Constipation in young adults

Bowel issues such as constipation and irritable bowel syndrome are rarely cause for concern, but you don’t have to resign yourself to just living with the problem – specialist help is available.

Constipation is the infrequent passage of stools, or the passage of hard stools. It’s a common problem, affecting a large percentage of the population. There’s a strong association between constipation and irritable bowel syndrome (IBS), especially when the patient also suffers bloating.

It may also be associated with a systemic disease such as an underactive thyroid gland. Under the age of 40, the risk of a more sinister cause is low and it’s rarely a cause for concern, unless combined with other symptoms such as rectal bleeding or weight loss.

With more serious cases, there are two broad categories: slow transit constipation (STC), with a bowel movement as little as once a week; and obstructed defecation, where the patient has difficulties with the process of expulsion.

Following consultation, a specialist may feel further investigation, such as colonoscopy, is required. Colonic motility studies may be needed to exclude slow transit constipation. Endoscopic ultrasound, MRI and physiology may be used to check for obstructed defecation.

The management of constipation involves modifying the diet (increasing fibre and liquid intake), and the use of laxatives. Management of refractory cases (those that don’t respond to the usual treatment) may involve biofeedback (learning to control your body functions) and transanal irrigation (to assist with the evacuation of stools). The need for surgery is low, but if required, it can be undertaken through a minimally invasive approach.

Get specialist help

Romil Navaratnam (pictured above) is a founding consultant of the gastrointestinal (GI) unit at The Wellington Hospital and the Hospital of St John & St Elizabeth in London (2006) – both national and international centres of excellence.

He trained at Nottingham, Cambridge, London and Sri Lanka before being appointed consultant colorectal and laparoscopic surgeon in 2002 at the North Middlesex University Hospital NHS Trust, and honorary senior lecturer at the Royal Free Medical School. His specialist interests include the investigation and management of gastrointestinal problems such as constipation, irritable bowel syndrome, rectal bleeding, haemorrhoids, fissures and fistulae.

Other major interests include endoscopy and colonoscopy, laparoscopic (keyhole, minimally invasive) surgery is used to investigate conditions of the gall bladder, groin and abdominal hernia, appendicecotomy and colorectal cancer.

Mr Navaratnam is the cancer lead in his NHS hospital. His work over the past 12 years has been associated with very positive outcomes.

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