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South Bend Orthopaedics

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# Constipation After Surgery

*What to expect, what to take, and when to call*

From **Adam J. Cien, DO** — Orthopedic Surgeon, Joint Replacement

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## A note from Dr. Cien

Constipation is one of the most common problems after joint replacement. It is not a sign that something is wrong. It is a side effect of the things that helped you get through surgery: anesthesia, narcotic pain medication, less movement than usual, and changes to what you are eating and drinking.

Most patients are constipated for at least a few days after surgery. The plan below will help you stay ahead of it. Start the gentle steps right away, even before you feel constipated. It is much easier to prevent than to fix.

— *Dr. Cien*

## Why this happens

Four things work together to slow your bowels down after surgery:

- **Narcotic pain medication.** This is the biggest one. Norco, Tramadol, and similar drugs slow the muscles of your intestines on purpose — that is part of how they work. The sooner you can step down off narcotics, the sooner your bowels wake up.
- **Anesthesia.** The medications used during surgery slow the gut for a few days afterward, even after they have worn off everywhere else.
- **Less movement.** Walking is one of the most powerful things that keeps your bowels moving. After surgery you are walking less.
- **Eating and drinking less.** Appetite drops after surgery, and many patients drink less water than they should. Both slow things down further.

## Start with these — before any medication

These are not glamorous, but they work, and they have no side effects. Do all of them every day, starting the day you get home.

- **Drink water all day long.** A full glass with every meal, and another between meals. If your urine is dark yellow, you are not drinking enough.
- **Walk.** Short, frequent walks — even just around the house — do more for your bowels than anything else on this page.
- **Warm liquid in the morning.** Coffee, tea, warm water with lemon. Many patients find the first bowel movement of the day comes within an hour of a warm drink.
- **Fiber-rich foods.** Prunes (or prune juice), pears, apples with the skin on, oatmeal, beans, whole grains. Two or three servings a day.
- **Get off narcotic pain medication as soon as you can.** Most patients can switch to Tylenol and ice within the first week or two. Every dose of narcotic you skip helps your bowels.

## If you need medication

All of these are available over the counter. You do not need a prescription for any of them. Start at step 1. If after a day or two it is not working, add step 2. If you still need more help, move to step 3.

### Step 1: Stool softener (start this on day 1)

**Colace (docusate sodium).** A stool softener — it pulls water into the stool so it is easier to pass. It is gentle, not habit-forming, and safe to take every day while you are recovering. I want you to start it the day you get home from surgery, even if you have not had a problem yet.

- **Dose:** 100 mg by mouth, twice a day.
- If after two days you have not had a bowel movement, add step 2.

### Step 2: Add a gentle laxative

**Miralax (polyethylene glycol).** A gentle osmotic laxative — it works by holding water in the stool so it moves through more easily. Miralax is my first choice for most patients because it is gentle, predictable, and easy on the gut. It usually takes 12 to 24 hours to work.

- **Dose:** 17 grams (one capful) mixed into 8 ounces of water, juice, or coffee. Once a day.
- Keep taking Colace alongside it.
- If after 24 hours nothing has happened, you can take a second dose. Do not exceed two doses in 24 hours without checking with us first.

### Step 3: If you still need more help

**Milk of Magnesia (magnesium hydroxide) or Dulcolax (bisacodyl).** These are stronger laxatives. They are still safe to use, but they work harder and can cause cramping or loose stools. Save them for when the gentler options have not worked.

- **Milk of Magnesia:** 30 to 60 mL (2 to 4 tablespoons) at bedtime. Drink a full glass of water with it.
- **Dulcolax:** 5 to 10 mg (one or two tablets) at bedtime.
- Either one should produce a bowel movement within 6 to 12 hours.

## How I rank these from gentlest to strongest

1. **Colace** — gentlest. Take every day after surgery.
2. **Miralax** — gentle. My first choice when Colace alone is not enough.
3. **Milk of Magnesia or Dulcolax** — stronger. Save for when the first two have not worked.

## Always drink water with laxatives

Every laxative works by moving water through your intestines. If you take one without drinking enough water, it will not work well, and it can make you feel worse. A full glass of water with every dose. More water throughout the day.

## Step 4: The last thing to try at home

If you have gone several days without a bowel movement and the steps above have not worked, an **over-the-counter saline enema** (such as a Fleet enema) is the last thing to try at home before you call us. It works locally to clear the lower bowel and usually produces a result within a few minutes to an hour.

- **Do not use an enema if you have severe belly pain.** If your belly is painful, hard, or swollen, skip this step and call my office instead. An enema is not safe when there may be a blockage.
- **Use one saline enema,** following the directions on the package.
- **Use only one.** If a single enema does not produce a bowel movement, do not repeat it. Call my office instead.
- If the enema does not work, or if you have belly pain, bloating, vomiting, or no gas passing, call my office. These can be signs of a blockage that needs to be checked.

## When to call my office

Most post-op constipation gets better with the steps on the previous pages. Call us if any of the following happens:

- **No bowel movement by post-op day 4,** even after starting Colace and Miralax.
- **Severe abdominal pain or bloating** that is getting worse rather than better.
- **Nausea or vomiting** that will not let up, especially if you cannot keep liquids down.
- **No gas passing at all** for more than 24 hours along with a swollen, hard belly.
- **Blood in the stool** or rectal bleeding.

## ★ When to go to the ER (don't wait for a callback)

**Severe, constant abdominal pain** with a hard, swollen belly.

**Repeated vomiting** that prevents you from keeping liquids down.

**Fever above 101°F** along with abdominal pain.

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## After recovery: staying regular long-term

Once you are back to normal activity, you should not need any of these medications regularly. Regular bowel movements long-term come from four things, in order of importance:

- **A well-balanced diet** with plenty of fluids, fiber-rich food, and regular physical activity.
- **Extra fiber if you need it** — Metamucil, Fibercon, Benefiber, or similar. Helpful if your stools are loose or poorly formed.
- **Stool softeners as needed** (Colace) — to keep stools from getting too hard.
- **Laxatives only when the above are not enough.** Used occasionally, laxatives are safe. Used every day for months, some of them can become habit-forming. If you find yourself needing a laxative regularly, talk to your primary care doctor.

## How to reach my team

Use whichever option fits the situation. The patient portal is usually the fastest way to reach us between visits.

### PATIENT PORTAL

**sbortho.com**

Preferred. Faster than voicemail.

### CALL

**574-247-5164**

Callback within 1–2 business days.

### AFTER HOURS

**574-247-9441**

On-call surgeon for urgent issues.

*We'd rather hear from you twice than miss a real concern.*