

CONSTIPATION AND OBSTIPATION

BASICS

OVERVIEW

- “Constipation” is infrequent, incomplete, or difficult defecation with passage of hard or dry bowel movement (feces)
- “Obstipation” is constipation that is difficult to manage or does not respond to medical treatment, caused by prolonged retention of hard, dry bowel movement (feces); defecation is impossible in the patient with obstipation

SIGNALMENT/DESCRIPTION of ANIMAL

Species

- Dogs and cats
- More common in cats

SIGNS/OBSERVED CHANGES in the ANIMAL

- Straining to defecate with small or no fecal volume
- Hard, dry bowel movement (feces)
- Infrequent defecation
- Small amount of liquid stool with mucus in it—sometimes with blood present, produced after prolonged straining to defecate (known as “tenesmus”)
- Occasional vomiting, lack of appetite, and/or depression
- Large bowel (colon) filled with hard bowel movement (feces)
- Other signs depend on cause
- Rectal examination may reveal a mass in the rectum or large intestine (colon); narrowing of the colon (known as a “colonic stricture”); perineal hernia, which develops when the muscles supporting the rectum weaken and separate, allowing the rectum and/or bladder to slide under the skin and causing swelling in the area of the anus; anal sac disease; presence of a foreign body or material; enlarged prostate; or narrowed pelvic canal

CAUSES

Dietary Causes

- Bones
- Hair
- Foreign material
- Excessive fiber
- Inadequate water intake

Environmental Causes

- Lack of exercise
- Change of environment—hospitalization, dirty litter box
- Inability to walk

Drugs

- Anticholinergics (medications used as preanesthetics or to treat diarrhea, such as atropine)
- Antihistamines
- Opioids
- Barium sulfate
- Sucralfate (medication that forms a protective barrier over gastrointestinal ulcers)
- Antacids
- Kaopectolin
- Iron supplements
- Medications to remove excess fluid from the body (known as “diuretics”)

Painful Defecation

- Disease of the anus and/or rectum—inflammation of the anal sacs (known as “anal sacculitis”); anal-sac abscess; one or multiple draining tracts around the anus (known as “perianal fistulae”); narrowing of the anus (known as an “anal stricture”); anal spasm; rectal foreign body; condition in which the rectum slips out of its normal position and protrudes through the opening of the anus (known as a “rectal prolapse”); condition in which bowel movement (feces) becomes trapped and matted in the hair around the anus, blocking the anus (known as “pseudocoprostasis”); and inflammation of the lining of the rectum (known as “proctitis”)
- Trauma—fractured pelvis; fractured limb; dislocated hip; bite wound or laceration in the tissue around the anus; perineal (area between the anus and external genitalia) abscess

Mechanical Obstruction



- Extraluminal (outside of the “tube” of the intestinal tract)—healed pelvic fracture with narrowed pelvic canal; enlarged prostate; inflammation of the prostate (known as “prostatitis”); prostate cancer; condition in which bowel movement (feces) becomes trapped and matted in the hair around the anus, blocking the anus (pseudocoprostasis); enlarged lymph nodes
- Intraluminal (inside the “tube” of the intestinal tract) and intramural (within the wall of the intestines)—colonic or rectal cancer or polyp; narrowing of the rectum (known as a “rectal stricture”); foreign body in the rectum; presence of a pouch or sac-like opening from the rectum (known as a “rectal diverticulum”); condition in which muscles supporting the rectum weaken and separate, allowing the rectum and/or bladder to slide under the skin and causing swelling in the area of the anus (known as a “perineal hernia”); condition in which the rectum slips out of its normal position and protrudes through the opening of the anus (rectal prolapse); and congenital (present at birth) defect in which the anus does not have an opening (known as “atresia ani”)

Disease of the Nerves and/or Muscles

- Central nervous system—paralysis of the rear legs (known as “paraplegia”); spinal cord disease; intervertebral disk disease; brain disease (such as lead toxicity or rabies)
- Peripheral nervous system—abnormal function of the autonomic nervous system (known as “dysautonomia”); sacral nerve disease; sacral nerve trauma (such as tail fracture/pull injury)
- Smooth-muscle dysfunction of the large bowel (colon)—enlarged large intestine of unknown cause (so called “idiopathic megacolon”) in cats

Metabolic and Hormonal Disease

- Impaired smooth-muscle function of the large bowel (colon)—low levels of thyroid hormone (known as “hypothyroidism”); low levels of potassium in the blood (known as “hypokalemia”) as in long-term (chronic) kidney failure; high levels of calcium in the blood (known as “hypercalcemia”); high levels of parathyroid hormone in the blood (known as “hyperparathyroidism”)—parathyroid hormone regulates calcium levels in the blood by causing calcium to be reabsorbed from bone
- Debility—general muscle weakness, dehydration, cancer

RISK FACTORS

- Drug therapy—anticholinergics (medications used as preanesthetics or to treat diarrhea, such as atropine), narcotics, barium sulfate
- Diseases causing dehydration
- Intact male—perineal hernia (condition in which muscles supporting the rectum weaken and separate, allowing the rectum and/or bladder to slide under the skin and causing swelling in the area of the anus), prostate disease
- Perianal fistula (one or multiple draining tracts around the anus)
- Eating of nonfood items (known as “pica”)—foreign material
- Excessive grooming—hair ingestion
- Decreased grooming/inability to groom—long-haired cats
- Pelvic fracture

TREATMENT

HEALTH CARE

- Remove or treat any underlying cause, if possible
- Discontinue any medications that may cause constipation
- May need to treat as inpatient if pet has obstipation (constipation that is difficult to manage or does not respond to medical treatment) and/or dehydration
- Fluids for dehydrated patients

ACTIVITY

- Encourage activity

DIET

- Dietary supplementation with a bulk-forming agent (such as bran, methylcellulose, canned pumpkin, psyllium) often is helpful, though these agents can sometimes worsen fecal distension within the colon; if this occurs, feed a low residue-producing diet

SURGERY

- Manual removal of feces with the animal under general anesthesia (after rehydration) may be required, if enemas and medications are unsuccessful
- Surgical procedure to remove part of the colon (known as a “subtotal colectomy”) may be required with recurring obstipation (constipation that is difficult to manage or does not respond to medical treatment)

MEDICATIONS

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive.

- Emollient laxatives—docusate sodium or docusate calcium
- Stimulant laxatives—bisacodyl
- Saline laxatives
- Disaccharide laxative—lactulose
- Warm-water enemas may be needed
- Suppositories can be used as a replacement for enemas, such as glycerol, bisacodyl, or docusate sodium products
- Intestinal motility modifiers can be tried—cisapride may stimulate motility; indicated with early enlargement of the large intestine or colon (megacolon)

FOLLOW-UP CARE

PATIENT MONITORING

- Monitor frequency of defecation and stool consistency at least twice a week initially, then weekly or biweekly

PREVENTIONS AND AVOIDANCE

- Feed appropriate diet and keep pet active

POSSIBLE COMPLICATIONS

- Long-term (chronic) constipation or recurrent obstipation (constipation that is difficult to manage or does not respond to medical treatment) can lead to acquired (condition that develops sometime later in life/after birth) enlargement of the large intestine or colon (megacolon)
- Overuse of laxatives and enemas can cause diarrhea
- Lining of the large bowel (colon) can be damaged by improper enema technique, repeated rough mechanical breakdown of bowel movement (feces), or pressure of hard feces
- Inability to control bowel movements (known as “fecal incontinence”)

EXPECTED COURSE AND PROGNOSIS

- Vary with underlying cause

KEY POINTS

- Feed appropriate diet and encourage activity

