



Dealing with constipation after bariatric (weight loss) surgery

This leaflet is people who have had bariatric (weight loss) surgery and who are experiencing constipation. It explains how to prevent and manage constipation.

What is constipation?

There is no 'correct' amount of bowel movements you should have each day, so constipation may not be the same for each individual person. Not having daily bowel movements does not necessarily mean that you are constipated. A 'regular' bowel movement could be from three times in one day to once every three days. The majority of people do not have a 'regular' pattern when it comes to their bowel movements. Typically, constipation can be categorised as:

- Mild constipation is fewer than three bowel movements per week
- Severe constipation is less than one bowel movement per week

Signs of constipation

You may not have all or any of the below signs and still 'feel constipated'. For some people, going without a bowel movement for even two or three days can cause discomfort. Typically some signs of constipations are:

- Difficulty and pain when opening your bowels
- Small hard stools or thick sludgy stools
- A feeling of 'not having finished' or of an 'incomplete bowel movement'
- No bowel movement for greater than seven days

Important: *If you have a change in your bowel habits, for which there seems to be no explanation and / or there is no improvement. Or you have blood in your stool, please contact your GP for investigation and advice.*

What causes constipation?

Constipation is caused by food passing through the digestive system more slowly. It is usually the slow passage through the large bowel (colon) that causes the symptoms of bloating and tummy pain. In general, constipation is commonly caused by a lack of fibre and / or fluids in the diet, lack of physical activity and some medications e.g. codeine, oromorph, naproxen. It is also common for you to have less regular bowel movements as you get older.

Before bariatric surgery

If you have to follow the liver reduction diet before your surgery, it is likely that you will experience constipation due to a significant lack of fibre on the diet. Whilst you are following the liver reduction diet, you may need to take a laxative to help you open your bowels (see below). It is not appropriate to take lactulose during the liver reduction diet as it contains sugar.

After bariatric surgery

It is very likely that your bowel habits will change following bariatric surgery. This is due to the initial impact of surgery on your digestive system, a significant reduction in fluid and fibre intake (less fruit and vegetables) and smaller food portions overall. Once your bowels have opened for the first time after surgery, it generally becomes easier to open your bowels again. Although the frequency is likely to be less than before surgery.

How to manage constipation

To prevent or reduce the impact of constipation, there are changes you can make to your diet and lifestyle. Make sure you still follow the healthy eating behaviours for weight loss. To improve your bowels, you should try to:

- Drink 1.5 litres to 2 litres of fluid each day; ensure you have plenty of non-caffeinated drinks.
- Aim for a regular eating pattern of 3 meals a day.
- Add sources of fibre into each meal, and if you are hungry between meals, choose a fibre based snack (see below).
- Try to increase your daily movement, e.g. walking more, taking stairs, starting exercises such as swimming or dancing.
- Avoid taking iron supplements in the first few weeks after surgery, unless your clinician has advised you otherwise.
- If you have tried all the above advice and are still struggling with constipation, you may need to consider laxative use (see below).

It is important that you do not 'strain' when opening your bowels, as this can cause small tears in and around your back passage and / or haemorrhoids, which can be very uncomfortable.

How to increase fibre intake

Fibre is the 'roughage' part of food that is not broken down in the stomach or small bowel. This means it passes through to the large bowel (colon) and helps stimulate it to move and push the stools (poo) along. The following advice suggests ways to increase your fibre intake on each stage of food reintroduction after surgery.

Although the recommended daily intake of fibre for adults is 25-30g, it is unlikely that this is achievable in the first few months after bariatric surgery. This is because the first few months are when your portion sizes are most restricted. So during this time, aim to focus on a good fluid intake and a good protein intake, rather than just having high fibre foods.

Stage 1: Liquid diet

Consistency of a drink, would be able to be sucked through a straw (although please avoid straws). Add milk, water or juice when blending to ensure a liquid drink consistency.

- Fruit smoothies with plain yoghurt
- Vegetable smoothies with water and / or fruit juices
- Blended liquidy soups containing vegetables, beans, peas, lentils

Stage 2: Pureed diet

Texture to be completely smooth, with no bits or lumps, like baby food.

- Puree fruits, with or without yogurt
- Puree vegetables with or without sauces such as gravy or cheese sauce
- Breakfast cereals such as Weetabix, Ready Brek or porridge with lots of milk
- Puree peas, puree beans or puree lentils
- Ground flax seeds or ground nuts added to other pureed foods

Stage 3: Soft diet

Texture to be a mashable consistency, with no hard pieces.

- Wholegrain breakfast cereals e.g. Shreddies, Bran Flakes, Shredded Wheat with lots of milk (hot or cold)
- Peas, beans or lentils cooked very well in soups, stews or casseroles
- Softly cooked vegetables e.g. carrot, cauliflower, broccoli, swede, sweet potato
- Soft fruits, chewed well e.g. melon, bananas, mango, berries
- Tinned fruit in juice e.g. pears, peaches, apricots

Stage 4: Regular diet

- Choose wholegrain or whole wheat crackers / oatcakes
- Choose seeded, wholegrain or granary breads
- Choose high fibre cereals e.g. bran flakes, oats, porridge, shredded wheat.
- Have fruit as a snack
- Add peas, beans or lentils in soups, stews and casseroles
- Have fruit or vegetables with every meal

Natural fibre supplements

There are a number of natural fibre supplements available to purchase over the counter in chemists, supermarkets and online. They can come in powder or capsule form and are swallowed or added to the food / drinks that you are already having. It is safe for you to use natural fibre supplements after surgery, if you prefer an alternative to laxatives. Some examples are; Psyllium husk / powder, Organic inulin fibre, Holland & Barrett high fibre blend and Optifibre. Most of these products are suitable for vegetarians and many are suitable for vegans.

What laxatives could I take?

If there is little or no improvement of your constipation after increasing fluid and fibre in your diet, you may need to use laxatives. Most people only require these on a short term basis, but it is not uncommon for people to need to take laxatives long term. There are different types of laxatives, explained below. If you are unsure of which laxative to choose, you can speak to the pharmacist at your local chemist or make an appointment with your GP.

It is difficult to know which laxative will be most suitable for each person.

If you are constipated and your stool is hard, try a 'bulk forming' laxative. If that doesn't work, try an 'osmotic' or 'stool softener' laxative.

If your stool is soft but difficult to pass, try a 'stimulant' laxative for a short time only.

- **Bulk-forming laxatives:** *Fybogel, Methycellulose*. Take a few days to work. They increase the 'bulk' or weight of your stool, which helps your bowels to push the stool along.
- **Osmotic laxatives:** *Lactulose, Movicol, Laxido, Macrogol*. Only use from around week 4 after surgery. Take a few days to work. They pull water in to your bowels to make the stool easier to move along.
- **Stimulant laxatives:** *Senna, Dulcolax, Senokot, Bisocodyl*. Not for frequent use. Use only to 'kick start' your bowel movements and not to keep regular. Take 6 to 12 hours to work. They stimulate the muscles in your bowels to move and push the stool along.
- **Stool softener laxatives:** *Dulcoease, Docusate, Arachis oil*. Only use from around week 4 after surgery. Take a few days to work. They soften your stool to make it easier to pass.

Please note: Stimulant laxatives should not be used on a long term basis, as they make constipation worse in the future. This commonly known as 'lazy bowel'.

Contacting us

If you have any questions, please contact the Bariatric Dietitians.

Telephone: 0118 322 7116 or email rbb-tr.dietitians@nhs.net

Useful websites

NHS website: <https://www.nhs.uk/conditions/constipation/>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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