



CONSTIPATION & OBSTIPATION

What is Meant by Constipation & Obstipation?

Constipation is infrequent, incomplete, or difficult defecation with passage of hard or dry feces (stool or “poop”). Obstipation is intractable constipation caused by prolonged retention of hard, dry feces; defecation becomes impossible.

What Causes This?

Constipation can develop with any disease that impairs passage of feces through the colon. Delayed fecal transit allows removal of additional salt and water producing drier feces. Intestinal contractions may increase during constipation, but eventually motility diminishes due to muscle degeneration secondary to chronic overdistention.

What Symptoms are Seen with Constipation?

This syndrome is more common in cats. An owner may see the pet straining to defecate with small fecal volume, hard, dry feces, infrequent defecation, small amount of liquid feces produced after prolonged straining, occasional vomiting, loss of appetite, and depression.

What Causes It?

There are many causes, and they can include:

- **Dietary:** Bones, hair, foreign material, and excessive fiber.
- **Environmental:** Lack of exercise, change of environment (e.g., hospitalization and dirty litter box), and inability to move about.
- **Drugs:** Anticholinergics, antihistamines, opioids, barium sulfate, sucralfate, antacids, kapectolin, iron supplements, and diuretics.
- **Painful Defecation.**
- **Anorectal disease:** anal sac disease, anal sac abscess, perianal fistula, anal stricture, anal spasm, rectal foreign body, and rectal prolapse.
- **Trauma:** fractured pelvis, fractured limb, dislocated hip, bite wound or laceration, and perineal abscess.
- **Mechanical Obstruction:** Outside the rectum or colon (healed pelvic fracture with narrowed pelvic

canal, prostate disease, pelvic tumor, and other swellings or masses in the pelvic area); Inside the wall of the rectum or colon (colonic or rectal tumor or polyp, rectal stricture, rectal diverticulum, perineal hernia, rectal prolapse, and congenital defects.

- **Neurologic Disease:** Brain and spinal cord (paraplegia, spinal cord disease, intervertebral disc disease, and cerebral disease (e.g., lead toxicity and rabies); Peripheral nervous system (dysautonomia and sacral nerve disease); Intrinsic colonic nerve dysfunction (idiopathic megacolon in cats).
- **Metabolic and Endocrinologic Disease:** Impaired colonic smooth muscle function (hyperparathyroidism, hypothyroidism, and hypokalemia as in chronic renal failure); Debility (general muscle weakness, dehydration, and cancer).
- **Behavioral risk traits:** Low tail carriage causing perianal fistula; Pica (eating foreign material); Excessive grooming (hair).

How is Constipation or Obstipation Diagnosed?

The history and physical examination may be diagnostic. Often laboratory tests are needed to determine the underlying cause. Radiology (x-rays) may reveal a colonic or rectal foreign body, colonic or rectal mass, prostatic enlargement, fractured pelvis, or dislocated hip. Ultrasonography may help define a mass outside the wall of the colon or rectum or prostatic disease. Colonoscopy may be needed to identify a mass, stricture, or other colonic or rectal lesion; biopsy specimens can also be obtained at that time.

How is It Treated?

We would try to remove or ameliorate the underlying cause if possible. It may need to be treated as inpatient if it has severe impaction of feces or dehydration; adequate hydration and electrolyte balance are important, especially before enemas. Manual removal of feces with the animal under general anesthesia may be required if enemas and medication are unsuccessful. Surgery may be

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required as a last option in cats with recurring obstipation (acquired megacolon) or idiopathic megacolon.

HOME CARE

Dietary supplementation with a bulk forming agent is the mainstay of home treatment. Bran, methylcellulose, canned pumpkin, and psyllium can be used. Home care may also include: Laxatives and cathartics can be given as needed; Emollients (docusate sodium and docusate calcium); Lubricants (mineral oil and white petrolatum are not recommended because of danger of lipoid aspiration pneumonia due to lack of taste, but they may be safely mixed with some canned food); Stimulant laxatives (bisacodyl); Saline laxatives (isosmotic mixture of polyethylene glycol and poorly absorbable salts; mainly used to prepare the colon for colonoscopy or surgery); Disaccharide laxatives (lactulose) Enemas may be needed, either in hospital or periodically by the owners at home. Use warm water with a small amount of mild soap, mineral oil, or docusate sodium. Do not use sodium phosphate retention enemas (e.g., Fleet, C.B. Fleet Co., Inc.) because of their association with severe blood electrolyte alteration. Mineral oil enemas are safe (but messy); Suppositories can be used as a replacement for enemas (glycerol, bisacodyl, or docusate sodium products). Motility modifiers can also be tried. Cholinergics such as urecholine may aid in evacuation but are contraindicated in animals with obstruction. Cisapride may also stimulate motility in patients with megacolon.

NOTE:

- Chronic constipation or recurrent obstipation can lead to acquired megacolon.
- Overuse of laxatives and enemas can cause diarrhea.
- Colonic mucosa can be damaged by improper enema technique, repeated rough mechanical

breakdown of feces, or sores secondary to pressure of hard feces.

- Anal irritation and ulceration can lead to fecal incontinence.
- Please monitor the frequency of defecation and consistency of feces.

Special Instructions:

Thank you for this opportunity to serve you!