and pelvic organ prolapse in women: management

[Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline \[NG123\]](#)