

- **Senna.** This is a stimulant laxative (meaning it stimulates the muscles to squeeze harder than usual). It's often used when the stool is soft but still difficult to pass. Senna is a natural medicine that comes from the leaves of the senna plant. It's the principal ingredient in some non-prescription laxatives, like SENOKOT®.



If your constipation becomes chronic, lasts unusually long, or causes pain, nausea, or vomiting, it's time to stop the home remedies and speak to a doctor.

Blockages

Blockages (or “obstructions” as they’re called in the medical world) can be a temporary discomfort or serious enough to require medical attention. Here’s what you need to know:

Symptoms

Like with constipation, the primary symptom is **minimal or no output** for an unusual length of time (from several hours, if that’s not your norm, to a few days). Other symptoms can include:

- Watery output that has a foul smell
- Stoma looks bigger than normal
- Movement in intestines that can be heard or felt
- Burping
- Passing little or no gas
- Distended abdomen, may be firm and tender to touch
- Abdominal cramps, particularly near the stoma. Often in waves
- Sweating
- Nausea or vomiting
- Decreased urination
- Dark colored urine
- Dry mouth

Blockages in the large intestine (colostomies) usually happen gradually. Those in the small intestine (ileostomies) can happen fast.

A blockage may be partial (watery output, with minimal or no stool) or total (no output at all). Cramping pains tend to be more severe in a total blockage.



If you have signs of dehydration, if you've had no output for an unusual length of time or an excessive amount of all-liquid output, and especially you're vomiting or in severe pain – get to the ER!

If you go to the ER, take the UOAA's Ileostomy Blockage Guide (Appendix C) with you. It provides helpful information for ER staff on how to treat an ileostomy blockage.

Causes

A blockage is pretty much like a clogged drainpipe. It can be one of two types. The first type is more common.

- **Mechanical blockage** (or “dynamic” obstruction) – This is a physical obstruction in the intestine. It might be a food blockage (more common with ileostomies), or a structural blockage like an adhesion from scar tissue.
- **Paralytic ileus** (“adynamic” obstruction, or “ileus”) – This happens when the normal muscle contractions in the intestine stop (due to an infection or a few other reasons). These contractions move the contents of your bowels along their usual path. If they stop, nothing is going to move.

You can't determine yourself what kind of blockage it is. That can only be done by diagnostic tests.

How to avoid food blockages

You have no control over structural blockages, but by controlling what you eat, you can reduce the chance of a food blockage, which is more common.

This kind of blockage can happen when food with fiber or roughage hasn't been chewed or digested properly and forms a sort of dam, blocking the passage of output.

Ileostomates:

Your food only passes through your small intestine (where nutrients are absorbed) before exiting your body. It's never processed into regular stool because it never reaches the large intestines. Some of what you eat may even come out exactly as it went in (like corn, and slow release pills). That's why food blockages happen more frequently with ileostomies. To help prevent food blockages with ileostomies ...

- Eat a low-residue diet – with little fiber or other materials that remain after digestion. And chew, chew, chew!
- Drink plenty of water.
- Eat more frequent, smaller meals. Give your system a chance to process your food without being overwhelmed.
- See the *Food Tables* (Appendix A) for ideas about what to eat, and what to avoid.

Colostomates:

Food blockages are far less common with colostomies, but they can still happen. So colostomates should still be careful to chew their food well, and drink plenty of water.

Though it's ok, and actually recommended, for most colostomates (like those with no underlying medical condition such as IBD) to follow a fiber-rich diet, avoid anything that may have blocked you up in the past. For instance, some people have problems with popcorn and others don't.

What to do if you suspect a blockage (of any kind)

Whether you have an ileostomy or colostomy, if your symptoms aren't too severe, you can try some of the following techniques at home before seeking medical treatment, or until you have a chance to see your doctor. Just don't wait too long. If things don't start moving soon, seek help.

Stop eating solid foods. You want to break down the dam, not build it up.

If it's a partial blockage (only a little output, and nothing solid), drink more clear liquids. Hot drinks like tea or coffee are good. Many people find that a carbonated beverage like COKE® clears them out pretty quickly. Others swear by 100% pure red grape juice.

If it's a total blockage (no output of any kind) or if you're vomiting, don't eat or drink *anything*.

If your stoma looks swollen, you may need to cut the hole in your baseplate a little larger so you won't constrict it.

Like with constipation, heat helps relax the stomach muscles. Have a warm bath or shower, or put a heating pad on your abdomen.

Gently massage your abdomen and the area around your stoma.

Walking can help. Also, stretching exercises – ex., lie on your back, knees bent, and rock your legs from side to side. Or stretch out your torso while standing (twist from the waist, bend over, or reach your arms up over your head). The idea is to encourage your intestines to move and hopefully dislodge a small blockage.



Ileostomates need to be especially vigilant about blockages. You can get into trouble quickly. Waiting too long can have serious consequences. If you've tried the above techniques and they haven't worked, you should seek medical help immediately.

All medical sources warn against taking laxatives or stool softeners (OTC or prescribed) if you suspect a blockage. They can do more harm than good, and are a bad idea at any time for someone with an ileostomy.

After your blockage has been resolved, be extra careful about what you eat for a few days. Your intestines have been through the wringer and like you, they need a chance to recover.

So which is it? - Constipation or blockage?

Both conditions can look alike in the early stages. In both cases, the first sign is usually little or no output. What you choose to do at this point can make it better or much worse, depending on whether it's actually constipation or a blockage.

So how do you know which condition to treat for? If you're passing gas, it's probably constipation – particularly if you're a colostomate. If you're not passing gas, it's more likely a blockage, particularly if your abdomen is distended. Beyond that, the best you can do is figure out all the possibilities and go with the most likely. The scenarios on the next page are examples of ostomates figuring out what they're probably dealing with. Just remember – **if you start having pain, vomiting, and/or significant nausea, stop whatever you're doing and seek medical attention!**