

# WOODVALE PARK

## VETERINARY HOSPITAL



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# 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 pet with obstipation

### SIGNALMENT/DESCRIPTION OF PET

#### Species

- Dogs
- Cats
- More common in cats

### SIGNS/OBSERVED CHANGES IN THE PET

- 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 “pseudoproctostasis”); 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 (pseudoproctostasis); 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—longhaired cats
- Hair matted around the anus (pseudocoprostasis)
- 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 pets

### 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 pet 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

## Notes

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