CAIRNS
GASTROENTEROLOGY
SINCE 2007

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DIAGNOSTIC AND INTERVENTIONAL ENDOSCOPY · ERCP · CAPSULE ENDOSCOPY · ACNES

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Treating slow colonic transit

Bowels have generally been "slowing down" in recent times and gets worse with each advancing decade of life. We no longer use the word "constipation" as this has connotations associated with the outdated management of this condition in the past. The net effect is:

- Difficulty opening bowels
- Increased frequency of bowel opening due to incomplete emptying
- Rectal bleeding
- Pain and itching around the anus due to anal fissure
- Prolapsing haemorrhoids and rectal tissue (rectal prolapse). Rectocoele in severe cases
- Abdominal bloating and distension (due to bacteria having more time to ferment faecal material)
- Worsening microbiome population (this is a whole different discussion again)
- Worsening of abdominal pain syndromes such as ACNES (please refer to our website for more information) due to the distended colon pressing on the affected rectus muscle and cutaneous nerve.
- Manual digital (finger) disimpaction in severe cases
- Overflow diarrhoea: this is an interesting phenomenon. When the bowel is very slow for a prolonged period of time, faeces dehydrate and turn into lumps of "concrete" (remember some cultures actually use faeces like mud and bake it in kilns into bricks to build houses). Once the colon is filled with these solid lumps of faeces, it can no longer function properly. Fresh faeces is injected into the colon continuously from the normal functioning of the human gastrointestinal tract. The freshly injected faeces separate into solid and liquid components due to the obstructive effects of the solid lumps of old impacted faeces and seep out of the anus. This presents as faecal urgency after meals, "diarrhoea", uncontrollable faecal leakage and just a general feeling things are not well in the gut.

Solution

Now comes the tricky part. Patients have to accept that the paradoxical outcome of severe "constipation" actually leads to chronic "diarrhoea" once pathology has been excluded. This is a process which can be very difficult for patients to come to terms with which is why this condition is so difficult to treat. Dr Bernard Chin has developed his "Secret Formula" over the last 2 decades which works for 90% of our suffering patients (no treatment is 100% effective unfortunately).

This involves combining a soluble fibre like psyllium husks (like Metamucil) and a stool softener (like macrogol or Osmolax) and to be taken daily.

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A typical starting dose is:

Metamucil 2 teaspoons mixed with **Osmolax 2 teaspoons** in a glass of water to be drunk everyday. This dose is then adjusted upwards (or downwards in a minority of patients). The optimal outcome is one soft painless stool daily (like a "Mr Softy" soft serve ice cream!)

As Slow Colonic Transit is a permanent and progressive condition, patients must actively manage their colonic transit and cannot stop this "Secret Formula" if it works.

Dr Chin will be pleased to work with his patients for as long as is required to achieve bowel function nirvana!

Why didn't it work?

Patients can take some time to come to terms with their diagnosis. In that time, the bowel can become impacted again. Maintenance treatment will therefore not work. Patients will have to take bowel prep again to clear the "concrete".

Patients also go away on long holidays and can forget to take their "Secret Formula" with them. In that time, the bowel can fill up with "concrete" again as well. A reset is necessary by taking some bowel prep.

What if I have side effects?

About 5% of patient experience intolerable bloating with psyllium. We can try other fibres like Cane fibre or Wheat Dextran (Benefibre)

Rare allergies to Osmolax/macrogol have also been reported. We can substitute this component with Epsom salts (Magnesium)