

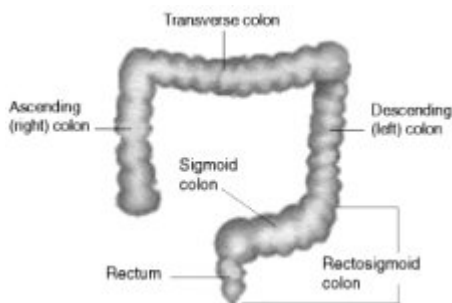


Fact Sheet - Investigating Slow Transit Constipation

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Continence
Association of Aust

One point eight percent of Australian (275,000 adults) suffer fecal incontinence (Continence Foundation of Australia paper Nov 2000). A subgroup of people have constipation because of disordered nerves and muscles of the colon itself. In these individuals, movement of fecal material within the colon is markedly delayed. Patients with delayed colonic action (medically termed colonic inertia) have difficulty with moving stool through the colon, which is about 3 feet in length. In patients with colonic inertia, stool may remain stored in the right or middle portion of the colon and not progress adequately to the recto sigmoid colon. It is the recto sigmoid colon that is responsible for the propulsion and transfer of stool out of the body -- the processes involved in defecation.



Colonic Inertia

The symptoms of colonic inertia include long delays in the passage of stool accompanied by lack of urgency to move the bowels. It has been determined that the normal frequency of stool passage is 3 or more bowel movements per week. Individuals with colonic inertia often do not pass a stool for 7-10 days at a time, at times longer. Sometimes colonic inertia is accompanied by abnormalities in motility of the upper intestine including delayed emptying of the stomach and small intestinal pseudo-obstruction [a disorder that causes symptoms of blockage, but no actual blockage].

Because there are a large number of potential causes for the symptoms of constipation, your physician may perform blood tests looking for systemic disease [conditions that affect the entire body, like diabetes], as well as a colonoscopy or barium enema to look for intrinsic abnormalities of the colon. A review of your medications will determine if you are taking medicines that are affecting the functioning of the colon.

Colonic Marker Studies

Your physician may also have you undergo a colonic marker study (Nuclear Transit Study), the most common clinical method of examining the rate of colonic movement. This simple test measures the movement of substances that enter and leave the colon over time. The time required to excrete these substances is called colonic transit. When the colonic marker study was originally developed, a substance such as a dye, which was not broken down in the intestine, was administered by mouth. The rate of colonic emptying was measured by the duration of time to completely excrete this dye.

Currently, marker studies are more sophisticated. To perform a Nuclear Transit Study a small drink (milk or fruit juice) with a marker is ingested by mouth. These markers are clearly visible on an abdominal x-ray. Following ingestion, the substance dissolves and is harmlessly released into the small and large intestines. A series of x-rays are taken over 2-3 days after ingestion of the capsule.

It is important to avoid laxatives for approximately one week prior to and during this study. Their use can alter the results of the study by speeding the movement of the marker through the colon. Also, the role of fiber in the proper performance of marker studies has been investigated.

What should be done if the marker study shows an abnormality? Since a variety of causes may result in the development of delayed colonic transit, further evaluation is in order to rule out diseases within the colon, medical disorders, or pharmacologic causes. At this point one of the STC Medical Team believe that there is a functional abnormality of the colon then a recommendation may be made to have a biopsy be taken to determine further evidence of a neuromuscular abnormality.

For more information about these services contact PCAA National Office: **1 300 885 209**

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[This material is referenced from Paediatric Continence Advisory Council \(PCAC\)](#)