

The Impact of Constipation After Elective Caesarean Section

Dr Sarah Hudson, Dr Suni Halder, Dr Richard Skelly, Oxford University Hospitals NHS Foundation Trust

Introduction

Caesarean section is a routine operation performed daily in our Trust. During the perioperative course, many risk factors for developing constipation are encountered. However there are currently no published local or national guidelines on constipation or prophylactic active measures following elective caesarean section.

It was apparent through patient feedback, that constipation following caesarean section was not being addressed during their inpatient stay.

Aims

- Identify the incidence of constipation within our cohort
- Understand the experience and impact symptoms of constipation had on the individual.

Methods

Approval was sought from the Trust Caldicott guardian and the project was approved by the local quality improvement committee.

Patients who had undergone an elective caesarean section in the preceding month were identified and contacted by phone. Identity was confirmed and verbal consent to take part in the evaluation was established.

Patients were asked a series of questions regarding their experience of constipation symptoms following caesarean section. We also assessed expectations prior to CS and any pharmacological and non-pharmacological methods tried by patients to alleviate consipation symptoms.

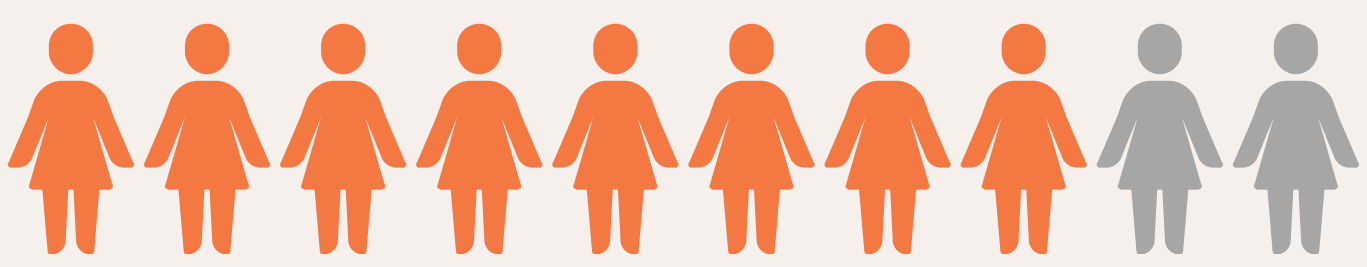
Electronic health records were accessed to corroborate medications prescribed that may have had an exacerbating or relieving effect on constipation symptoms. Simple descriptive statistics were derived using electronic spreadsheet software. Thematic analysis was undertaken for free comments.

Results

70 patients contacted, 50 successful interviews
Median time since surgery 24 days (15-31 days)
Median parity = 1 (range 0-3)

