

## Examples of fibre rich foods

You should aim to eat 25–35grams of fibre a day and it should be a mixture of soluble and insoluble fibre.

Those sources of fibre in **bold** are soluble fibre, those in black are insoluble fibre.

Food	Fibre (gram)
<b>Bread (1 slice)</b>	
white	1.0
wholemeal	2.0
mixed grain	2.5
<b>Breakfast cereals</b>	
<b>Muesli (1/2 cup)</b>	<b>6.0</b>
<b>Rolled oats (1/2 cup raw)</b>	<b>3.5</b>
All bran (1/2 cup)	9.5
Cornflakes (1 cup)	1.0
Sultana Bran (1 cup)	7.0
Special K (1 cup)	1.0
Weetbix (2 biscuits)	3.0
<b>Bran/wheatgerm (1 tablespoon)</b>	
oat	2.0
wheat	2.0
wheatgerm	1.0
<b>Grains and Pastas (boiled – 1 cup)</b>	
<b>Barley</b>	<b>7.0</b>
Wholemeal pasta	10.0
White rice	1.5
Brown rice	3.0
<b>Fruit</b>	
<b>Apple (1)</b>	<b>3.0</b>
<b>Banana (1)</b>	<b>3.0</b>
Dates (1 cup dried)	10.0
<b>Figs (5 dried)</b>	<b>11.0</b>
Kiwi fruit (2)	5.0
Orange (1)	2.5
Prunes (5)	3.0
<b>Pear (1)</b>	<b>4.0</b>
Sultanas (1 tablespoon)	1.0
<b>Vegetables</b>	
Beans, green (1/2 cup)	4.5
Carrots (1/2 cup)	2.0
Potato (1)	1.0
Sweet corn (1 small cob)	4.0
Tomato (1)	1.5
<b>Legumes (1/2 cup)</b>	
<b>Baked beans</b>	<b>6.5</b>
<b>Kidney beans</b>	<b>6.0</b>
<b>Chickpea</b>	<b>4.5</b>
<b>Lentil</b>	<b>3.5</b>
<b>Split pea</b>	<b>3.5</b>

## The second step

### Consult a health professional

**Your community nurse or the nurse at your doctor's surgery** – Advice about who it would be appropriate for you to consult next.

**A dietitian or nutritionist** – if you are not finding it easy to change your diet. Your local community health centre or your doctor will be able to tell you who works in your area.

**A physiotherapist** – if you are finding the exercise or effective bowel habits difficult. Your local community health centre, hospital physiotherapy department or doctor will advise you of suitable professionals in your area. In addition, check the Yellow Pages for private-practice physiotherapists.

**Your local doctor** – Referral to other professionals for you, and advice about the appropriateness of different laxative medications.

### A word on laxative use

If you have developed a pattern of constipation it may be necessary to use laxatives briefly to help re-establish normal bowel motions.

It is best to start with bulk forming laxatives which absorb water and expand to increase the bulk and moisture content of the bowel motion.

The increased bulk encourages the muscles of the bowel to squeeze more effectively. Always drink a full glass of water with each dose. Examples are Ispalghula husk (Fybogel), Psyllium (Metamucil), Sterculia (Granocol, Normocol) and Methylcellulose.

**Allow 1–3 days for these laxatives to work. If you have not re-established normal bowel motions consult your doctor about what should be the next step.**

*Funded by the National Continence Management Strategy*

## The much shorter answer to constipation.



Many people start to develop a problem with constipation between 40 and 55 years of age. If allowed to continue this can lead to worse problems later on in life. This brochure aims to help you get off the toilet and on with your life!!!

The official definition of constipation is, "straining or difficulty passing a bowel motion more than one time in four, or irregular bowel motions less than 3 times per week". Signs of constipation include a hard dry stool and abdominal bloating or pain.

If you have had a recent change in your bowel habit or developed bleeding from your bowel, please discuss this with your doctor.

### Factors that increase constipation include:

- Inadequate fibre and fluid in diet
- Lack of exercise or physical activity
- Recent illness or surgery
- Medications

**Constipation should not be regarded as a normal consequence of middle age.**

## The first step



### Diet and fluids

A daily intake of dietary fibre of 25–35 g and a fluid intake of 1.5 – 2 litres (eight glasses) per day is recommended. Fibre intake should be a combination of soluble (legumes, apples, wheatgerm) and insoluble fibres (bran rye, oranges, most vegetables). Try to identify easy ways of increasing your fibre intake and continuing this higher intake so that you are able to continue the high fibre diet in the long term. The table over the next page gives some examples of fibre rich foods.



### Exercise

Regular activity within your ability encourages normal bowel activity, for example, walking and swimming. Gentle exercise such as walking can improve your bowel function following surgery or extended illnesses. Thirty (30) minutes of moderate intensity activity (such as walking) most days of the week, is recommended in the physical activity guidelines for Australia.



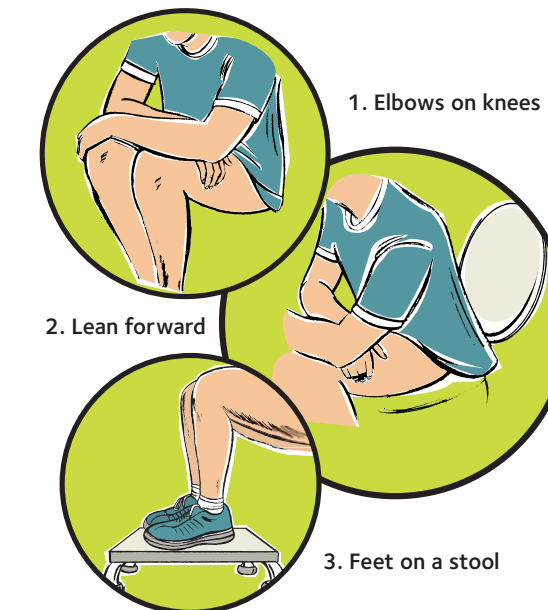
### Check medications

If you are taking any medications, dietary supplements, or complementary medicines, consult your Doctor or Pharmacist regarding their effect on your bowel function. If you are told that any of the medications could be causing constipation please discuss this further with your Doctor.

## Effective bowel habits

The most effective time to empty your bowel is when you first get the urge to go. First thing in the morning or following a meal are common times to get this urge. Do not strain to empty the bowel. This will stretch down on the muscles supporting your pelvic area and the bowel will not empty effectively.

## Getting ready – the perfect position



## Going – the right actions

- Abdominal bracing (making your waist wide)
- relax and bulge the tummy muscles
- Let go – without straining, relax and widen the back passage. Do NOT hold your breath
- Finish – draw up the back passage firmly

**The process should take no longer than one minute.**

If you have tried all the activities included in this first step for at least 3 weeks and your constipation has not improved, move to the second step.