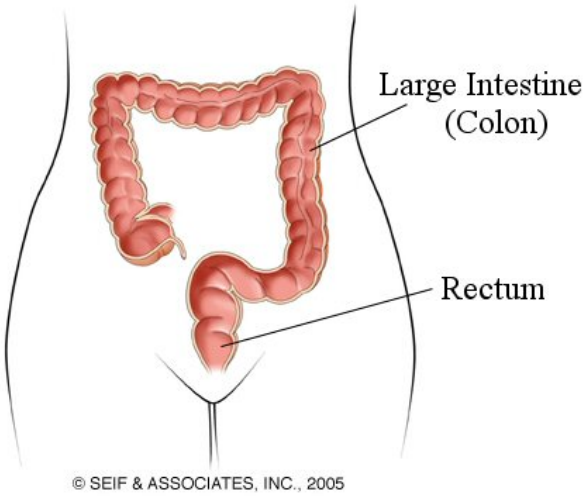
Fecal Impaction

A fecal impaction happens when there is a large, firm amount of stool (poop) that cannot be passed. The impacted stool is usually in the rectum, which is the lowest part of the large bowel. The impacted stool can block the colon and cause significant problems.

CAUSES

The longer stool stays in the rectum, the harder it gets. Anything that slows down your bowel movements can lead to fecal impaction. These conditions include:



- Constipation (having firm hard stools). This can be a longstanding (*chronic*) problem, or can happen suddenly (*acutely*).
- Painful conditions of the rectum, such as hemorrhoids or anal fissures. The pain of these conditions can make you try to avoid having bowel movements.
- Narcotic pain medications cause constipation, which can sometimes be severe. If you take narcotic pain medication, you should also talk with your caregiver about preventing constipation.
- Not getting enough fluids.
- Inactivity and bed rest over long periods of time.

SYMPTOMS

Some symptoms of fecal impaction include:

- Lack of normal bowel movements or changes in bowel patterns.
- Sense of fullness in the rectum, but unable to pass stool.
- Pain or cramps in the stomach or abdominal area (often after meals).
- Thin, watery discharge from the rectum.

Without treatment, a fecal impaction can block the colon and cause severe abdominal pain or colon tears (*perforation*). This may lead to surgery.

DIAGNOSIS

Fecal impaction is suspected based upon your symptoms and upon a physical examination. This will include an exam of your rectum, which can confirm the diagnosis. Sometimes x-rays or lab testing may be needed to confirm the diagnosis and be sure there are no other problems.

TREATMENT

- Initially an impaction can be removed manually. Your caregiver, using a gloved finger, can remove hard stool from your rectum.
- Medication is sometimes needed. A suppository or enema can be given in the rectum to soften the stool. This can stimulate a bowel movement. Medicines can also be given by mouth (*orally*).
- Surgery may be needed if the colon has torn (*perforated*) due to blockage. This is very rare.

HOME CARE INSTRUCTIONS

- Develop regular bowel habits. This may be something such as getting in the habit of having a bowel movement after your morning cup of coffee or after eating. Be sure to allow yourself enough time on the toilet.
- Maintain a high fiber diet.
- Drink plenty of fluids each day. This is especially true for the elderly and especially during cold weather when thirst may not be as strong. Try to take in at least eight, 8 ounce glasses of water daily unless

instructed otherwise.

- Exercise regularly.
- If you begin to get constipated, increase the amount of fiber in your diet. Eat plenty of fruits, vegetables, whole wheat breads, bran, oatmeal and similar products.
- Natural fiber laxatives such as Metamucil are also very helpful.
- Speak with your caregiver if you suspect medications may be causing constipation.

SEEK MEDICAL CARE IF:

- You have ongoing constipation or a hard time passing your stools.
- You have ongoing rectal pain.
- You require enemas or suppositories more than twice a week.

SEEK IMMEDIATE MEDICAL CARE IF:

- There are continued problems or you develop abdominal pain.
- You develop rectal bleeding.
- You develop black or tarry stools or feel lightheaded.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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