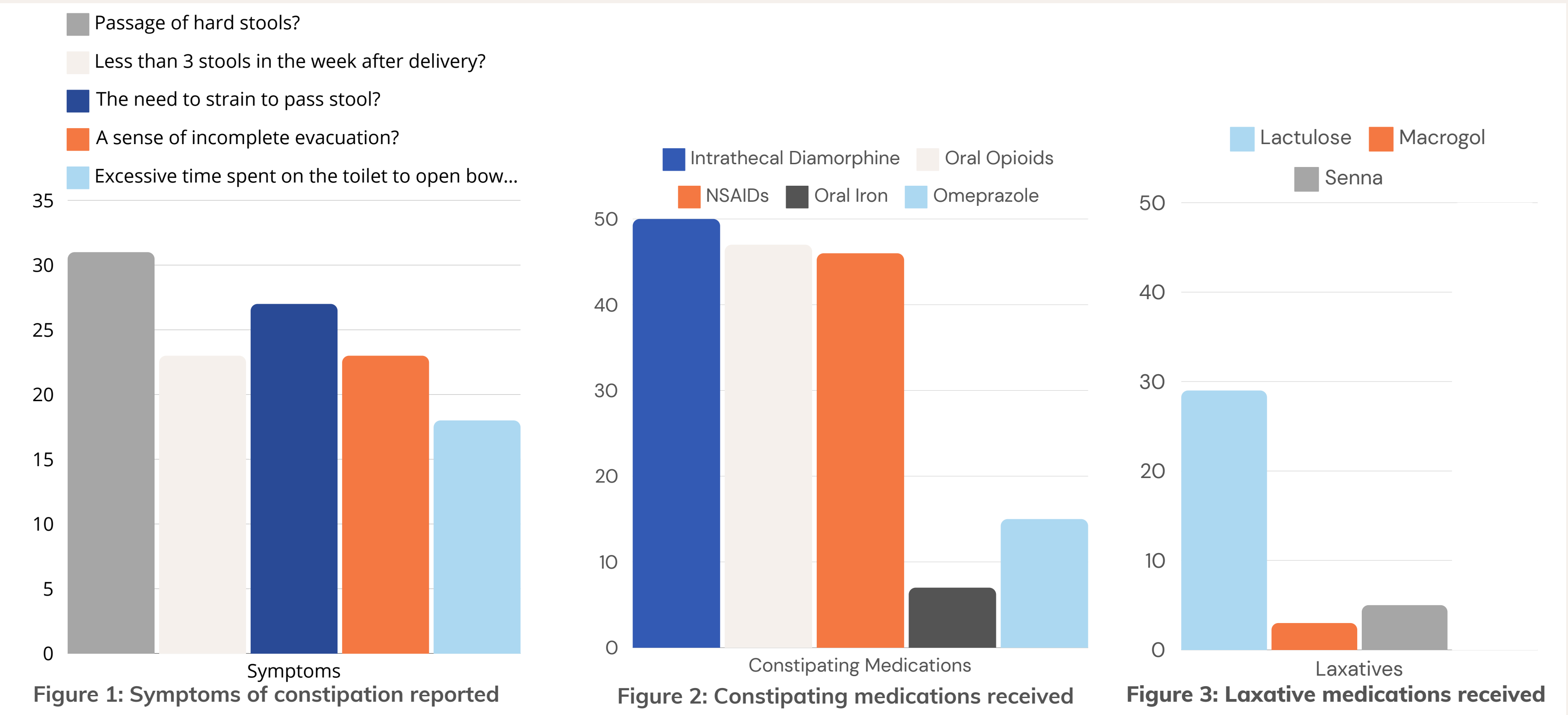
- 40% were primiparous
- 44% had had at least 1 previous CS

Most (92%) could not remember antenatal counselling on risk of constipation post-op



78% PATIENTS EXPERIENCED SYMPTOMS OF CONSTIPATION

Median duration of symptoms was 9.5 days (range 1-30 days)



68% increased their fluid/fibre intake following surgery
58% respondents had laxatives prescribed but only 52% received a dose or a TTO prescription.

Themes derived on the impact of constipation:

Wellbeing impact, including impact on ability to care for children

Symptoms seen as embarrassing or not wanting to “bother” healthcare workers

Avoidance of analgesia to minimise symptoms

Symptoms present, but not seen as problematic

Postive impact from knowledge from previous experience



“...guilt at leaving my baby to go to the toilet. I’ve been embarrassed to tell people and trying to pretend to be ok when people come to visit.”



“I knew there was a risk, so avoided codeine and took laxatives from the day of caesarean.”



“I stayed an extra day because I was constipated but the pain impacted on bonding with baby and I was missing my partner.”



“... significant impact, I had to see my GP. I didn't want to eat or drink due to bloating and pain. I was struggling to manage both children.”



“I didn't take dihydrocodeine because I was scared of constipation.”



“I asked the midwife to stop offering morphine and codeine as I was worried it would make the constipation worse, I struggled through.”

Discussion

We have identified an unmet need for proactive guidance relating to constipation after elective caesarean section within this patient cohort. In some cases, symptoms caused a significant impact on wellbeing and post-operative recovery, including avoidance of analgesia. Feedback from comments suggested that those who had prior awareness of constipation were more satisfied, and in some cases made plans to optimise bowel function pre-operatively.

As a result of this project we are:

- Creating a multiprofessional working group to write and promote a guideline for proactive and preventative management of constipation after EICS
- Enabling rapid prescription of evidence based laxative therapy
- Educating our departments and providing education to patients prior to surgery
- Re-evaluating the incidence and impact of constipation following institution of the guideline.