INTRODUCING DIAGNOSTIC ALGORITHM

Chronic Constipation

**Anamnesis**
A careful anamnesis is the most important instrument in the investigation

- The patient’s definition of constipation?
- Stool frequency?
- Stool consistence?
- Amount of faeces per bowel movement?
- How often is the need to pass a bowel movement felt?
- Duration?
- Most troublesome symptoms?
- Current medications?
- Are diagnostic criteria for IBS (Rome III) met?
- Are diagnostic criteria for functional constipation met?

**Physical examination**
Especially abdominal palpation and palpation per rectum (sphincter tonus, with puborectalis, sphincter reaction for pushing, tumour, blood)

**Examination of the colon**
Examination of the colon, preferably a colonoscopy, is mandated at the onset of new symptoms in patients aged 45-50 years or older, as well as if anything in the anamnesis or the sampling indicates colorectal bleeding. Otherwise, this is done under the guidance of the symptom imagery

**Other investigations**
For patients who do not respond to initial treatment, the examination below is done for further classification of the cause of the constipation symptoms and thus to help with the continued treatment:

- Colonic Transit Study (OATT)
- Anorectal manometry
- Defecography

**Hospital healthcare, e.g. gastroenterologist / colorectal surgeon**

**Referral sent to specialist care, e.g. gastroenterologist / colorectal surgeon**

**Application**

- If the colonic transit is delayed, intensified constipation therapy should be considered with alteration of laxative treatment, motility-stimulating drugs etc.
- If the patient has severe complaints of constipation but the transit time is completely normal, there is a high possibility of altered sensitivity like IBS and the therapy should be directed accordingly
- In a very small number of patients with colonic inertia, surgical therapy may be considered (colectomy with ileorectal anastomosis) but if transit time is normal in the caecum-ascendent segment, this operation is not indicated
- If transit thorough rectum and the sigmoid colon is delayed, the possibility of outlet obstruction including pelvic floor dysfunction should be considered

**Rectoscopy**
Should be done on all patients with constipation symptoms

**Lab**
Sampling (minimum enquiry)

- Hb
- SR
- CRP
- Electrolytes including S-Ca och S-Creatinine
- TSH
- B-Glucos
- F-Hb x 3 (-6)

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