This fact sheet explains what constipation is and suggests some ideas for improvement and tells you where to get more help.

**What is constipation?**
Constipation is a common disorder where bowel actions ('poo' or faeces) are not easily and/or less frequently passed. Symptoms of constipation include:
- Hard stools
- Excessive straining
- Being unable to pass faecal matter and/or feeling as though your bowels are not completely emptied

**What does being 'Regular' mean?**
- You can 'hold on' to your bowel action until you get to the toilet
- Once you are sitting on the toilet you can start a bowel action
- You feel that you have emptied your bowel fully
- Going to the toilet anywhere between 3 times a day to 3 times a week.
- Being 'regular' can vary from person to person.

**What can cause constipation?**
- Insufficient fibre intake in the diet
- Insufficient daily fluid intake
- Insufficient exercise
- Prescription and/or over-the-counter pain relief medications or chronic health conditions
- Pregnancy and childbirth
- Bowel disorders and/or damage that require further medical investigation
- Prolapse—a sagging and/or collapsing of internal organs which interferes with bladder and bowel control

**What should your 'poo' look like?**
Your poo should be light or dark brown, sausage-shaped, soft but firm, easy to pass and with minimal odour. Aim to have a type 3 or type 4 bowel action.

**Bristol Stool Chart**

| Type 1 | Separate hard lumps, like nuts (hard to pass) |
| Type 2 | Sausage-shaped but lumpy |
| Type 3 | Like a sausage but with cracks on its surface |
| Type 4 | Like a sausage or snake, smooth and soft |
| Type 5 | Soft blobs with clear-cut edges (passed easily) |
| Type 6 | Fluffy pieces with ragged edges, a mushy stool |
| Type 7 | Watery, no solid pieces. Entirely Liquid |

**Bristol Stool Scale**

- **Type 1**: Tballs (food that is soft) — 1
- **Type 2**: Soft semisolid stool — 2
- **Type 3**: Semisolid stool — 3
- **Type 4**: Hard stool difficult to pass — 4
- **Type 5**: Hard stool — 5
- **Type 6**: Hard stool — 6
- **Type 7**: Hard stool — 7

### Persian
این برگه اطلاعات توضیح می‌دهد که یبوست چیست و ضمن ارائه چند پیشنهاد برای بهبود به شما می‌گوید که از کجا کمک‌بگیرید.

یبوست چیست؟
یبوست یک ناهنجاری رایج است که در آن کارکرد روده ها (دفع مفوع) به آسانی انجام نمی‌شود و یا اکثر کمتری دارد.

علائم یبوست عبارت است از:
- دفع مفوع کوتاه
- زور زدن زیاد
- عدم تنوانی در دفع مفوع و یا احساس آنکه روده های شما کاملاً کاملاً خالی نمی‌شود

علائم یبوست به شکل زیر می‌باشد:

- شما می‌توانید کارکرد روده‌های خود را تا رسیدن به دستگاه‌های ضد‌روبای کمرنگ نگه‌دارید.
- احساس نفک کامل و خالی‌شدن روده با شما می‌دهد.
- سیاه‌پوستی یا حساسیت به فرش، بوی‌های مفوع و یا دفع مفوع

"عادی بودن" به چه معنای است؟
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چه چیزی باعث یبوست می‌شود؟
- جذب ناکافی فیبر در رژیم غذایی
- یافتن ناکافی بیوتیک و یا نیاز به بروز و یا مشکلاتی مزمن سلامتی
- بارداری و وضع حمل
- ناهنجاری‌های بدنی یا اسیدهای فیزیولوژیکی
- بارداری و وضع حمل
- ناهنجاری‌های بدنی یا اسیدهای فیزیولوژیکی
- گروراتیون و ریخته‌هایی که به کنترل مانفده و روده مربوط است

قانون مفوع شما چگونه کنترل شود؟
مفوع شما باید به رنگ سیاه یا سفید و یا روشن باشد. به شکل سوسیس، نرم و یا مکرر می‌تواند دفع شود. تلاش کنید تا دفع مفوع شاخصی از نوع 3 و 4 باشد.
Common Bowel Problems

Faecal Impaction – When constipation causes faeces to pack the intestine (digestive tract) so tightly that your normal pushing action in the toilet is not strong enough to push the faeces out.

Faecal Incontinence (sometimes referred to as ‘soiling’) – This is the accidental loss of liquid or solid faeces. This can be due to the bowel (which stores the faeces) being too full, but this may be only one of the causes. Uncontrolled flatus (‘wind’) is often considered evidence of faecal incontinence.

Haemorrhoids (sometimes referred to as ‘piles’) – This can be the result of straining to have a bowel movement. This strain (similar to heavy lifting) can damage the rectum’s veins. This can cause bleeding, soreness and itching.

Rectal Prolapse – This occurs when long-term straining causes a small amount of bowel lining to push out from the anus, which is a ring of muscle that opens and closes when we pass a bowel motion.

How constipation affects bladder control

- Constipation can cause accidental leakage from your bladder.
- An overfull bowel will cut down the volume of urine your bladder can hold and you will feel the need to go to the toilet often and in a hurry.

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Here are five ways to keep your bladder and bowel healthy and prevent constipation:

**Eat well to keep your bowels regular and to have a healthy body weight**

Eat a healthy diet high in fibre (at least 30g per day).

**Drink well to prevent constipation and bladder irritation**

Drink 1.5 - 2 Litres (6 - 8 glasses) of fluid each day unless advised otherwise by your doctor. Fluid is water, fruit juice, tea, coffee, milk, soup, jellies and icecream.

**Exercise daily to prevent constipation and keep a healthy body weight**

Keep your pelvic floor strong for good bladder and bowel control

Request a pelvic floor muscle exercise leaflet by calling the National Continence Helpline 1800 33 00 66.

**Toileting habits** – Go to the toilet as soon as you need to and empty you bowel fully. Remember to relax.

**Check your toileting position**:

- Your knees should be raised slightly above the level of your hips
- A small footstool might be needed to get you into the best position
- See the diagram below for further help

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**Correct toileting position**

Knees higher than hips. Lean forward and put elbows on your knees. Elbige out your abdomen. Straighten your spine.

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National Continence Helpline: 1800 33 00 66  Persian  continence.org.au
Laxatives

- Laxatives are medicines that will help loosen the bowel to prevent blockages and straining.
- Talk to your doctor about using these.
- Generally, laxatives should only be taken for short periods of time.

There are three types of laxatives:

- **Bulking Agents** - These increase the bulk of the stool (faeces). Drinking at least 6-8 glasses of fluid daily is essential.
- **Lubricant Laxatives** - These soften the faeces and make them easier to pass.
- **Stimulant/Irritant Laxatives** - These make the bowel more active in moving faeces through the bowel.

If constipation is severe or continuing, go to your Doctor.

Who can help?
The first step to improving your bowel control is to have a full continence assessment carried out by a health professional.

For more information
There are a range of health professionals who can help you deal with constipation.

- Visit your GP or specialist
- Telephone a Continence Nurse Advisor on the National Continence Helpline 1800 33 00 66
- To use an interpreter, ring the Translating and Interpreting Service (TIS) on 13 14 50

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National Continence Helpline 1800 33 00 66

Supported by the Australian Government Department of Social Services

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The Bristol Stool Chart was developed by K. W. Heaton and S. J. Lewis at the University of Bristol and first published in the Scandinavian Journal of Gastroenterology in 1997. ©2000 Norgine Limited

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