



Constipation

Practical steps that work, and when to see a doctor

PE-GIC-04

Constipation is common and usually improves with simple changes and the right laxative used properly. Laxatives are safe when used as advised. A few warning signs need medical review.

What is it?

Constipation means opening your bowels less often than usual (often fewer than three times a week), passing hard or lumpy stools, straining, or feeling that you have not fully emptied. Normal frequency ranges widely, from three times a day to three times a week.

Common causes

- Low fibre or fluid intake, and irregular meals
- Ignoring the urge to go, or limited toilet access during the day
- Low physical activity
- Medicines: opioid painkillers (including codeine and tramadol), iron tablets, some antidepressants, calcium and aluminium antacids, some blood pressure medicines
- Pregnancy, travel and changes in routine
- Medical conditions such as an underactive thyroid, diabetes, high calcium, or irritable bowel syndrome
- Pelvic floor dyssynergia: the muscles that should relax during a bowel movement tighten instead

What you can do

- Eat regular meals; the bowel is most active after breakfast
- Respond to the urge and give yourself time, without straining hard

- Use a footstool so your knees are higher than your hips; this changes the angle of the rectum and makes passing stool easier
- Increase fibre gradually: fruit and vegetables, oats, legumes, wholegrains. Two green kiwifruit a day, or prunes, work well for many people
- Drink enough fluid, especially in hot weather and when adding fibre
- Move more: daily walking helps

Laxatives

If lifestyle changes are not enough, laxatives are safe and effective when used as directed:

- Bulk-forming (psyllium/ispaghula): take with plenty of water; can cause bloating at first
- Osmotic (macrogol/polyethylene glycol, lactulose): draw water into the stool. Macrogol is often the first choice and can be used long term
- Stimulant (senna, bisacodyl): make the bowel contract; useful as an add-on or for short periods
- Suppositories or enemas: for quick relief when stool is stuck low down

Laxatives do not make the bowel 'lazy' when used as advised. If they are not working after several weeks, see your doctor; there are prescription medicines and specialised tests for difficult cases.

Tests

Most people do not need tests. Your doctor may check blood count, thyroid, calcium and glucose. A colonoscopy is advised if there are warning features or you are due for bowel cancer screening. For long-standing difficult constipation, tests of bowel transit and pelvic floor function can guide treatment, including pelvic floor retraining (biofeedback).

Get urgent medical care if you have

- Blood in the stool or black stools
- Weight loss without trying
- A new change in bowel habit lasting more than a few weeks, especially after age 50
- Severe abdominal pain with vomiting, swelling, or not passing wind
- Anaemia
- A family history of bowel cancer

Common questions

Is it harmful to go only every two or three days?

Not if the stool is soft and passes easily. Frequency alone matters less than comfort.

Are herbal laxative teas safe?

Many contain senna. They work, but the dose is uncontrolled. A measured laxative from the pharmacy is usually better.

I take iron tablets and they constipate me. What can I do?

Taking iron every other day may be gentler and absorbed just as well. Ask your doctor; a laxative can be added if needed.

What about children?

Constipation is common in children and usually needs a regular osmotic laxative for weeks to months, given with your child's doctor's guidance. Do not use stimulant laxatives or enemas in children without advice.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.
